

SEYMOUR LIBRARY

SURVEY QUESTIONS

We want to hear from you! Anyone completing the survey will have their name entered in a drawing for a \$25 Lift Bridge Bookstore Gift Certificate.

Thank you for filling out this survey. Please answer all multi-choice questions. Specific comments are strongly encouraged at the end of the survey.

1. Email Address: _____

2. In which community do you live?

- Town of Clarkson
- Town of Sweden
- Village of Brockport
- Other, please specify. _____

3. Please indicate your age group

- Under 18 years old
- 18-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old
- 70-79 years old
- Over 80 years old

4. Do you have a current library card?

- Yes
- No

5. Where did you open your library card?

- Seymour
- Hamlin
- Parma
- Ogden
- Greece
- Gates
- Other _____

5a. How long have you had your library card?

- 0-2 years
- 3-5 years
- 6-10 years
- 10+ years

5b. Which library do you visit most often?

6. What is the primary reason for visiting the library? (Select all that apply.)

- Borrow books or digital media
- Access to research & study materials
- Use computers
- In-person programs
- Other, please specify _____

7. On average, how often do you visit the **Seymour Library**?

- Daily
- Weekly
- Every 2 Weeks
- Monthly
- Every 3-6 Months
- Never

8. If your answer to #7 is never, please tell us why. (Select all that apply.)

- I prefer to buy books and other media
- The Library's hours are not convenient
- I find Library services difficult to use
- I never think of the Library as an option
- I am too busy to use the Library
- I am not interested in Library programs
- I do not like paying fines for overdue items
- Other (please comment) _____

9. Do you use digital resources like Libby more often than you visit the physical building?

- Yes
- No
- About the same

9a. Which digital platforms and formats do you use most often? (Select all that apply)

- Libby for audiobooks
- Libby for e-books
- Hoopla
- Kanopy
- Audible
- Spotify for audiobooks

10. How would you rate each of the following library services?

	Excellent	Good	Fair	Poor	Don't Know / NA
Customer Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Collection(books, DVD's music, newspapers, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Programs (classes, storytimes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online services (website, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers and printers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall opinion of facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how would you rate the library?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What day(s) of the week do you prefer to use the library? (Select all that apply.)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

12. What time periods are best for you to visit the library? (Select all that apply.)

- Morning (10-noon)
- Afternoon (noon-5pm)
- Evening (5-8)
- Other _____

13. What factors are important to you in choosing which library you visit? (Select all that apply.)

- Close to home

- On way to or from work
- Hours of operation
- Book choice/selection
- Services available
- Programs available
- Other _____

14. In order to help the Seymour Library align itself with the community’s needs, please rate your agreement with the Library’s focus in the following areas:

	Extremely Important	Very Important	Moderately Important	Neutral
Arts, culture & leisure programs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children & youth programs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Science, technology, engineering, arts & mathematics programs (STEAM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Education/life-long learning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial literacy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access to social services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technology	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Volunteer opportunities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:

15. Which areas should the Seymour Library consider for remodeling, improvements, or additions? (Select all that apply)

- Work/study areas; Meeting spaces
- Digital work/project areas
- Children’s Room
- Landscaping

- Other_____

14a. What renovations or improvements do you think would benefit the library?

16. Looking to the future, what resources do you think the Seymour Library should expand? (Select all that apply)

- Digital resources
- Printing capability
- Electronic Subscriptions such as Ancestry.com
- Access to computers/technology
- Books and other print materials
- Learning opportunities
- Other_____

Comments:

17. Rate the importance of incorporating Makerspace technology into the library (1 being Least Important and 5 being Most Important).

- 1
- 2
- 3
- 4
- 5

Comments:

18. How do you hear about programs and services at the Library? (Select all that apply.)

- Friends/Family
- Seymour Library website
- Social Media
- School
- Seymour Library email blasts

- Other _____
- Other _____

19. Do you usually visit the Seymour Library...

- Alone
- With a friend
- With a group
- With Children

Comments:

20. Do you feel you are safe while at the library?

- All the time
- Most of the time
- Some of the time
- Seldom
- Never

21. Is there anything else you would like us to know?

22. Name: _____

Address: _____

PLEASE NOTE: In order for your survey to count, we must have your name & address. This is to ensure that only one survey per resident is counted. Thank you for your willingness to help us improve our Seymour Library programming and facilities.

