



Public Library User Survey

Read Me

<<library_name>>

We promise that:

- The information you give will be treated confidentially and we will not identify you in any way
- We will not pass your information to anyone else – it will only be used by the library service to help make improvements.

You can take part if you are aged at least 16 years.

When completing the questionnaire please mark the boxes like this .

If you make a mistake then fill the box like this

Thank you for your help!

PLEASE TURN OVER

| leref | loc | ref | resp | day |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





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SECTION A: THIS LIBRARY

1. What you think of this library?
(Please mark in one box in each row)

| | Very Good | Good | Adequate | Poor | Very Poor |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Opening hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provision of seating and tables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attractiveness of library outside | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attractiveness of library inside | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standard of customer care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As a safe place to visit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Do you think this library is:
(Please mark in one box)

| | Yes | No |
|--------------------------|--------------------------|--------------------------|
| An easy place to get to? | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION B: BOOKS

3. Did you come to this library today intending to borrow book(s)?
(Please mark in one box)

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

4. Did you actually borrow books today?
(Please mark in one box)

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

5. What do you think of the books in this library?
(Please mark in one box in each row)

| | Very Good | Good | Adequate | Poor | Very Poor |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Choice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE TURN OVER

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| leref | | | | | loc | | | ref | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





SECTION C: COMPUTERS

6. **Did you intend to use a computer during your visit today?**
(Please mark in one box)

Yes No

7. **Did you actually use a computer during your visit today?**
(Please mark in one box)

Yes No

8. **What do you think of the computer facilities in this library?**
(Please mark in one box)

Very Good Good Adequate Poor Very Poor

SECTION D: FINDING INFORMATION

9. **Did you come here today to find something out?**
(Please mark in one box)

Yes No

10. **If you came here today to find something out, did you succeed?**
(Please mark in one box)

Yes In part No

11. **What do you think of information provision in this library?**
(Please mark in one box)

Very Good Good Adequate Poor Very Poor

SECTION E: HOW GOOD IS THIS LIBRARY

12. **Taking everything into account, what do you think of this library?**
(Please mark in one box)

Very Good Good Adequate Poor Very Poor





SECTION F: THE LIBRARY AND YOU

13. How long have you been using this library?
(Please mark in one box)

- This is my first visit
- Less than 1 year
- Between 1 and 3 years
- More than 3 years

14. Has using the library helped you with:
(Please mark in all that apply)

- Work
- Study
- House and home
- Health
- Leisure
- Family / relationships
- Other, please state:

SECTION G: ABOUT YOURSELF

The following questions are optional and will only be used to monitor the different groups making use of the library services. All individual responses will be kept absolutely confidential.

15. Postcode:
(Please write in)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| S | W | 1 | 9 | | 7 | Y | T |
| B | 1 | | 1 | A | A | | |

16. Age:
(Please write in)





17. **Are you:**
(Please mark in one box)

Female Male

18. **Which one of the following describes you best?**
(Please mark in one box)

Employed in a full-time job (30 hours plus per week)

Employed in a part-time job (under 30 hours per week)

Self-employed full or part-time

On a government supported training programme (e.g. Modern
Apprenticeship / Training for Work)

In full-time education at school, college or university

Unemployed and available for work

Permanently sick / disabled

Wholly retired from work

Looking after the home

Doing something else, please state:

19. **Please indicate if you consider yourself to have any of the following disabilities / conditions?**
(Please mark in all that apply)

None / not applicable

Mobility – getting around

Hearing

Eyesight

Using hands / fingers

Learning disability, e.g. dyslexia

Mental health problem, e.g. depression

Other, please state:





20. What is your ethnic group?

(Please mark in one box)

- English / Welsh / Scottish / Northern Irish / British
- A. White** Irish Gypsy or Irish Traveller
Any other White background
- B. Mixed / Multiple ethnic groups** White and Black Caribbean White and Asian
White and Black African Any other Mixed background
- C. Asian / Asian British** Indian Bangladeshi
Pakistani Chinese
Any other Asian background
- D. Black / African / Caribbean / Black British** African Any other Black / African / Caribbean background
Caribbean
- E. Other ethnic Group** Arab Any Other ethnic group
- F. Prefer not to say**

21. What is your Religion?

(Please mark in one box)

- No religion Muslim
- Buddhist Sikh
- Christian Other religion, please state:
- Hindu
- Jewish Prefer not to say

22. Are you?

(Please mark in one box)

- Heterosexual / straight Other
- Gay / lesbian Prefer not to say
- Bisexual





23. If you have any comments about the library or suggestions for improvement, please write them in the space below:

THANK YOU FOR YOUR HELP

