



Round Lake Area Public Library

Round Lake Area Public Library Survey

The Round Lake Area Public Library is interested in hearing how you and the members of your household use the library. Please answer the questions below on behalf of your entire household. You are not required to answer every question, and responses will be kept anonymous. We estimate that this survey will take 5 to 15 minutes to complete. Turn your survey in to the library by Monday, June 13.

This survey is available in Spanish here: <https://www.surveymonkey.com/r/RLAPLespanol>

Enter your email address or phone number anonymously at the end of the survey for your chance to win a \$50 GIFT CARD!

1. How often do you visit the library?

Multiple times per week	Once per week	Twice per month	Once per month	Once every few months	I never visit the library
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Which factors prevent you from using the library more often, if any? (Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Limited access to transportation | <input type="checkbox"/> I speak a language other than English |
| <input type="checkbox"/> Library location is inconvenient | <input type="checkbox"/> I do not like to read |
| <input type="checkbox"/> Library hours are inconvenient | <input type="checkbox"/> Poor staff service |
| <input type="checkbox"/> Library does not have materials that I want | <input type="checkbox"/> Library programs are not of interest to me |
| <input type="checkbox"/> I do not have time | <input type="checkbox"/> I do not know what the library has to offer me |
| <input type="checkbox"/> I prefer to purchase materials | <input type="checkbox"/> None |
| <input type="checkbox"/> I owe fines to the library | |

Other (please specify):

3. Which are your primary reasons for visiting the library? (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> To borrow books | <input type="checkbox"/> To study, read, or work in a quiet environment |
| <input type="checkbox"/> To borrow DVDs | <input type="checkbox"/> To attend programs and/or storytime |
| <input type="checkbox"/> To borrow other materials | <input type="checkbox"/> To attend classes |
| <input type="checkbox"/> To use the computers | <input type="checkbox"/> To meet with others or work collaboratively |
| <input type="checkbox"/> To use the copy machine and/or printer | <input type="checkbox"/> To do research or find information |
| <input type="checkbox"/> To use the Wi-Fi | <input type="checkbox"/> To use its Notary Service |
| <input type="checkbox"/> To use a meeting room | <input type="checkbox"/> To take my children/grandchildren to visit the library |

Other (please specify):

4. Please rate your satisfaction with the following aspects of the library:

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	N/A
Customer service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exterior of the library building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interior of the library building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signage within the library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of meeting space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of seating to read, work, or study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. If the library has not met your needs, please tell us why. What problems or difficulties have you encountered while using the library, if any?

6. What can the library do to meet the needs that other community organizations might not be meeting?

7. Please indicate which electronic materials you use and how you access them.

	I access these materials through the library	I access these materials through other means	I do not access these materials
E-books	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-audiobooks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Streaming music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Streaming movies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-magazines (Zinio)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. If you have not accessed electronic materials through the library, why not?

9. On a scale of 1 to 5, how likely would you be to use the following services if they were added to the library?

	Extremely unlikely to use	Somewhat unlikely to use	Neutral	Somewhat likely to use	Extremely likely to use
Self check-out machine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digital equipment to create music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digital equipment to create movies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3D printer and digital creation equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text/chat assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Fill in the blank: I wish the library would

11. What physical improvements would you like to see to the library, if any?

12. Would the Round Lake area benefit from a LARGER library building?

- ☐ Yes
☐ No
☐ Not sure

13. Would the Round Lake area benefit from a NEW library building?

- ☐ Yes
☐ No
☐ Not sure

14. Considering the library's needs, what level of priority would you place on a new facility?

- ☐ Essential ☐ High Priority ☐ Medium Priority ☐ Low Priority ☐ Not a Priority

15. Please indicate how strongly you agree or disagree with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
The library is relevant to the Round Lake area community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend the library to my neighbors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Overall Comments: Please let us know if there is anything else you would like to provide as feedback.



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17. How do you prefer to receive information about the library? (Please check all that apply.)

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Email | <input type="checkbox"/> Twitter | <input type="checkbox"/> Sign on Hart Road |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Other social media | <input type="checkbox"/> Local newspaper |
| <input type="checkbox"/> Website | <input type="checkbox"/> Smartphone app | <input type="checkbox"/> Community flyers |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Word of mouth/family/friends | |

Other (please specify):

18. Which of the following services do you subscribe to at home? (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Print newspaper(s) | <input type="checkbox"/> Cable or satellite television |
| <input type="checkbox"/> Print magazine(s) | <input type="checkbox"/> Streaming (e.g. Netflix, Amazon Prime, Hulu Plus) |
| <input type="checkbox"/> High-speed internet | |

Other (please specify):

19. Where do you live?

- | | | |
|--|--|--|
| <input type="radio"/> Round Lake | <input type="radio"/> Round Lake Heights | <input type="radio"/> Hainesville |
| <input type="radio"/> Round Lake Beach | <input type="radio"/> Round Lake Park | <input type="radio"/> Prefer not to answer |

Other (please specify)

20. Please select your gender.

- ☐ Male ☐ Female ☐ Prefer not to answer

21. Please select your age range.

- | | |
|--|--|
| <input type="radio"/> 17 years and under | <input type="radio"/> 51 - 64 years |
| <input type="radio"/> 18 - 24 years | <input type="radio"/> 65 - 80 years |
| <input type="radio"/> 25 - 35 years | <input type="radio"/> 81+ years |
| <input type="radio"/> 36 - 50 years | <input type="radio"/> Prefer not to answer |

22. How many people reside in your household?

23. Please select the ages of the people in your household. (Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> 5 years and under | <input type="checkbox"/> 36 - 50 years |
| <input type="checkbox"/> 6 - 12 years | <input type="checkbox"/> 51 - 64 years |
| <input type="checkbox"/> 13 - 17 years | <input type="checkbox"/> 65 - 80 years |
| <input type="checkbox"/> 18 - 24 years | <input type="checkbox"/> 81+ years |
| <input type="checkbox"/> 25 - 35 years | <input type="checkbox"/> Prefer not to answer |

24. What languages other than English are spoken in your household?

- | | | |
|----------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Polish | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Korean | |

Other (please specify)

25. Please select the highest level of education someone in your household has attained.

- | | |
|---|---|
| <input type="radio"/> Less than a high school diploma or equivalent | <input type="radio"/> Bachelor's degree |
| <input type="radio"/> High school diploma or equivalent (e.g. GED) | <input type="radio"/> Master's degree |
| <input type="radio"/> Some college (no degree) | <input type="radio"/> Doctoral or professional degree |
| <input type="radio"/> Associate's degree | <input type="radio"/> Prefer not to answer |

26. Do you want to share more feedback to help us better serve you? Participate in a focus group! If you are interested, please list your contact information.

Email Address

Daytime Phone Number

27. Please include your email address or daytime phone number if you would like to be entered for a chance to win a gift card!

Email Address

Daytime Phone Number