



East Greenbush Community Library – Community Survey

It's our time to listen - and we want to hear your thoughts! Whether or not you currently use the Library, the more we know about you and your interests, the better we can plan community programs and services. Please use this survey to let us know what you think of the East Greenbush Community Library today and what you would like it to become in the future.

Surveys may be returned to the East Greenbush Community Library circulation desk or book drop, or mailed:

Attn: Survey
 10 Community Way
 East Greenbush, NY 12061

Surveys need to be returned by 3/20 to be reviewed as part of the strategic planning process. Survey responses are anonymous.

1 In your opinion, how important is the East Greenbush Community Library to...?

	Very Important	Somewhat Important	Not Very Important	Not Important at all
You and your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Which services provided by the library are in your opinion the most important to serving the needs of the community as a whole?

Please rank in order of importance, 1 being most important, 5 being least

- ___ Offering a community gathering place
- ___ Promoting an early love of reading
- ___ Providing access to recreational and informational materials (e.g. print and digital books, magazines, and databases)
- ___ Hosting events and programs
- ___ Providing access to technology for people who might not otherwise have access

3 How much do you think East Greenbush Community Library contributes to the following?

	A lot	Some	Not too much
Developing an early love of reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting a sense of community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating educational opportunities for people of all ages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing a trusted, reliable place for people to learn about new technologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving as a gathering place for addressing issues in the Town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing a comfortable, welcoming place for people to spend time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping people find jobs or pursue job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping people find information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing support with technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 How much do you think East Greenbush Community Library contributes to how you handle the following things in your own life?

	A lot	Some	Not too much
Find information that is trustworthy and reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cope with a busy world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grow as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get information that helps you with decisions you have to make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 How have you used East Greenbush Community Library in the past 12 months? Check all that apply

- Visited the library in person
- Used drive-thru pickup/return
- Downloaded digital materials (e.g. books, music, movies)
- Attended a virtual program
- Used the library website for research or to access databases

6 In the last 12 months, how many times did you go into the East Greenbush Community Library?

- At least once a week
- Several times a month
- At least once a month
- Less often
- I only use the website
- I only download digital materials
- I only use other libraries... _____

7 In the last 12 months, have East Greenbush Community Library staff ever visited you at a place other than a library building to share information or provide material to you? Please include any time library staff may have visited an organization you belong to, a community center, or your work place.

Yes

No

If yes, where? _____

8 Which of the changes below would encourage you to visit the library more often?

Check all that apply.

More convenient library operating hours

Better availability of library materials

Programs that are relevant to my life

Feeling more welcome

Availability of Public transportation

No changes

Other (please specify): _____

9 How important are the following to you in your personal use of the library?

	Very Important	Somewhat Important	Not Important At All	N/A
Staff availability to assist in person or on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical collections/materials (books, films, music, magazines, newspapers, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly, knowledgeable staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs and classes for all ages including informational, educational, recreational, and cultural events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library technology & equipment (computers, wifi, hotspots, copier, fax, scanner, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of materials to download to digital devices (ebooks, audiobooks, music, movies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individualized technology support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study room availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting room availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive thru pick-up window	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spaces that allow for quiet and active uses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building exterior that is clean and appealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Overall, how satisfied are you with the following library resources and services?

	Very Satisfied	Somewhat Satisfied	Not Satisfied At All	N/A
Staff availability to assist in person or on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical collections/materials (books, films, music, magazines, newspapers, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly, knowledgeable staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs and classes for all ages including informational, educational, recreational, and cultural events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library technology & equipment (computers, wifi, hotspots, copier, fax, scanner, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of materials to download to digital devices (ebooks, audiobooks, music, movies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Meeting room availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive thru pick-up window	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spaces that allow for quiet and active uses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building exterior that is clean and appealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 What do you typically do when you visit the East Greenbush Community Library? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Attend a class, program, or lecture | <input type="checkbox"/> Use the library's computers or wifi |
| <input type="checkbox"/> Get individualized technical support | <input type="checkbox"/> Spend time with my children |
| <input type="checkbox"/> Check out books or other materials | <input type="checkbox"/> Use a conference room |
| <input type="checkbox"/> Get help from a staff member | <input type="checkbox"/> Visit the Children's Room |
| <input type="checkbox"/> Just sit and read, study, watch or listen to media | <input type="checkbox"/> Visit with friends |
| <input type="checkbox"/> Pick up an activity kit | <input type="checkbox"/> Use the drive-thru window |
| <input type="checkbox"/> Work remotely | <input type="checkbox"/> Copy, print, fax or scan |
| <input type="checkbox"/> Other (please specify): _____ | |

12 Do you currently download materials (ebooks, audiobooks, films and music) onto mobile devices? Check all that apply.

- Yes, I purchase ebooks from Amazon.com or other ebook vendors No
- Yes, download titles from the library Other (please specify): _____

13 How do you usually find out about library news and events? *Check all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Social media (Facebook, Instagram, etc) | <input type="checkbox"/> Library website |
| <input type="checkbox"/> Library email newsletter | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Library print newsletter | <input type="checkbox"/> Posters or flyers in the Library |
| <input type="checkbox"/> Library staff | <input type="checkbox"/> Word of mouth from friends, relatives, etc. |
| <input type="checkbox"/> I don't hear any library news | <input type="checkbox"/> Posters or flyers around town |
| <input type="checkbox"/> Other: _____ | |

14 What words best describe the East Greenbush Community Library? Please feel free to share any particular experiences you have had while using the East Greenbush Community Library, positive or negative.

15 What could the East Greenbush Community Library do to make you or your family feel more welcome?

As part of our planning process, we want to understand your vision for East Greenbush. These responses are essential for prioritizing library services and proposing new library initiatives. Please help us by answering the questions below.

16 What are three words or phrases to describe the kind of community you'd LIKE to live in? (For example: **compassionate, welcoming**). *Please be aspirational and future-thinking and answer about the community, not the library.*

17 Why is that important to you?

18 How is that different from how you see things now?

19 What are some of the things that need to happen to create that kind of change?

20 Other than the library, where in your community do you experience the greatest level of community interaction?

- School events (e.g. sports, drama, concerts, parent/student organizations)
- Town-sponsored recreation activities (e.g. soccer, dance)
- Local eating establishments (e.g. trivia night, watching sports on a big screen, other communal gatherings)
- Faith-based events (e.g. weekly services, fundraisers, gatherings)
- Club-sponsored activities (e.g. Garden Club, Kiwanis, Book Clubs, Girl Scouts, Boy Scouts)
- Other (please specify): _____

DEMOGRAPHICS

All responses are kept confidential and help us to plan programs and services.

21 What town do you live in? _____

22 What is your age? 13-19 20-29 30-44 45-59 60-74 75+

23 Are you raising a child or children as part of your household? *Check all that apply.*

- No, I am not raising any children Yes, I am raising a child/ren under age 6
- Yes, I am raising a child/ren, age 6-18 Yes, I have a child/ren at home over the age of 18

24 Are you currently...? *Check all that apply*

- | | | |
|---|--|--|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Self-employed/entrepreneur |
| <input type="checkbox"/> Stay-at-home parent | <input type="checkbox"/> Between jobs | <input type="checkbox"/> Student (full or part-time) |
| <input type="checkbox"/> Planning to retire in 5-10 yrs | <input type="checkbox"/> Retired | <input type="checkbox"/> Caring for aging parents |
| <input type="checkbox"/> Caring for an adult partner, sibling, or child | <input type="checkbox"/> A new resident to the Town of East Greenbush (fewer than 3 years) | <input type="checkbox"/> Planning to move away from the Town of East Greenbush in the next 5 years |
| <input type="checkbox"/> Other (please specify): _____ | | |

25 What is the primary language spoken at home? _____

26 What is your race or ethnicity? Check all that apply

- Asian/Asian American
- Black/Caribbean/African American
- Hispanic/Latino
- Middle Eastern
- Native American/American Indian/Alaska Native
- Pacific Islander
- White
- Multi-racial or multi-ethnic
- Other (please specify): _____
- Prefer not to answer

25 Is there anything else you would like to add?

Thank you for taking the time to complete the survey.

If you have more information you would like to share or would like to see a copy of the survey results once it is completed, please enter your email address here: _____