Adult Library Program Survey

Thank you for taking the time to complete this questionnaire; it should take approximately 10 minutes to finish. Your responses will allow the library to better serve your needs. Please return your completed questionnaire to any member of library staff, or place it in the box located at the circulation desk. Your answers will be kept confidential and your identity will be entirely anonymous.

Please check the response that best meets your current needs.

1. On average, how often do you visit the library?
   - Daily
   - 4-6 times a week
   - 2-3 times a week
   - Once a week
   - 2-3 times a month
   - Once a month
   - Less than once a month
   - Never

   If never, please state the reason why you never use the library?
   _______________________________________________________________
   _______________________________________________________________

2. Have you ever attended an adult library program?
   - Yes □   No □

   If yes, what type of program was it?
   _______________________________________________________________
   _______________________________________________________________

3. Would you attend an adult library program in the future?
   - Yes □   No □
4. Please check all of the below programs of interest to you.

☐ Resume Workshop
☐ Interview Skill Building Workshop
☐ Computer Skill Building Workshop
☐ How to use the library Workshop
☐ Writing Class
☐ English as a Second Language Class
☐ GED Class
☐ Poetry Readings
☐ Weekly Book Club
☐ Music Performances
☐ History Discussions
☐ I am not interested in attending programs

If not interested in attending programs, please state the reason why?
________________________________________________________________________
________________________________________________________________________

Please list any other programs of interest.
________________________________________________________________________
________________________________________________________________________

5. If any, what conflict(s) would prevent you from attending an adult library program? Check all that apply.

☐ Job Schedule
☐ Volunteer/Other Event Schedule
☐ School
☐ Daycare

Other:
________________________________________________________________________
________________________________________________________________________
6. Please rank the best times to offer programs (1=best, 6=worst).

<table>
<thead>
<tr>
<th>Time</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekday morning</td>
<td></td>
</tr>
<tr>
<td>Weekday afternoon</td>
<td></td>
</tr>
<tr>
<td>Weekday evening</td>
<td></td>
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<tr>
<td>Weekend morning</td>
<td></td>
</tr>
<tr>
<td>Weekend afternoon</td>
<td></td>
</tr>
<tr>
<td>Weekend evening</td>
<td></td>
</tr>
</tbody>
</table>

7. Based on your responses to question 6, please circle the time frame(s) that work best for you (ex. Monday 12-2pm).

<table>
<thead>
<tr>
<th>Day</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
<th>Time 4</th>
<th>Time 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td>10-12</td>
<td>12-2</td>
<td>2-4</td>
<td>4-6</td>
<td>6-8</td>
</tr>
<tr>
<td>Monday</td>
<td>10-12</td>
<td>12-2</td>
<td>2-4</td>
<td>4-6</td>
<td>6-8</td>
</tr>
<tr>
<td>Tuesday</td>
<td>10-12</td>
<td>12-2</td>
<td>2-4</td>
<td>4-6</td>
<td>6-8</td>
</tr>
<tr>
<td>Wednesday</td>
<td>10-12</td>
<td>12-2</td>
<td>2-4</td>
<td>4-6</td>
<td>6-8</td>
</tr>
<tr>
<td>Thursday</td>
<td>10-12</td>
<td>12-2</td>
<td>2-4</td>
<td>4-6</td>
<td>6-8</td>
</tr>
<tr>
<td>Friday</td>
<td>10-12</td>
<td>12-2</td>
<td>2-4</td>
<td>4-6</td>
<td>6-8</td>
</tr>
<tr>
<td>Saturday</td>
<td>10-12</td>
<td>12-2</td>
<td>2-4</td>
<td>4-6</td>
<td>6-8</td>
</tr>
</tbody>
</table>

8. Would you participate in an all day multi-program event (ex poetry reading, writing class, music performance)?

   Yes ☐   No ☐

If yes, what programs would you like offered during the event?
________________________________________________________________________
________________________________________________________________________

If no, please state the reason why?
________________________________________________________________________
________________________________________________________________________
The next questions are optional but will aid in providing the best services to patrons. Please check one.

Gender:

Male □    Female □

Age:

☐ 18-25
☐ 26-35
☐ 36-45
☐ 46-55
☐ 56-65
☐ Over 65

Resident of San Antonio:

Yes □   No □

If no, where do you reside? ________________________________________________

Thank you very much for taking the time to complete this questionnaire. Please hand it back to a member of staff, or place it in the box located at the circulation desk. If you have any other comments, please add them below:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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