Community Survey

The Berkeley Public Library is collecting feedback from anyone who uses or wants to use our libraries. Your opinions will help us make improvements and prioritize future projects.

This survey should only take 5 minutes to complete. All responses are optional and anonymous.

Thanks for your participation!

Question 1: How often have you visited one of the BPL libraries in the past 12 months?
Answer Options
☐ Did not visit the library in the past 12 months
☐ 1-5 times
☐ 6-12 times
☐ 13-24 times
☐ More than 24 times

Question 2: If you are a parent or caregiver of children under 18, do your children use the library?

Answer Options

☐ Not Applicable

☐ Yes

☐ No

IF "YES" TO PREVIOUS QUESTION, THEN...

Question 3: What are their age ranges? (check all that apply)

Answer Options

☐ 0-4

☐ 5-9

☐ 10-14

☐ 15-18

Question 4: What educational opportunities or support do you wish the library could offer for your child?

Answer Options

Answer Choices	Very Important	Important	Somewhat Important	Not Important	Doesn't apply to me
Question 5: How much do you value the following library services?					
Access to computers & printers	☐	☐	☐	☐	☐
Access to wi-fi or outlets	☐	☐	☐	☐	☐
Books (or physical materials)	☐	☐	☐	☐	☐
eBooks or other digital content (streaming audio/video)	☐	☐	☐	☐	☐
Programs for children	☐	☐	☐	☐	☐
Programs for teens	☐	☐	☐	☐	☐
Programs for adults	☐	☐	☐	☐	☐
Study rooms or Community Rooms	☐	☐	☐	☐	☐

Individual seating or table space	☐	☐	☐	☐	☐
Staff assistance	☐	☐	☐	☐	☐
Tool Lending	☐	☐	☐	☐	☐
Other: _____	☐	☐	☐	☐	☐

Question 6: Rate the following library services.				
Answer Choices	Good	Fair	Poor	Doesn't apply to me
Bathrooms	☐	☐	☐	☐
Customer service and staff expertise	☐	☐	☐	☐
Collection (physical books, reference materials)	☐	☐	☐	☐
e-Collections (eBooks, digital content, eDatabases)	☐	☐	☐	☐
Disability and accessibility services	☐	☐	☐	☐
Opening hours	☐	☐	☐	☐
Lending processes (browsing material, checking-out, etc.)	☐	☐	☐	☐

Programs for children	☐	☐	☐	☐
Programs for teens	☐	☐	☐	☐
Programs for adults	☐	☐	☐	☐
Space comfort (seating, tables, rooms, etc.)	☐	☐	☐	☐
Technology (computers, printers, wi-fi access)	☐	☐	☐	☐
Tool Lending	☐	☐	☐	☐
Other:_____	☐	☐	☐	☐

Question 7: What's missing? Are there services, programs, or collections not currently offered that you would like to see us add in the future?

Answer Options

Question 8: What makes it easy to get what you need from the library? (check all that apply)

Answer Options

☐ Opening hours

☐ Welcoming environment

☐ Staff assistance

- ☐ 24/7 access to digital content
- ☐ Location (including parking, safe street infrastructure, public transit)
- ☐ Abundant collection and materials
- ☐ Other (please specify): _____

Question 9: What makes it hard to get what you need from the library? (check all that apply)

Answer Options

- ☐ Customer service
- ☐ Design of physical buildings
- ☐ Collection or programs are not in my language
- ☐ Lack of cultural representation
- ☐ Lack of materials
- ☐ Location (including parking, safe street infrastructure, public transit)
- ☐ Opening hours
- ☐ Other (please specify): _____

Question 10: What is your age? (optional)

Answer Options

- ☐ Under 12
- ☐ 12-18
- ☐ 19-25
- ☐ 26-35
- ☐ 36-50
- ☐ 51-65
- ☐ Over 65
- ☐ Prefer not to answer

Question 11: What is your zip code? (optional)

Answer Options

Question 12: What is your gender? (optional)

Answer Options

Question 13: What languages do you speak at home? (check all that apply)

Answer Options

- ☐ Arabic
- ☐ Chinese (Mandarin)
- ☐ Chinese (Cantonese)
- ☐ English
- ☐ French
- ☐ Hindi
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other (please list): _____

Question 14: How do you identify your race and/or ethnic background? (optional)

Answer Option: