



## City of Montague City Clerk's Office

230 South 13<sup>th</sup> Street, Montague, CA 96064  
Mailing Address: P.O. Box 428, Montague, CA 96064 Phone: 530-459-3030  
Fax: 530-459-3523  
Email: cityofmontague@sbcglobal.net

### Montague Branch Library

#### Questionnaire for library users

We are carrying out an evaluation of some of the library's services, to see if we can improve our facility and make it more relevant for our customers. Thank you for taking the time to fill in this questionnaire. Please return your completed questionnaire to any member of library staff or the City Clerk's office, or put it in the drop box provided on the front door. Your answers will be treated with complete confidentiality, and unless you choose to provide an e-mail address, will be entirely anonymous. If you have any questions about this questionnaire, please contact Montague's City Clerk's office @ (530)459-3030

1. Do you visit the library, on average: (please check one)

- less than once a month
- once a month
- once every two weeks
- once a week
- two or three times a week
- daily

2. What are your main reasons for visiting the library? (please check all that apply)

- books (lending)
- audio cassettes & music CDs
- video cassettes
- study space/quiet reading
- books on tape
- reference books/information (e.g. newspapers)
- computer facilities
- tutoring
- wireless connection
- other

3. How would you describe the overall service you received?

- excellent
- good
- fair
- poor

other (please describe)

4. Did you find what you were looking for on your last visit?

- yes
- no
- it was ordered for me by library staff
- Other

5. How often do you use the computer facilities? (please check one)

- daily
- once or twice a week
- once every two weeks
- once a month
- less than once a month

6. Are you a resident of Montague?

- yes
- no
- If no, where are you visiting from?

7. Do currently have a library card?

- yes
- no

8. Are you:

- full-time employed
- part-time employed
- self-employed
- not in paid employment
- student
- student and working
- retired
- other (please say what)



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9. Are you:

- under 16
- 16-25
- 26-35
- 36-45
- 46-55
- 56-65
- over 65

10. What days a week would you like to visit the library? (check all that apply)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

11. Do the hours of 1:00-5:00 meet your needs?

- yes
- no
- other (please describe)

12. How could our library be improved?

13. How does the library benefit you or the community?

14. Would you be willing to become a volunteer? If yes, please provide name and phone number.

15. Would you use a child story time if offered by library staff? If yes, what time would be best for you?

16. Would you be interested in FREE adult education provided by library staff?

17. Is there anything else you would like us to know?

Thank you very much for taking the time to complete this questionnaire.  
Please hand it back to a member of staff, or put it in the box provided.



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