**Satisfaction Survey Template**

**Notes for library worker creating the survey:**

* The following questions *could* be used in a survey to assess customer satisfaction.
* Each content area has its own section (do not include the content type in your actual survey.)
* Anything in brackets you need to fill in/choose from
* Go through each question and make sure it’s tailored to your survey and your library
* Each question on here has tags for other types of survey it could be used in (**Program Evaluation, Usage, Visioning, Satisfaction, Collection**) We do not recommend including this information on your survey
* Anything in italics is not intended to be used in your actual survey

**“Thanks for taking the time to fill out this survey about [Library Name]. This survey is [anonymous/not] and the information collected will help guide us to make further decisions about our library. This survey will take about [10 minutes].”**

**Satisfaction & Value Content**

*Questions answered: how satisfied are your customers? Do they value what you’re doing, your space, or their experience?*

1. **How would you rate each of the following library services? Please check one answer for each service.  *Usage, Visioning, Satisfaction***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Neutral | Poor | Terrible | Don’t know/Not applicable |
| Reference services (online/phone/in-person) |  |  |  |  |  |  |
| Customer service |  |  |  |  |  |  |
| Collection (books, DVDs, music, newspapers, etc.) |  |  |  |  |  |  |
| Programs (classes, storytimes, etc.) |  |  |  |  |  |  |
| Online services (website, catalog, research databases, etc.) |  |  |  |  |  |  |
| ILL (Inter-library loan) |  |  |  |  |  |  |
| Library policies |  |  |  |  |  |  |
| Computers and printers |  |  |  |  |  |  |
| Internet access |  |  |  |  |  |  |
| Facilities |  |  |  |  |  |  |
| Hours of operation |  |  |  |  |  |  |
| Overall, how would you rate the library? |  |  |  |  |  |  |

1. **How would you rate each of the following library collections? Please check one answer for each service. *Usage, Visioning, Satisfaction, Collection***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Neutral | Poor | Terrible | Don’t know/Not applicable |
| Print books (Adult) |  |  |  |  |  |  |
| Print books (Young Adult (YA)) |  |  |  |  |  |  |
| Print books (Children’s) |  |  |  |  |  |  |
| Audiobooks (Adult) |  |  |  |  |  |  |
| Audiobooks (YA) |  |  |  |  |  |  |
| Audiobooks (Children’s) |  |  |  |  |  |  |
| Reference materials (dictionaries, Atlases, etc.) |  |  |  |  |  |  |
| eBooks (Adult) |  |  |  |  |  |  |
| eBooks (YA) |  |  |  |  |  |  |
| eBooks (children) |  |  |  |  |  |  |
| eAudiobooks (adult) |  |  |  |  |  |  |
| eAudiobooks (YA) |  |  |  |  |  |  |
| eAudiobooks (Children) |  |  |  |  |  |  |
| DVDs/Movies |  |  |  |  |  |  |
| Music |  |  |  |  |  |  |

1. **How important is each of the following library services to you? Please check one answer for each service. *Usage, Visioning, Satisfaction***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very Important | Important | Neutral | Not important | Very unimportant | Don’t know/Not Applicable |
| Overall, how important is the library to you and your family? |  |  |  |  |  |  |
| Borrowing materials |  |  |  |  |  |  |
| Reference/research assistance |  |  |  |  |  |  |
| Programs (classes, storytimes, etc.) |  |  |  |  |  |  |
| Computers and printers |  |  |  |  |  |  |
| Help using computers, printers, etc. |  |  |  |  |  |  |
| Study rooms |  |  |  |  |  |  |
| Community meeting rooms |  |  |  |  |  |  |
| Internet access |  |  |  |  |  |  |
| ILL (Inter-library loan) |  |  |  |  |  |  |
| Online services (website, catalog, databases, etc) |  |  |  |  |  |  |
| Photocopier/Scanner/Fax |  |  |  |  |  |  |
| Newspapers and magazines |  |  |  |  |  |  |
| Bookmobile |  |  |  |  |  |  |
| Homebound services |  |  |  |  |  |  |

1. **What do you value most about the [library/program/service]? *Program Evaluation, Satisfaction, Visioning***

|  |
| --- |
|  |

1. **Did you face any barriers in accessing the [library/program/service]? If so, please share as much as you’re comfortable. *Usage, Visioning, Satisfaction***

|  |
| --- |
|  |

1. **How could the [library/program/service] or its services be improved, if at all? *Program Evaluation, Satisfaction, Collection, Visioning***

|  |
| --- |
|  |

**Outcome Content**

*Question being answered: what do your customers get out of their experience at your library, in a program, or using a service?*

1. **How does the [library/program/service] benefit you or the community? *Program Evaluation, Satisfaction, Collection, Visioning***

|  |
| --- |
|  |

1. **How do you think the [library/program/service] will help you in your personal and/or professional life? *Program Evaluation, Satisfaction, Collection, Visioning***

|  |
| --- |
|  |

1. **How has the [library/service] previously helped you in your personal and/or professional life? *Satisfaction, Collection, Visioning***

|  |
| --- |
|  |

1. **To what extent do you agree/disagree with the following statements about the program you attended: *Program Evaluation Satisfaction***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Don’t know/Not Applicable |
| I learned something valuable |  |  |  |  |  |  |
| I can apply what I learned on my own |  |  |  |  |  |  |
| I was able to access tools/materials/technology I don’t have access to elsewhere |  |  |  |  |  |  |
| [My/my child's] [social/movement/self-regulation/other] skills have improved because of this program |  |  |  |  |  |  |
| I was satisfied with my instructor |  |  |  |  |  |  |
| I felt safe/comfortable in this program |  |  |  |  |  |  |
| I feel more connected with people after this program |  |  |  |  |  |  |
| I would recommend this program to others |  |  |  |  |  |  |

**Demographic Content**

*Question being answered: who is taking your survey?*

**Please tell us about yourself [or the person you’re filling this survey out for in the case of a program]  so that we may better serve you. Please check one answer for each of the following.**

1. **How old are [you/your child]? *Program Evaluation, Usage, Visioning, Satisfaction, Collection***

* 0-5
* 6-12
* 13-18
* 19-25
* 26-40
* 41-60
* 60 or older

1. **What gender best describes [you/your child]? (Fill in.) *Program Evaluation, Usage, Visioning, Satisfaction, Collection***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is the highest level of education you have completed? *Program Evaluation, Usage, Visioning, Satisfaction, Collection***

* Some high school
* High school graduate or GED
* Some college
* College degree or higher

1. **What is your preferred language? *Program Evaluation, Usage, Visioning, Satisfaction, Collection***

* English
* Spanish
* Vietnamese
* Other—please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is your employment status? *Program Evaluation, Usage, Visioning, Satisfaction, Collection***

* Employed or self-employed
* Stay-at-home
* Retired
* Student
* Unemployed

**User Habits Content**

*Question being answered: how are people interacting with your library?*

1. **On average, how often do you visit the library? Circle one. *Usage***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Daily** | **Weekly** | **Monthly** | **Less than once a month** | **Yearly** | **Never** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Do you have a library card? Circle one. *Usage***  |  |  | | --- | --- | | **YES** | **NO** | |  |  |  |  |  |

1. **To what extent do you agree/disagree with the following statements about the library’s space: *Usage, Visioning, Satisfaction***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Don’t know/Not Applicable |
| I/my family feel(s) safe at the library |  |  |  |  |  |  |
| There’s always a space for me/my family to sit down |  |  |  |  |  |  |
| The wait time for tools/technology/toys is reasonable |  |  |  |  |  |  |
| I/my family feel(s) comfortable at the library (in terms of furniture, lighting etc.) |  |  |  |  |  |  |
| The library is clean |  |  |  |  |  |  |
| The library space inspires me/my family |  |  |  |  |  |  |
| Me/my family enjoy the tools/technology/toys available to us |  |  |  |  |  |  |
| The library space as a whole could use a refresh |  |  |  |  |  |  |
| The toys/tools/technology at the library could use a refresh |  |  |  |  |  |  |
| The furniture at the library could use a refresh |  |  |  |  |  |  |

**“Thanks for taking our survey! Any follow up questions can be sent to [person’s name and contact information.] We appreciate your time!”**