



MILLIS PUBLIC LIBRARY COMMUNITY SURVEY 2024

To plan for the next five years, Millis Public Library is evaluating its current and potential new programs, services, and materials. Please help us by completing this survey. You may also complete the survey online at www.surveymonkey.com/r/MPLCommSurvey24. **Completed Surveys Must Be Received By December 20, 2024.**

1. What is your age?

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Under 18 Years* | <input type="checkbox"/> 35-50 Years | <input type="checkbox"/> 75 Years or Older |
| <input type="checkbox"/> 18-24 Years | <input type="checkbox"/> 51-64 Years | |
| <input type="checkbox"/> 25-34 Years | <input type="checkbox"/> 65-74 Years | |

*** IF YOU ARE UNDER THE AGE OF 18**, please scan the QR code or input the web address to complete our online Youth Survey. You will have the chance to win one of ten \$10 Dunkin' gift cards! Youth Survey Link => www.surveymonkey.com/r/MPLYouthSurvey2024



QR CODE

2. How often do you visit the Library?

- | | |
|---|---|
| <input type="checkbox"/> Daily => Skip to Question #4 | <input type="checkbox"/> Quarterly => Skip to Question #4 |
| <input type="checkbox"/> More Than Once a Week => Skip to Question #4 | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Weekly => Skip to Question #4 | <input type="checkbox"/> Never |
| <input type="checkbox"/> Monthly => Skip to Question #4 | |

3. What are your main reasons for not visiting the Library? Select up to three.

- | | |
|---|--|
| <input type="checkbox"/> Transportation Issues | <input type="checkbox"/> Library Collections/Programs/Services Don't Interest Me |
| <input type="checkbox"/> Physical Challenges (mobility, vision) | <input type="checkbox"/> Don't Feel Welcome or Comfortable at the Library |
| <input type="checkbox"/> Too Busy | <input type="checkbox"/> Inconvenient Hours |
| <input type="checkbox"/> Prefer to Buy My Books/Materials | <input type="checkbox"/> Inconvenient Location |
| <input type="checkbox"/> Get Needed Information From the Internet | |
| <input type="checkbox"/> Visited When My Kids Were Young | |
| <input type="checkbox"/> OTHER (please be specific): _____ | |

All Respondents to This Question => Please Skip to Question #7

4. What are your main reasons for visiting the Library? Select up to three.

- | | |
|--|---|
| <input type="checkbox"/> Borrow Books (including audiobooks & eBooks) | <input type="checkbox"/> Attend Programs |
| <input type="checkbox"/> Borrow Movies or Music | <input type="checkbox"/> Use the WiFi or Computers |
| <input type="checkbox"/> Borrow Non-Traditional Materials (museum passes, hotspots, video games, etc.) | <input type="checkbox"/> Use the Copier, Printer, or Fax Machine |
| <input type="checkbox"/> Research | <input type="checkbox"/> Use Quiet Space to Focus, Work, Read, or Study |
| <input type="checkbox"/> Read Magazines or Newspapers | <input type="checkbox"/> Meet with Others, Formally or Informally |
| <input type="checkbox"/> OTHER (please be specific): _____ | <input type="checkbox"/> Get Help from Library Staff |

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5. What impacts your ability to visit or use the Library? Select up to three.

- | | |
|--|--|
| <input type="checkbox"/> Transportation Issues | <input type="checkbox"/> Rooms/Spaces Not Available When I Want Them |
| <input type="checkbox"/> Physical Challenges (mobility, vision) | <input type="checkbox"/> No Library Card or Blocked Account |
| <input type="checkbox"/> Parking/Entering the Building | <input type="checkbox"/> Challenges using MPL Website, Catalog, Resources, or Apps |
| <input type="checkbox"/> Navigating the Building | |
| <input type="checkbox"/> Noise Level/Acoustics | |
| <input type="checkbox"/> OTHER (please be specific): _____ | |
| <input type="checkbox"/> N/A – I Don't Have Difficulty Visiting or Using the Library | |

6. Please indicate how much you agree with the following statements:

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	N/A - I Don't Know
Library Staff are Friendly and Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Feel Welcome at the Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library Staff are Knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Library Welcomes All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library Staff Provides Accurate, Unbiased Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Would Recommend the Library to My Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Which of the following potential Library SERVICES would you (or your family) appreciate most? Select up to three.

- | | |
|--|--|
| <input type="checkbox"/> Creative Space/Crafting Area for Adults & Teens | <input type="checkbox"/> Job Seeker/Business Resources |
| <input type="checkbox"/> Longer/Different Hours | <input type="checkbox"/> Expanded Online Local History/Genealogy Resources |
| <input type="checkbox"/> 24/7 Book/Materials Pickup | <input type="checkbox"/> Access to Library Services in Other Locations |
| <input type="checkbox"/> Lend More Nontraditional Items (e.g., musical instruments, board games, sports equipment) | <input type="checkbox"/> More Literacy |
| <input type="checkbox"/> OTHER (please be specific): _____ | <input type="checkbox"/> Foreign Language Support (e.g., ESL) |
| <input type="checkbox"/> N/A – Not Interested in Library Services | |

8. Please review the following DIGITAL RESOURCES and indicate which are most interesting or important to you and your family. Select up to three.

- | | |
|---|--|
| <input type="checkbox"/> eBooks/eAudio (Libby, OverDrive, Hoopla) | <input type="checkbox"/> Crafting/DIY Resources |
| <input type="checkbox"/> Genealogy Databases (Ancestry.com, Heritage Quest) | <input type="checkbox"/> Online Newspapers/Magazines (New York Times, Overdrive Magazines) |
| <input type="checkbox"/> Career Resources | <input type="checkbox"/> Language Learning Apps (Mango Languages, Transparent Languages) |
| <input type="checkbox"/> Homework Help Resources | <input type="checkbox"/> N/A – Not Interested in Library Digital Resources |
| <input type="checkbox"/> Streaming Music (Freegal) | |
| <input type="checkbox"/> Streaming Videos (Hoopla or Kanopy) | |

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9. Please indicate how much you agree with the following statements:

	Poor	Below Average	Average	Above Average	Excellent	I Don't Know
Programs & Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Collections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital Collections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers/Technology (devices, WiFi, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. When do you and/or your family prefer to attend PROGRAMS for the following age groups:

	WEEKDAYS			WEEKENDS		N/A
	10 am – 12 pm	12 - 5 pm	5 - 8 pm	10 am – 12 pm	12 - 3 pm	
Infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschooler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-6 th Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How do you prefer to hear about Library collections, programs, and services? Select up to three.

- | | |
|---|--|
| <input type="checkbox"/> Library Social Media (Facebook, Instagram) | <input type="checkbox"/> Library Printed Flyers |
| <input type="checkbox"/> Library Website/Event Calendar | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Library Email Newsletter | <input type="checkbox"/> Local Newspapers/Publications |
| <input type="checkbox"/> Directly from Library Staff | |
| <input type="checkbox"/> OTHER (please be specific): _____ | |

12. Please share any additional comments or suggestions about how the Millis Public Library can improve over the next five years.

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13. To learn how to improve its collections, programs, and services, the Millis Public Library plans to conduct 90-minute virtual (via Zoom or telephone) Focus Groups with local community members in January.

If you're interested in participating in a virtual Library Focus Group, please indicate all the dates you are available. If you're not interested, please select N/A.

☐ 1/15 (Wed) @ 1:00-2:30 pm

☐ 1/28 (Tue) @ 6:00-7:30 pm

☐ 1/15 (Wed) @ 6:00-7:30 pm

☐ 1/30 (Thu) @ 1:00-2:30 pm

☐ 1/28 (Tue) @ 1:00-2:30 pm

☐ 1/30 (Thu) @ 6:00-7:30 pm

☐ **N/A** – I'm Not Interested in Participating in a Focus Group => *Skip to Question #14*

You indicated you want to participate in a virtual Library Focus Group. Please provide your name, email address, and phone number below. We will confirm all participants and provide additional details by early January. Please print as legibly as possible.

NOTE: If you provide your contact information, your responses to the survey questions above will remain confidential.

FIRST NAME: _____ **LAST NAME:** _____

EMAIL: _____ **PHONE #:** _____

14. The Friends of the Millis Public Library is a volunteer group that helps increase community awareness of the Library and raises funds to support many Library programs and events, in addition to supporting various community initiatives.

Currently, efforts are being made to expand the membership base of the Friends of the Millis Public Library volunteer organization. If this is something you are interested in being a part of, please provide your contact information below. Please print as legibly as possible.

NOTE: If you provide your contact information, your responses to the survey questions above will remain confidential.

FIRST NAME: _____ **LAST NAME:** _____

EMAIL: _____ **PHONE #:** _____

THANK YOU FOR COMPLETING THE SURVEY!

Please drop off your completed survey where you picked it up or at the Millis Public Library. You may also mail it to the Millis Public Library, 961 Main Street, Millis, MA 02054. Remember, completed responses must be received by **December 20, 2024**.