

Library Sustainability Survey: Draft Proposal

Format: To be administered on paper in library branches and online via Google Forms survey

Target Population: Library patrons, volunteers, and staff

Intended Length: 3-5 minutes

Questionnaire: See next page

Oakland Public Library Survey

This survey is being conducted by the Oakland Public Library Commission, which provides citizen oversight of tax dollars that help fund the library. The purpose of this survey is to ensure libraries get the services they need and to improve the library experience for visitors and staff.

1. Are you a library staff member or patron? Staff member / Volunteer Patron

2. Which library branch are you answering this survey from? _____

3. On a scale of 0 to 10, how likely are you to recommend the Oakland Public Library to a friend or family member?

0 Not at all likely	1	2	3	4	5	6	7	8	9	10 Very likely
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4. For the library branch you identified in Question 2, please rate the condition of the library on each of the below criteria on a scale of 1 to 5.

	1 - Poor	2	3	4	5 - Excellent
Grounds outside of the library					
Safety outside the library					
Safety inside the library					
Ease of access to enter the library (e.g., stairs, ramps, walkways)					
Ease of access within the library (e.g., pathways, doorways)					
Clarity of signs and signage					
Organization of library materials					
Seating and tables					
Electronics and technology (e.g., computers, video players)					
Cleanliness					
Heating and Air Conditioning					
Lighting					
Noise levels					
[Patrons Only] Staff availability					
[Staff/Volunteer Only] Timeliness of recurring work (e.g., trash pickup, custodial)					
[Staff/Volunteer Only] Timeliness of maintenance and repair requests					

5. What other comments or feedback do you have related to the library facilities, and how Oakland Public Library can better serve your needs?

The following questions are optional - your responses will help us better understand how different patrons experience the library and will be kept entirely confidential.

6. What is your age? _____

7. What best describes your gender identity?

- | | | |
|--------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Man | <input type="checkbox"/> Transgender | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Woman | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer not to say |

8. Do you identify as LGBTQIA+?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

9. What best describes your race/ethnicity?

- | | | |
|--|---|--|
| <input type="checkbox"/> Black/African
Diaspora | <input type="checkbox"/> East Asian | <input type="checkbox"/> Caucasian /
European (US) |
| <input type="checkbox"/> African | <input type="checkbox"/> Southeast
Asian | <input type="checkbox"/> Caucasian /
European
(Non-US) |
| <input type="checkbox"/> Latinx/Hispanic | <input type="checkbox"/> Native
American / | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Central Asian | <input type="checkbox"/> Pacific Islander | |
| <input type="checkbox"/> South Asian | | |