



# Are you overdue?

## What do you think about libraries?

**T**he Newport News Public Library System is studying how it can improve. In order to do this, we are surveying residents to get their opinions and to find out more about their interests. Information gathered from this survey may be used to make changes in library services and programs. Your responses will help your community libraries better serve their residents.

Please answer all of the questions on this survey. The most important thing you can do is make sure the responses that you provide are as accurate as possible. There are no right or wrong answers; we are only interested in your opinions. Please respond to each question. You may write in your own answer if the choices don't apply to you, and you may provide comments. The results of this survey will be available on the library's website at [www.nngov.com/library](http://www.nngov.com/library), or you may request to have a written report of the findings to be mailed or emailed to you. All responses will be kept confidential and will not be associated with you in any way.

**Thank you so much for your time  
and attention to providing accurate responses.**

### Your opinions of libraries

We need your opinions of libraries. Information from this section may be used to make changes in hours, programs, services and materials to better serve the community.

- 1.** What is the first thing that comes to your mind when you hear the word "library"?  
Please write your answer here: \_\_\_\_\_
  
- 2.** What is the first thing that comes to your mind when you hear "Newport News Public Library"? Please write your answer here: \_\_\_\_\_
  
- 3.** Please think back to the most recent time you visited a public library. What library did you visit? Please place an X next to the name of the library you last visited.
 

<input type="checkbox"/> Virgil I. Grissom Library <input type="checkbox"/> Main Street Library <input type="checkbox"/> West Avenue Library <input type="checkbox"/> Pearl Bailey Library	<input type="checkbox"/> Some other library <input type="checkbox"/> I have never visited a library or used library services online. Please skip to question 13 on page 2.
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*Please continue on the back*

**4. When was your most recent visit?**

- Within the past week
- 1-2 weeks ago
- 3-5 weeks ago
- 1-6 months ago
- 7 months-1 year ago
- 1-2 years ago
- 3-4 years ago
- 5-10 years ago
- More than 10 years ago

**5. What time of day did you visit the library on your most recent visit? Please place an X next to the time and day of the week.**

- 8 a.m.-noon
- noon-5 p.m.
- 5-9 p.m.
- After 9 p.m.
- Weekday
- Weekend

**6. What were your main reasons for visiting the library on your most recent visit?**

Please place an X next to all of your reasons:

- Check out books
- Browse the collections
- Check out DVDs or CDs
- Read current newspapers or magazines
- Attend programs or classes at the library
- Attend a meeting at the library
- To use the computer
- To do research or get help with research
- To bring children or others
- Other. Please write your reasons for visiting the library here: \_\_\_\_\_

**7. Were you happy with your most recent visit to the library?**

- Yes (skip to question 9)
- No
- Maybe
- I don't remember (skip to question 9)

**8. If you were NOT happy with your visit, why were you not happy?**

Please write your answer here:

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**9. Now, please think back over the past 12 months (one year) before today. How many times did you visit each of these libraries? Place an X next to number of times you visited each library.**

Virgil I. Grissom Library:

- None
- 1-3
- 4-6
- 7-9
- More than 9

Main Street Library:

- None
- 1-3
- 4-6
- 7-9
- More than 9

West Avenue Library:

- None
- 1-3
- 4-6
- 7-9
- More than 9

Pearl Bailey Library:

- None
- 1-3
- 4-6
- 7-9
- More than 9

Any other library:

- None
- 1-3
- 4-6
- 7-9
- More than 9

**10. During the past 12 months (one year), did you visit any library for any of the following reason? Please place an X next to all of the reasons you visited a library in the past year.**

- Check out books
- Browse the collections
- Check out DVDs or CDs
- Read current newspapers or magazines
- Ask a question or get information
- Attend programs or classes at the library
- Attend a meeting at the library
- Use the computer
- Do research or get help with research
- To bring children or others
- Other. Please write your reasons for visiting the library here: \_\_\_\_\_

**11. During the past 12 months (one year), what time was the most convenient or easiest for you to visit the library? Please place an X next to the time and day of the week.**

- 8 a.m.-noon
- noon-5 p.m.
- 5-9 p.m.
- After 9 p.m.
- Weekday
- Weekend

No time the library was open was convenient for me. Please specify what time and day of the week would be most convenient for you here:

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**12.** In the past 12 months (one year), how many times did you go online to use library services from home, work or another location?

- None  1-2  3-5  More than 5

**13.** Please read each of the following statements. Do any of these statements apply to you? Place an X next to those statements that apply to you.

- I use my school or college library.
- I don't know how to use the library.
- I use a library outside of Newport News.
- I use a library located on a military installation.
- No libraries are located near me.
- Newport News libraries are not open when I want to or are able to use them.
- I buy books instead of borrowing them.
- I don't have a library card.
- I don't have time to go to the library.
- I don't have money to spend at the library.
- I use Newport News library services online.
- I don't need to use the library.
- I don't have any reason to use the library. ↗

- I can't get to the library because of transportation problems.
- I have a disability that prevents me from using the library.
- None of these statements apply to me.
- Other reasons why I don't use the Newport News libraries. *Please write your reason here:*

**14.** Please read each of the following statements. Do you agree with any of these statements? Place an X next to those statements that you agree with, or mark if you

- Newport News libraries are not comfortable.
- Newport News libraries have too many rules.
- I don't like books.
- Newport News libraries don't have up-to-date or new materials.
- Newport News libraries don't have anything that interests me.
- Newport News libraries are too noisy.
- Libraries are boring places.
- I don't agree with any of these statements.
- Other things I don't like about Newport News libraries. *Please specify the things you don't like here:*

**15.** Please read the following list of programs and services. For each one, please mark whether you think the program or service is offered in Newport News libraries or whether it should be offered. Please mark at least one selection for each item.

	IS offered	IS NOT offered	SHOULD be offered	I don't know
Storytimes, Wii games, other programs for children and teens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A card catalog and resources that can be used online from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movie DVDs and music CDs to rent for free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special services for job-seekers, people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lists of books that match your interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current magazines and newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Books, DVDs, CDs for sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening stations for music CDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free wi-fi Internet access and computers for public use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research assistance from trained professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive-up book returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocopy and fax services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free meeting room space for community groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee shop, art gallery, exhibits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Author talks, crafts, concerts, other programs for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special collections for genealogy, law, business, Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other services, programs or materials that you think the Newport News libraries should offer? <i>Please write those here:</i>				

## You and your interests

Please answer all of the following questions about you and your interests. Information from this section may be used to ensure that libraries provide information and materials that are most useful and appealing to the entire community.

**16.** What do you like to do in your free time? What are you interested in doing or learning more about? Please place an X next to all of the following activities that you have done in the past 12 months (one year) and those things that you are interested in doing or learning about in the future.

- |   |   |
|---|---|
| <input type="checkbox"/> Listening to music   | <input type="checkbox"/> Collecting       |
| <input type="checkbox"/> Playing video games  | <input type="checkbox"/> Watersports      |
| <input type="checkbox"/> Playing board games  | <input type="checkbox"/> Dancing          |
| <input type="checkbox"/> Meeting new people   | <input type="checkbox"/> Job-seeking      |
| <input type="checkbox"/> Gardening/landscaping  | <input type="checkbox"/> Volunteering     |
| <input type="checkbox"/> Learning about history   | <input type="checkbox"/> Exploring nature |
| <input type="checkbox"/> Reading graphic novels   | <input type="checkbox"/> Creating crafts  |
| <input type="checkbox"/> Reading fiction or nonfiction  |   |
| <input type="checkbox"/> Exercising/health and fitness  |   |
| <input type="checkbox"/> Watching movies at home  |   |
| <input type="checkbox"/> Attending festivals/special events/live theater                                |   |
| <input type="checkbox"/> Learning more about my career  |   |
| <input type="checkbox"/> Playing sports, watching sports  |   |
| <input type="checkbox"/> Visiting coffee houses, restaurants, pubs, bars                                |   |
| <input type="checkbox"/> Traveling, visiting museums, tourist spots                                     |   |
| <input type="checkbox"/> Home improvement/repair/decorating   |   |
| <input type="checkbox"/> Attending classes/workshops  |   |
| <input type="checkbox"/> Other. Please specify any other activity or topic you are interested in: _____ |   |

**17.** Thinking back over the past 12 months (one year), which of these ways did you use most often to find information about topics that you are interested in? Please place an X next to those you have used most often:

- |   |   |
|---|---|
| <input type="checkbox"/> Internet       | <input type="checkbox"/> Community organizations, such as churches, clubs, etc.                 |
| <input type="checkbox"/> Magazines      | <input type="checkbox"/> Newsletters/fliers/brochures/pamphlets                                 |
| <input type="checkbox"/> Newspapers     | <input type="checkbox"/> Schools/colleges   |
| <input type="checkbox"/> Direct mail    | <input type="checkbox"/> All of the above   |
| <input type="checkbox"/> Television     | <input type="checkbox"/> None   |
| <input type="checkbox"/> Radio          | <input type="checkbox"/> Other. Please specify any other way you use to find information: _____ |
| <input type="checkbox"/> Libraries      |   |
| <input type="checkbox"/> Bookstores     |   |
| <input type="checkbox"/> Word-of-mouth  |   |
| <input type="checkbox"/> Email          |   |
| <input type="checkbox"/> Text messages  |   |
| <input type="checkbox"/> Advertisements |   |

**18.** What is your gender?

- Male       Female

**19.** Are you an active-duty member of the U.S. Armed Forces?

- Yes       No (skip to question 21)

**20.** If you are an active-duty member of the U.S. Armed Forces, where are you stationed? *Optional*

- Aboard a ship docked at Newport News shipyard       Fort Eustis  
 Langley Air Force Base  
 Yorktown Naval Weapons Station  
 Other. Please specify: \_\_\_\_\_

**21.** What is the zip code of your mailing address?  23601     23602     23603

23604     23605     23606     23607

23608     23609     23612

Other. Please specify: \_\_\_\_\_

**22.** How long have you lived at this address?

- Less than one month  
 1-6 months       4-6 years  
 6-12 months       More than 6 years  
 1-3 years

**23.** Do you have children under 18 years of age living with you?     Yes     No

**24.** Which one of the following groups includes your age?

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> 12-17 | <input type="checkbox"/> 61-70          |
| <input type="checkbox"/> 18-30 | <input type="checkbox"/> 71-80          |
| <input type="checkbox"/> 31-40 | <input type="checkbox"/> 81-90          |
| <input type="checkbox"/> 41-50 | <input type="checkbox"/> 91-100         |
| <input type="checkbox"/> 51-60 | <input type="checkbox"/> Older than 100 |

**25.** What is the last grade or level you completed in school?  None

- Elementary school (5 years or less)  
 Middle school     Some high school (9-11 years)  
 High school graduate (12 years)  
 Technical/vocational school     Some college  
 College graduate     Some graduate school  
 Graduate, professional, doctorate degree

**26.** What ethnic group do you consider yourself a part of or feel closest to?

- African-American/Black     Asian  
 Native American/American Indian  
 Caucasian/White     Latino(a)/Hispanic  
 Pacific Islander     Bi-racial or mixed ancestry  
 Other. Please specify: \_\_\_\_\_

**Survey complete. Thank you!**