

Name (Optional):

E-mail (Optional):

Age:

Zip Code:



Questions:

1.) How far do you travel to use this library?

2.) What basic functions of the library do you frequently use? (Check All That Apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adult Reading        | <input type="checkbox"/> Teen Reading    | <input type="checkbox"/> Computers (Personal) |
| <input type="checkbox"/> Computers (Personal) | <input type="checkbox"/> Children's Area | <input type="checkbox"/> Meeting Room         |
| <input type="checkbox"/> Movie/Music/DVD      | <input type="checkbox"/> Periodicals     | <input type="checkbox"/> Study/Tutoring       |

3.) What is your highest degree of education?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Attending School (K-12)   | <input type="checkbox"/> Attending College | <input type="checkbox"/> No Diploma / GED |
| <input type="checkbox"/> High School Diploma / GED | <input type="checkbox"/> Undergraduate     | <input type="checkbox"/> Graduate         |
| <input type="checkbox"/> Doctorate                 | <input type="checkbox"/> Trade School      |   |

4.) How frequently do you use this library?

- |                                  |   |                                 |
|----------------------------------|---|---------------------------------|
| <input type="checkbox"/> Daily   | <input type="checkbox"/> 2-3 Times Per Week | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-Monthly         | <input type="checkbox"/> Rarely |

5.) Briefly, has the use of a library changed your life? If so, how?

6.) What types of programs, technology or functions would you like to see in your library that are not currently available?

7.) What is the best part about this library?

8.) What part of the library needs the most improvement?

9.) What do you see as the role of a library in your community?