

Red Creek Free Library Community Survey

When was your most recent visit to the Red Creek Free Library?

Less than 3 months ago _____ 3 to 6 months ago _____ More than a year ago _____

How often do you visit the Red Creek Free Library?

Once every 3 months _____ Once a month _____ Once a week _____

More than once a week _____ Never visited _____

Are the library's hours convenient for you? Yes No Preferred hours? _____

Would you visit more frequently if preferred hours were implemented? _____

Do you have a computer in your home? Yes No Do you have internet access? Yes No

What types of programs, materials or services do you normally use at the Library? (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Fiction | <input type="checkbox"/> Juvenile Fiction | <input type="checkbox"/> Teen Fiction |
| <input type="checkbox"/> Adult Nonfiction | <input type="checkbox"/> Juvenile Nonfiction | <input type="checkbox"/> Teen Nonfiction |
| <input type="checkbox"/> Local History | <input type="checkbox"/> Picture Books | <input type="checkbox"/> Teen Graphic Novels |
| <input type="checkbox"/> Audio Books | <input type="checkbox"/> Large Print Books | <input type="checkbox"/> Reference Books |
| <input type="checkbox"/> Online Databases | <input type="checkbox"/> Tax Forms | <input type="checkbox"/> Download eBooks/mp3's |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Computer Service | <input type="checkbox"/> Fax Machine |
| <input type="checkbox"/> Wireless Internet | <input type="checkbox"/> Reference Questions | <input type="checkbox"/> Other Programs |

Are you satisfied with the library facilities (space, furnishings, and cleanliness)? Yes No

If no, please explain: _____

What types of programs, materials, or services would you like to see more of at the Red Creek Free Library?(Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult Fiction | <input type="checkbox"/> Juvenile Fiction | <input type="checkbox"/> Teen Fiction |
| <input type="checkbox"/> Adult Nonfiction | <input type="checkbox"/> Juvenile Nonfiction | <input type="checkbox"/> Teen Nonfiction |
| <input type="checkbox"/> Local History | <input type="checkbox"/> Picture Books | <input type="checkbox"/> Teen Graphic Novels |
| <input type="checkbox"/> Audio Books | <input type="checkbox"/> Large Print Books | <input type="checkbox"/> Employment Resources |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Computers | <input type="checkbox"/> Teen Programs |
| <input type="checkbox"/> DVD Movies | <input type="checkbox"/> Story Hour | <input type="checkbox"/> Other |

Please feel free to submit additional comments and suggestions on the back of this form

Age of person completing survey: _____ Town of Residency for person completing survey: _____

Please return survey to: Red Creek Free Library, 6817 Main Street, PO Box 760, Red Creek, NY 13143

Thank you for your time and effort completing this survey.