**Van Buren Public Library Community Survey**

Thank you for taking the time to let us know how we are doing so we can provide the best service possible to the community. Please return this form when completed to the library. Feel free to put this in our drop box or door on the south side of the building or mail to: Van Buren Public Library P.O. Box 405 Van Buren, IN 46991. You can also fill out this survey on-line. **Go to our website at www.vbpl.lib.in.us and click on the link to the survey and email to director@vbpl.lib.in.us**

1. Do you have a library card? Yes No

2. What is your age? \_\_\_\_\_

3. Why do you like to visit the library? Check all that apply.

 \_\_\_\_\_ Check out books \_\_\_\_\_ Read newspapers/magazines

 \_\_\_\_\_ Check out movies \_\_\_\_\_ Use the copier

 \_\_\_\_\_ Meet with friends \_\_\_\_\_ Study/Research

 \_\_\_\_\_ Use computers \_\_\_\_\_ Attend children’s programs

 \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. If you do not use the Van Buren Public Library check which reasons why you do not:

 \_\_\_\_\_ Too far to travel to the library \_\_\_\_\_ Lack of transportation

 \_\_\_\_\_ Library feels unsafe \_\_\_\_\_ Library is unpleasant

 \_\_\_\_\_ Staff isn’t welcoming \_\_\_\_\_ Hours are inconvenient

 \_\_\_\_\_ Don’t know about the library \_\_\_\_\_ Parking is too difficult

 \_\_\_\_\_ Too busy \_\_\_\_\_ Use a different library

 \_\_\_\_\_ Get information from other sources \_\_\_\_\_ Buy or rent what I need

 \_\_\_\_\_ Too difficult to use the library \_\_\_\_\_ Library doesn’t have what I need

 \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How satisfied are you with the overall services of the library?

 Extremely Very Somewhat Not Very Not at All

 Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. How helpful is our staff?

 Extremely Very Somewhat Not Very Not at All

 Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. When you visit the library are you able to find what you are looking for?

 Always Frequently Sometimes Seldom Rarely

8. Please rate your level of satisfaction with each of the following services provided by the library:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service | Very Satisfied | Satisfied | Not Satisfied | Does Not Apply |
| Collections – Books |  |  |  |  |
| Collections – Movies |  |  |  |  |
| Hours of Operation |  |  |  |  |
| Facilities |  |  |  |  |
| Public Computers |  |  |  |  |
| Library Catalog |  |  |  |  |
| Programs |  |  |  |  |

9. What suggestions for improvement do you have? Select all that apply.

\_\_\_\_\_ More Computers \_\_\_\_\_ More Programs for Youths

\_\_\_\_\_ More Programs for Adults \_\_\_\_\_ Improve Book Collection

\_\_\_\_\_ Improve DVD Collection \_\_\_\_\_ Offer Audiobooks

\_\_\_\_\_ More/Different Hours \_\_\_\_\_ More Programs for Children

\_\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. How can your satisfaction with the library be increased?

11. What types of adult or children’s programs/activities would you like to see?

12. If you would like to be contacted by library staff to discuss a specific incident or response, please leave a contact name and phone number.