Library Patron Survey

Tell us what you love about your library and what we could do better.

How to fill this in

Help us serve you better. Please fill the checkboxes completely using a blue or black pen. Your answers are anonymous and confidential.

Your visits

How often do you visit the library? *(Please cross one)*

◯ Daily ◯ Weekly ◯ Monthly ◯ Occasionally ◯ Rarely

What is the main reason for your visit today? *(Please cross one)*

◯ Borrow or return items ◯ Study or work ◯ Use a computer

◯ Attend an event ◯ Bring my children ◯ Read or relax

◯ Other _____

Which library services do you use? *(Please cross all that apply)*

☐ Borrowing books ☐ Reference help ☐ Computers and Wi-Fi

☐ Study spaces ☐ Events and talks ☐ Children's programs

☐ Printing and copying ☐ Local history ☐ Meeting rooms

Which formats do you borrow or use? *(Please cross all that apply)*

☐ Print books ☐ E-books ☐ Audiobooks

☐ Magazines ☐ DVDs and media ☐ Newspapers

How do you usually search for items? *(Please cross one)*

◯ Ask staff ◯ Browse the shelves ◯ Online catalogue

◯ Library app ◯ Search terminals

Your experience

How satisfied are you with each of the following? *(Please cross one in each line)*

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
The range of books and materials	◯	◯	◯	◯	◯
Helpfulness of staff	◯	◯	◯	◯	◯
Cleanliness and comfort of the building	◯	◯	◯	◯	◯
Opening hours	◯	◯	◯	◯	◯
Computers and internet access	◯	◯	◯	◯	◯
Quiet and study spaces	◯	◯	◯	◯	◯
The online catalogue and website	◯	◯	◯	◯	◯

PREVIEW

How much do you agree with each statement? *(Please cross one in each line)*

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I can usually find what I am looking for	◯	◯	◯	◯	◯
The library feels welcoming	◯	◯	◯	◯	◯
The building is easy to get around for everyone	◯	◯	◯	◯	◯
I feel safe in the library	◯	◯	◯	◯	◯
The library is good value for the community	◯	◯	◯	◯	◯

Overall, how satisfied are you with your library?

Very dissatisfied 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ Very satisfied

Getting here and opening hours

How do you usually travel to the library? *(Please cross one)*

◯ Walk ◯ Car ◯ Bus or train ◯ Bicycle ◯ Get a lift

When would you most like the library to be open longer? *(Please cross all that apply)*

☐ Early mornings ☐ Lunchtimes ☐ Evenings ☐ Saturdays ☐ Sundays

What stops you from visiting more often? *(Please cross all that apply)*

☐ Opening hours ☐ Distance or travel ☐ Parking

☐ Not enough new titles ☐ Too busy or noisy ☐ Lack of time

☐ I prefer e-books ☐ Health or mobility ☐ Other

Events and news

How did you first hear about our services and events? *(Please cross one)*

◯ In the library ◯ Website or app ◯ Social media

◯ Word of mouth ◯ Local press ◯ Newsletter

Which events would interest you? *(Please cross all that apply)*

☐ Author talks ☐ Book clubs ☐ Story time for children

☐ Computer classes ☐ Craft workshops ☐ Local history talks

☐ Homework help ☐ Language groups ☐ Film screenings

Looking ahead

How would you prefer to receive library news and reminders? *(Please cross one)*

◯ Email ◯ Text message ◯ Printed leaflet ◯ Library app ◯ Social media

How much priority should each of these have in the library's future plans?	Low	Medium	High
More new books and titles	◯	◯	◯

PREVIEW

How much priority should each of these have in the library's future plans?	Low	Medium	High
Longer opening hours	◯	◯	◯
More computers and faster Wi-Fi	◯	◯	◯
More quiet study space	◯	◯	◯
More children's activities	◯	◯	◯
A larger e-book and audiobook collection	◯	◯	◯
A cafe or social space	◯	◯	◯

How likely are you to recommend the library to a friend or neighbor?

Not at all likely 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯ Extremely likely

About you

Your age group *(Please cross one)*

◯ Under 18 ◯ 18 to 29 ◯ 30 to 44 ◯ 45 to 59 ◯ 60 to 74 ◯ 75 or older

Do you have a library card? *(Please cross one)*

◯ Yes ◯ No ◯ Not sure

How long have you been using this library? *(Please cross one)*

◯ Under 1 year ◯ 1 to 5 years ◯ 6 to 10 years ◯ Over 10 years

Do children under 16 in your household use the library? *(Please cross one)*

◯ Yes ◯ No ◯ No children at home

Your comments

How can we improve your library?

What new services, materials, or events would you like to see?

Thank you for your feedback. Please return this form to the front desk or drop box.

PREVIEW