



**Library Board**  
of Victoria



## **Library Users Survey**

We appreciate you taking a few minutes to tell us about the library services you use and what you think of them. This information will help us deliver services that better meet your needs.

Please answer the questions in relation to the public library branch you use most often.

If your usual library is closed for an extended period e.g. for renovations, please tell us about the library you are currently using most often. First time users - please tell us about the library you are now visiting.

The information you provide will be treated in accordance with the Victorian Information Privacy Act and will remain confidential at all times. We do not ask for any information that identifies you personally.

I & J Management Services is undertaking this survey on behalf of the Library Board of Victoria. The information you provide will only be used for purposes related to the conduct of the survey.

If you have any questions about the survey please ask the staff at your library for assistance

**This survey will close on May 10th 2006.**

## **ABOUT YOUR LIBRARY**

1. **How do you usually access services from the public library?** (Tick all response that apply to you)

- |   |   |
|---|---|
| <input type="checkbox"/> By visiting the library            | <input type="checkbox"/> Through the library web site |
| <input type="checkbox"/> Through the home library service   | <input type="checkbox"/> Other – please specify       |
| <input type="checkbox"/> Through the mobile library service | _____   |

2. **What is the name of the public library branch you use most often?**

\_\_\_\_\_

3. **Approximately how long have you been using this library?**

- |   |  |
|---|--|
| <input type="checkbox"/> First time user      | <input type="checkbox"/> Between 2 and 5 years |
| <input type="checkbox"/> Less than 12 months  | <input type="checkbox"/> Over 5 years          |
| <input type="checkbox"/> 12 months to 2 years |  |

4. **How frequently do you visit this library?**

- |  |  |
|--|--|
| <input type="checkbox"/> Every day       | <input type="checkbox"/> Every 5-8 weeks       |
| <input type="checkbox"/> Every few days  | <input type="checkbox"/> 3-4 times a year      |
| <input type="checkbox"/> Weekly          | <input type="checkbox"/> 1-2 times a year      |
| <input type="checkbox"/> Fortnightly     | <input type="checkbox"/> Less than once a year |
| <input type="checkbox"/> Every 3-4 weeks |  |

5. **How do you usually travel to this library?** (Tick all response that apply to you)

- |  |  |
|--|--|
| <input type="checkbox"/> Walk                    | <input type="checkbox"/> Transport provided by the library |
| <input type="checkbox"/> Bicycle                 | <input type="checkbox"/> Car                               |
| <input type="checkbox"/> Public transport        | <input type="checkbox"/> Other - please specify            |
| <input type="checkbox"/> Community bus/transport | _____  |

6. **Who do you come to the library with (most of the time)?** (Tick all response that apply to you)

- |  |   |
|--|---|
| <input type="checkbox"/> By yourself       | <input type="checkbox"/> Parents                |
| <input type="checkbox"/> Friends           | <input type="checkbox"/> Other relatives        |
| <input type="checkbox"/> Spouse or partner | <input type="checkbox"/> As part of a group     |
| <input type="checkbox"/> Children          | <input type="checkbox"/> Other - please specify |
|  | _____   |

## **CHILDREN'S USE OF THE LIBRARY**

If you ever bring young children (i.e. children under the age of 14 years) to the library to use its services please answer questions 7 to 10. Otherwise go to Question 11.

7. **How many children do you generally bring to the library with you?** \_\_\_\_\_

8. **What age group are these children?** (Tick all responses that apply to you)

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> 0 – 4 years  | <input type="checkbox"/> 11 – 13 years |
| <input type="checkbox"/> 5 – 7 years  |  |
| <input type="checkbox"/> 8 – 10 years |  |

9. Please indicate which library services these children have used in the last 12 months by ticking the appropriate box in Column 1.

For the services the children use, please tell us how important you think these services are (in Column 2) and how satisfied you are with them (in Column 3) by circling the appropriate answer.

	Column 1	Column 2			Column 3		
	Yes, children use this service	How important is this service is to you?			How satisfied are you with this service?		
		Low	Med	High	Low	Med	High
Loans of books and/or other resources e.g. games and toys	<input type="checkbox"/>	L	M	H	L	M	H
Story time and reading clubs	<input type="checkbox"/>	L	M	H	L	M	H
School holiday activities	<input type="checkbox"/>	L	M	H	L	M	H
Computer/ Internet	<input type="checkbox"/>	L	M	H	L	M	H
Place to read/study	<input type="checkbox"/>	L	M	H	L	M	H
Other – please specify	<input type="checkbox"/>	L	M	H	L	M	H

10. What do you think are the main benefits these children get from the library?

	Not at all		Very important			Don't know
	1	2	3	4	5	6
Improved literacy skills	1	2	3	4	5	6
Place to make friends	1	2	3	4	5	6
Support with school projects	1	2	3	4	5	6
Other – please specify	1	2	3	4	5	6

### ABOUT THE SERVICES YOU USE

11. Please indicate which library services and facilities you have used in the last 12 months by ticking the appropriate box in Column 1.

For each service you use, please indicate how important it is to you (in Column 2) and your satisfaction with the service (in Column 3) by circling the appropriate answer.

	Column 1	Column 2			Column 3		
	Yes, I have used this service	How important is this service is to you?			How satisfied are you with this service?		
		Low	Med	High	Low	Med	High
<b>Loans</b>							
Books	<input type="checkbox"/>	L	M	H	L	M	H
CDs, DVDs and videos	<input type="checkbox"/>	L	M	H	L	M	H
Magazines, newspapers	<input type="checkbox"/>	L	M	H	L	M	H
Loans from other libraries	<input type="checkbox"/>	L	M	H	L	M	H
<b>Facilities/resources</b>							
Meeting rooms	<input type="checkbox"/>	L	M	H	L	M	H
Place to read/study/work	<input type="checkbox"/>	L	M	H	L	M	H
Equipment e.g. photocopier	<input type="checkbox"/>	L	M	H	L	M	H

	Column 1	Column 2			Column 3		
	Yes, I have used this service or facility	How important is this service is to you?			How satisfied are you with this service?		
Computers/Internet	<input type="checkbox"/>	L	M	H	L	M	H
Adaptive technology for people with disabilities	<input type="checkbox"/>	L	M	H	L	M	H
Online data bases	<input type="checkbox"/>	L	M	H	L	M	H
<b>Services</b>							
Help finding information	<input type="checkbox"/>	L	M	H	L	M	H
Local and family history resources	<input type="checkbox"/>	L	M	H	L	M	H
Community Information/notice boards	<input type="checkbox"/>	L	M	H	L	M	H
Information about government e.g. Council	<input type="checkbox"/>	L	M	H	L	M	H
Reference material e.g. dictionaries	<input type="checkbox"/>	L	M	H	L	M	H
Information services for small business	<input type="checkbox"/>	L	M	H	L	M	H
Interpreting services	<input type="checkbox"/>	L	M	H	L	M	H
Library web site	<input type="checkbox"/>	L	M	H	L	M	H
Home Library Service	<input type="checkbox"/>	L	M	H	L	M	H
Mobile Library Service	<input type="checkbox"/>	L	M	H	L	M	H
<b>Programs for young people/adults</b>		Low	Med	High	Low	Med	High
Homework and school support	<input type="checkbox"/>	L	M	H	L	M	H
Book clubs/reading groups	<input type="checkbox"/>	L	M	H	L	M	H
Language and literacy programs	<input type="checkbox"/>	L	M	H	L	M	H
Club activities e.g. computer clubs	<input type="checkbox"/>	L	M	H	L	M	H
Computer/Internet training	<input type="checkbox"/>	L	M	H	L	M	H
Writers' workshops	<input type="checkbox"/>	L	M	H	L	M	H
<b>Events and programs</b>							
Cultural events	<input type="checkbox"/>	L	M	H	L	M	H
Exhibitions/displays	<input type="checkbox"/>	L	M	H	L	M	H
Talks/lectures	<input type="checkbox"/>	L	M	H	L	M	H
Special events e.g. Children's week	<input type="checkbox"/>	L	M	H	L	M	H
Other – please specify	<input type="checkbox"/>	L	M	H	L	M	H

12. Are there any library services which you don't currently use but which you think it is important for the library to offer (please list)?

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### ABOUT YOUR SATISFACTION WITH LIBRARY SERVICES

13. Please indicate your overall satisfaction with the services of your library on the following scale.

Not satisfied    1                      2                      3                      4                      5    Very satisfied

**14. How well do you think your library performs on the following?**

	Very poor					Excellent	Don't know
Opening hours	1	2	3	4	5	6	
Ease of finding books and information	1	2	3	4	5	6	
Usefulness of the library web site	1	2	3	4	5	6	
Responding to users' requests	1	2	3	4	5	6	
'Look and feel' of the library building	1	2	3	4	5	6	
Availability of parking	1	2	3	4	5	6	
Charging policy	1	2	3	4	5	6	

**15. To what extent do you agree with the following statements about library staff?**

	Strongly disagree			Strongly agree		Don't know
Provide useful assistance	1	2	3	4	5	6
Respond to library users in a professional manner	1	2	3	4	5	6
Are knowledgeable and competent	1	2	3	4	5	6
Are courteous and helpful	1	2	3	4	5	6
Expand my use of library services	1	2	3	4	5	6
Go out of their way to be of help	1	2	3	4	5	6

**16. Please describe briefly anything you are not satisfied with at your library**

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**17. If you could make one improvement to your library what would it be?**

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**ABOUT THE BENEFITS YOU GET FROM THE LIBRARY**

**18. When at the library do you?**

	Never	Occasionally	Frequently
Talk with library staff	1	2	3
Ask staff for help	1	2	3
See people you know	1	2	3
Meet new people	1	2	3
Talk with other library users	1	2	3
Talk with people from outside your usual social circle	1	2	3

**19. To what extent do you agree with the following statements about your library?**

	Strongly disagree					Strongly agree	Don't know or not applicable
	1	2	3	4	5		
Has a reputation for being a safe place	1	2	3	4	5	6	
Provides information I can't get elsewhere	1	2	3	4	5	6	
Is a hub for community activities and connections	1	2	3	4	5	6	
Attracts users from all walks of life	1	2	3	4	5	6	
Is a good place to find out what is going on in the community	1	2	3	4	5	6	
Is a good place to find out about Council or other government services	1	2	3	4	5	6	
I can always find what I want at the library	1	2	3	4	5	6	
The library is easy to get to	1	2	3	4	5	6	

**20. To what extent has your library helped you with the following?**

	Not at all					Very much	Don't know or not applicable
	1	2	3	4	5		
Encouraged me to read more	1	2	3	4	5	6	
Introduced me to new topics of interest	1	2	3	4	5	6	
Built my confidence	1	2	3	4	5	6	
Helped me understand different cultures and perspectives	1	2	3	4	5	6	
Helped me to develop better learning habits and skills	1	2	3	4	5	6	
Improved my computer/Internet skills	1	2	3	4	5	6	
Provided me with an easy access point to Council's services	1	2	3	4	5	6	
Helped me get a job	1	2	3	4	5	6	
Made my life more enjoyable	1	2	3	4	5	6	
Other – please specify	1	2	3	4	5	6	

**21. In the last 12 months, have you suggested to a friend or family member that they use the library services?**

- Yes  No

**22. Do you contribute in any way to your library? (Tick all responses that apply to you)**

- Member of friends of the library  Donate goods or materials  
 Member of the library advisory committee  Other – please specify \_\_\_\_\_  
 Contribute items for display  None of the above  
 Volunteer time

**23. Please tell us in a few words what you most like about your library.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Please tell us in a few words how you think your library contributes to your community.

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## **ABOUT YOU**

The information we are asking for in this section will let us develop a clearer picture of which groups in the community are using library services and which aren't. It will be used to help us better plan and promote our services. **The information you provide will remain anonymous at all times.**

25. Are you ...?

- Male  Female

26. How old are you?

- 0-14  45-54  
 15-24  55-64  
 25-34  65-74  
 35-44  75 or over

27. Which of the following best describes you?

- Child under 15 years  Member of a couple with dependent children/students  
 Dependent student (15 to 24 years)  Single person  
 Member of a couple  Widowed, separated or divorced  
 Sole parent with dependent children/students

28. In which country were you born?

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29. Are you of Aboriginal or Torres Strait Islander origin?

- Yes  No

30. If you speak a language other than English at home, what language is this? (If more than one language please chose the one that is spoken most often)

- Italian  Vietnamese  
 Greek  Spanish  
 Chinese  Other (please specify)  
 Arabic/Lebanese

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31. What is the highest level of education that you have completed?

- Still at school → please go to question 36  
 Did not go to school  
 Year 8 or below  
 Year 9, 10, 11 or equivalent  
 Year 12 or equivalent  
 Certificate/Diploma  
 Degree/Higher degree

**32. If you are currently studying, what type of educational institution are you attending?**

- Technical or further educational institution (including TAFE Colleges)
- University or other higher educational institution
- Other – please specify type \_\_\_\_\_

**33. Which of the following best describes your current employment status?**

- Full time employment
- Part time employment
- Self employed
- Unemployed
- Retired
- Homemaker and/ or carer
- Student
- Other – please specify \_\_\_\_\_

**34. If you are employed, or have previously been employed, what is (was) your main occupation?**

- Manager or Administrator E.g. finance manager, child care coordinator
- Professional E.g. scientist, teacher, registered nurse, police officer
- Tradesperson E.g. motor mechanic, electrician, hairdresser, florist
- Clerical worker E.g. personal assistant, bookkeeper, library assistant,
- Sales worker E.g. sales representative, salesperson, sales assistant
- Service worker E.g. Carers and aides, hospitality workers, vet nurse
- Transport worker E.g. truck driver, bus and tram driver
- Production worker E.g. machine or plant operator, forklift driver
- Labourer E.g. cleaner, factory labourer, farm hand,

**35. What is your total family income before tax? (If single, please indicate level of your individual income)**

- Less than \$20,000 per year
- Between \$20,000 and \$50,000 per year
- Over \$50,000 and up to \$80,000
- Over \$80,000 per year
- I'd prefer not to answer this question

**36. Do you have access to the Internet apart from at the library? (Tick all responses that apply to you)**

- No
- Yes – at work
- Yes – at home
- Yes – at school, TAFE or university
- Yes – at an Internet cafe
- Yes – other – please specify \_\_\_\_\_

**37. What is your postcode?**

At home? \_\_\_\_\_  
At your usual  
place of work? \_\_\_\_\_

**Please estimate the time taken to complete this survey (in minutes)** \_\_\_\_\_

**Thank you for completing the survey.  
Please place in the box provided or hand to library staff.**