

## Connect to Health @ Your Library Patron Survey

Which library are you using to access the equipment/space? \_\_\_\_\_

1. What did you use the equipment/space for?

- |   |  |
|---|--|
| <input type="checkbox"/> Health-related appointment           | <input type="checkbox"/> Legal appointment               |
| <input type="checkbox"/> Mental/behavioral health appointment | <input type="checkbox"/> Job interview                   |
| <input type="checkbox"/> Education                            | <input type="checkbox"/> Job training or career coaching |
|   | <input type="checkbox"/> Other: _____                    |

2. Why are you using the equipment/space vs doing this at home?

- |  |   |
|--|---|
| <input type="checkbox"/> I don't have internet at home                       | <input type="checkbox"/> I need help with technology or using the devices to connect for my appointment/service |
| <input type="checkbox"/> My internet doesn't work well enough at home        | <input type="checkbox"/> I was referred by my health provider   |
| <input type="checkbox"/> I don't have a computer at home                     | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> I needed a private space for my appointment/service |   |

3. Did using the equipment/space save you miles and time that you otherwise would have spent traveling to get the service?

- Yes     No

If yes, how many *miles* did you save? \_\_\_\_\_ How much *time* did you save? \_\_\_\_\_

4. Did all of the equipment work as you expected?

- Yes     No

If no, please describe: \_\_\_\_\_

\_\_\_\_\_

5. If this equipment/space were not available to you, would you have been able to connect to the service you used?

- Yes     No

6. If this equipment/space were not available to you, what arrangements would you have had to make in order to make your appointment or receive service? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Travel for a long time to get services in-person   | <input type="checkbox"/> Use another public space and/or a loved one's home to have my appointment/service |
| <input type="checkbox"/> Arrange child or elder care and/or take children or elder with me to the appointment/service | <input type="checkbox"/> I would not have been able to receive the service at all                          |
| <input type="checkbox"/> Take time off work   | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Ask a loved one to drive me/take off work to accompany me to my appointment/service          | <input type="checkbox"/> Not applicable. I would not have had to make any arrangements.                    |
| <input type="checkbox"/> Borrow a computer/device to connect to my appointment/service                                |  |

7. Rate how satisfied/happy you are with the equipment/space.

- |   |   |
|---|---|
| <input type="checkbox"/> Very satisfied/happy | <input type="checkbox"/> Not satisfied/not happy        |
| <input type="checkbox"/> Satisfied/happy      | <input type="checkbox"/> Very dissatisfied/very unhappy |

8. Why did you give this rating? \_\_\_\_\_

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9. Would you use it again?

- Yes     No – why not? \_\_\_\_\_

10. Would you recommend this service to others?

- Yes     No

11. How did you find out about the equipment/space?

- |   |   |
|---|---|
| <input type="checkbox"/> The library          | <input type="checkbox"/> Flyers, local media                |
| <input type="checkbox"/> Health care provider | <input type="checkbox"/> Family member, friend, or neighbor |
| <input type="checkbox"/> Social media         | <input type="checkbox"/> Other: _____                       |

12. Is there anything else you'd like to share? We're looking for any feedback or stories that would help us demonstrate the value of the equipment/space to expand this project across the state.

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