# G. C. M. College of Education Library

New Barrackpore, Kolkata-131

# **Questionnaire/Survey Example**

### **Questionnaire for Library Users**

We are carrying out an evaluation of some of the Library's services, to see if we can improve facilities and make them more relevant for our users. Thank you for taking the time to fill in this questionnaire; it should only take 10 minutes.

Please return your completed questionnaire to any member of Library staff, or put it in the box provided. [Delete as appropriate] Your answers will be treated with complete confidentiality, and unless you choose to provide an e-mail address, will be entirely anonymous. If you have any questions about this questionnaire, please contact: Mr. Prasanta Kumar Mondal, Librarian.

1. Do you use the Library, on average: (Please tick any one)

#### **Section A**

Less than once a month	
Once a month	
Once every two weeks	
Once a week	
Two or three times a week	
Daily	
2. Which Library facilities do you use? (Please tie	ck all that apply)
Books (lending)	
e-Resources	
Reading Room	
Browsing	
Book Banks	
Reference books/information (e.g. Newspapers)	
Computer facilities	
Other (Please say what)	

# 3. What is your main use of the Library?

If you DO NOT use any of the computer facilities in the Library (other than the Library catalogue), please go to question 12 (Section B.)

If you DO use the computer facilities, please continue with question 4 below.

#### 3. a. What do (or have) you used the computer facilities for? (Please tick all that apply)

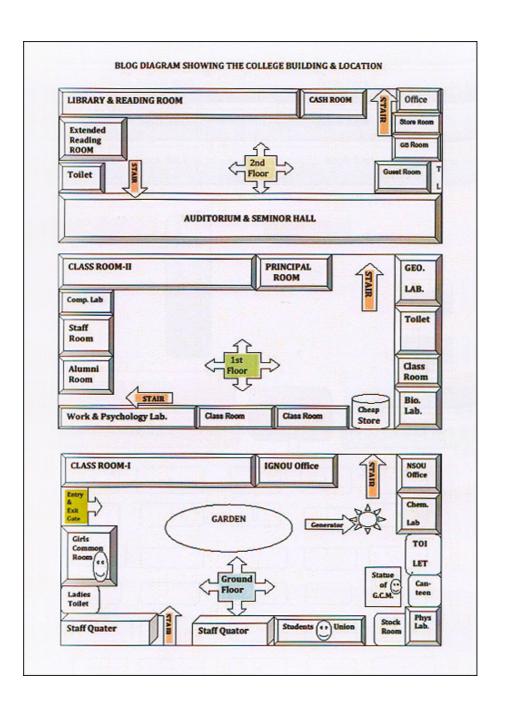
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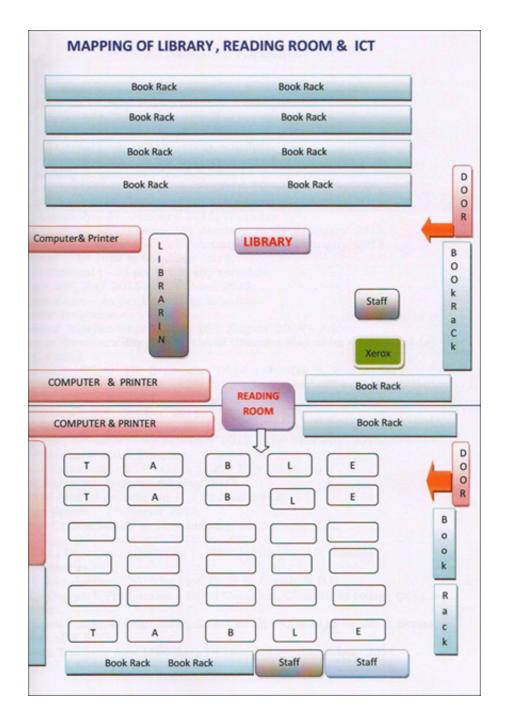
Spreadsheets		
Open learning courses		
e-Resources		
World Wide Web	_	
E-mail	_	
Other Internet application (Please say what)		
Other (Please say what)		
4. a. Which application do you use most? (Plea	se tick any one)	
Word processing		
Spreadsheets		
Open learning courses		
e-Resources		
Worldwide Web		
E-mail		
Other Internet application (Please say what)		
Other (please say what)		
b. What is your main reason for using this faci	lity? (Please tick any one)	
To support course of study		
Leisure/general enjoyment		
Independent learning/research		
Looking for jobs		
Keeping in touch with family/friends		
Knowledge sharing		
Other (please say what)		
5. How often do you use the computer facilities	s? (Please tick any one)	
Daily	-	
Once or twice a week		
Once every two weeks		
Once a month		
Less than once a month		
6. Is the Library your only access to computer	facilities?	
Yes		
No		
If Yes, please go to question 9.		
If No. please continue with question 0		
If No, please continue with question 8.		
7. If you have access to/use computer facilit that apply)	ies elsewhere, please say where: (pl	ease tick all
Home		
School/College/University		
Cybercafé		

Work		
Other (please say where)		
8. Do you consider yourself -		
A beginner		
An intermediate user		
A fairly experienced user		
A very experienced user		
9. How would the withdrawal of computer fa	cilities from the Library affect you?	
10. Do you have an e-mail address?		
Yes		
No		
Now please go to question 14. Section B. (For no 11. If you do not use the computer facilities tick any one)		y: (please
tion any one,		
Didn't know they were there		
No interest/use		
Don't know how to		
Have access elsewhere		
No-one to help/reluctant to ask for help		
Other (Please say what)		
Please now continue with sections C. and D.		
Section C. (All respondents)		
12. Would you be interested in training computer facilities?	and orientation programme on how to	o use the
Yes		
No		
12 How important is it for Callery Libraries	o provido computer facilitica?	
13. How important is it for College Libraries	o provide computer facilities?	
Very important		

Quite important			
Not very important Not at all important			
Not at an important			
14. Which of these statements most reflects your vi	ew of the ICT facilities?		
A vital service			
An add-on service, secondary to other Library services			
An unnecessary expense			
Please give a reason for your view:			
15. Are there any ways the Library could improve y Section D. (All respondents)	your access to the ICT services on offer?		
16. Are you a resident of (insert local authority are	a)?		
Yes			
If Yes, please indicate your postcode below:			
No			
If No, are you visiting from -			
Within the UK Outside the UK			
17. Are you a member of (insert local authority are	a) Libraries?		
Yes			
No			
18. Are you -			
Male			
Female			
19. Are you -			
Full-time employed			
Part-time employed			
Self-employed			
Not in paid employment			
Student			
Student and working			
Retired			

If you have any other comments, please add	them below:		
[Delete as appropriate]			
Please hand it back to a member of staff, or put	it in the box provide	ed.	
Thank you very much for taking the time to cor	nplete this question	naire.	
(Please specify)	_		
No Yes			
20. Do you consider yourself to have a disab	ility?		
Other (please say what)			





Thank you... Visit again.