

LIBRARY PATRON SURVEY

(Sample #1 – single question survey – insert your library name here)

Please answer the following question and return your response to the library. Your responses will be used in evaluation and planning for library services. Thanks a lot!

Would you recommend the library to a friend?

- If yes, why?

- If no, why?

LIBRARY PATRON SURVEY

(Sample #2 – single question survey – insert your library name here)

Please answer the following question and return your response to the library. Your responses will be used in evaluation and planning for library services. Thanks a lot!

If there is one thing you could change about the library, what would it be?

LIBRARY PATRON SURVEY
(Sample #3 – insert your library name here)

Please select the answers that best represent your opinion. Any additional comments you can provide will help us improve our services. Thank you for your input.

1. **When you visit the library, are you able to find what you're looking for?**
 Always Frequently Sometimes Seldom Never
2. **How satisfied are you with the overall services of the library?**
 Extremely Very Somewhat Not very Not at all
3. **How helpful is our staff?**
 Extremely Very Somewhat Not very Not at all

4. **Please rate your satisfaction with each of the following services provided by the library:**

Service	Very Satisfied	Satisfied	Not Satisfied	Don't Know
Collections (books, magazines, DVDs, audios, etc)				
Reference Service				
Hours of Operation				
Interlibrary Loan				
Public Access Computers				
Children's and Adult Programs				
Electronic Resources (databases, etc)				

5. **Are there any other comments you would like to share concerning the library, its staff, services and/or programs?**

Thanks for completing the library survey!

LIBRARY SURVEY
(Sample #4 – insert your library name here)

Please answer the following questions. Any additional comments you can provide will help us improve our services. Thank you for your input.

1. Do you have a library card issued by this library?

- Yes No

2. What do you, or would you like to, use the library for? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Check out books | <input type="checkbox"/> Read newspapers or magazines |
| <input type="checkbox"/> Check out movies | <input type="checkbox"/> Use public meeting room |
| <input type="checkbox"/> Check out audiobooks | <input type="checkbox"/> Meet with friends |
| <input type="checkbox"/> Study or do research | <input type="checkbox"/> Attend adult programs |
| <input type="checkbox"/> Use public computers | <input type="checkbox"/> Attend children's programs |
| <input type="checkbox"/> Use electronic resources | <input type="checkbox"/> Attend a class |
| <input type="checkbox"/> Use photocopier | <input type="checkbox"/> Other _____ |

3. Are there any other services you would like the library to provide?

4. How useful do you find our electronic resources (website, databases, etc.)?

- Extremely Very Somewhat Not very Not at all

5. How do you find out about the library's programs and services? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> In-library flyers and signs |
| <input type="checkbox"/> Local broadcast media | <input type="checkbox"/> Library staff |
| <input type="checkbox"/> Library newsletter | <input type="checkbox"/> Friends/neighbors |
| <input type="checkbox"/> Library website | <input type="checkbox"/> Other: _____ |

6. If there is one thing you could change about the library, what would it be?

7. OPTIONAL: The following information will be used for demographic purposes only. Please provide information for the person completing the survey.

- Female Male
- Child (up to age 12) Teen (13-19) Adult (20-54) Senior (55+)

Thanks for completing the library survey!