



2022 VICTORIAN PUBLIC LIBRARY SURVEY

All Victorian public libraries are conducting a survey of library use. Please take 10 minutes to answer the survey – there are 28 questions altogether. Your answers will help us to make library services better for you and your community.

LET'S START

1.* What is the name of the public library you use most often?

.....

2.* How did you find out about this survey?

- ☐ I was at the library
- ☐ Email or SMS
- ☐ Social media

☐ Other – please specify

.....

3. Are you a library member?

☐ Yes

☐ No

ACCESSING THE LIBRARY

4. How do you access public library services? *Tick all boxes that apply*

- ☐ By visiting a library
- ☐ Through the library website
- ☐ Through the library app
- ☐ Through the mobile library

- ☐ Through the home library service or other outreach services
- ☐ Other – please specify

.....

5. How often do you use this library? *Please select only 1 option*

- ☐ More than once a week
- ☐ Weekly
- ☐ Every 2 to 4 weeks

- ☐ 3 to 4 times a year
- ☐ 1 to 2 times a year

6. How do you usually travel to the library? *Please select only 1 option*

- ☐ Car/Motorcycle
- ☐ Walk
- ☐ Bicycle
- ☐ Public transport

- ☐ Mobility scooter/wheelchair
- ☐ Other – please specify

.....

7. Who do you usually come to the library with? *Tick all boxes that apply*

- ☐ By myself
- ☐ Children – Pre-school
- ☐ Children – Primary school
- ☐ Children – Secondary school
- ☐ Spouse or partner

- ☐ Friends
- ☐ Parents
- ☐ Other – please specify

.....

8. In the last year have you done any of the following things at/through the library? *Tick all responses that apply*

9. In the last year have you done any of the following things at/through the library? *Tick all responses that apply*

- 10. In the last year have you done any of the following things at/through the library?** *Tick all responses that apply*

- 11. Overall, how satisfied are you with the services of your library?**

Very satisfied

[illegible]

12. How important is your library in ... ?

13. How well do you think your library performs in terms of ... ?

14. How well do you think library staff perform in terms of ... ?

[illegible]

THE IMPORTANCE OF THE LIBRARY

15. Do you agree with the following statements about your library?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't know/ Not applicable
	1	2	3	4	5	
The library welcomes people from all walks of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The library is a hub for community activities and connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The library has information I can't get elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the library I can find out what is going on in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the library I can find out about Council or other government services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe at the library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel connected to other people when I am at the library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel better when I am at the library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How important is the library to ... ?

	Not very important				Moderately important				Very important			
	0	1	2	3	4	5	6	7	8	9	10	
You personally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

17. Briefly explain what your library means to you and your community?

18. If you could make one improvement to your library what would it be?

19. In the last year have you visited or used the State Library of Victoria?

☐ Yes ☐ No

If you answered 'Yes' ... what did you do at the State Library?

FINALLY, ABOUT YOU

20. What is your gender?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Other gender identity |
| <input type="checkbox"/> Male | <input type="checkbox"/> I would prefer not to say |

21. What is your age?

- | | |
|---|--|
| <input type="checkbox"/> 12 to 17 years | <input type="checkbox"/> 50 to 59 years |
| <input type="checkbox"/> 18 to 24 years | <input type="checkbox"/> 60 to 69 years |
| <input type="checkbox"/> 25 to 34 years | <input type="checkbox"/> 70 to 84 years |
| <input type="checkbox"/> 35 to 49 years | <input type="checkbox"/> 85 years and over |

22. Are you of Aboriginal or Torres Strait Islander origin?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

23. Do you speak a language other than English at home? Please select only 1 option

- | | |
|--|---|
| <input type="checkbox"/> No – English only | <input type="checkbox"/> Yes – Arabic |
| <input type="checkbox"/> Yes – Mandarin | <input type="checkbox"/> Yes – Vietnamese |
| <input type="checkbox"/> Yes – Cantonese | <input type="checkbox"/> Yes – Other (what language?) |
| <input type="checkbox"/> Yes – Italian | |
| <input type="checkbox"/> Yes – Greek | |
-

24. Which of the following best describes you? Please select only 1 option

- | | |
|---|--|
| <input type="checkbox"/> Child under 15 years | <input type="checkbox"/> Member of a couple without dependents |
| <input type="checkbox"/> Dependent student (15 to 24 years) | <input type="checkbox"/> Member of a couple with dependents |
| <input type="checkbox"/> Single person | <input type="checkbox"/> Sole parent with dependents |

25. What is your current employment status? Please select only 1 option

- | | |
|--|---|
| <input type="checkbox"/> Full time employment | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Part time/casual employment | <input type="checkbox"/> Home duties or carer |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Student |
| <input type="checkbox"/> Job seeker/unemployed | <input type="checkbox"/> Other – please specify |
| <input type="checkbox"/> Disability pensioner | |
-

26. What is your total family income before tax? If single, please show your individual income

- | | |
|---|--|
| <input type="checkbox"/> Less than \$25,000 | <input type="checkbox"/> \$100,000 to \$199,999 |
| <input type="checkbox"/> \$25,000 to \$49,999 | <input type="checkbox"/> \$200,000 or more |
| <input type="checkbox"/> \$50,000 to \$99,999 | <input type="checkbox"/> I would prefer not to say |

27. Do you have access to the internet apart from at the library? Tick all boxes that apply

- | | |
|---|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes – at school, TAFE or university |
| <input type="checkbox"/> Yes – at home | <input type="checkbox"/> Yes – Other – please specify |
| <input type="checkbox"/> Yes – on a mobile device | |
| <input type="checkbox"/> Yes – at work | |
-

28. Where do you live (suburb/town)?

Thank you. Please return the completed survey to your local library.