



Rolling Meadows Library | Strategic Plan | Community Survey

Rolling Meadows Library is currently developing a Strategic Plan to guide its priorities over the coming years.

In order to craft this long-range roadmap, the Library must determine what residents need, want and expect from their libraries - now and into the future. For that reason, your input into the strategic planning process is important and valued!

Please take a few minutes to complete the following community survey. It contains 14 core questions plus a few optional demographic questions. On average, it takes just 12-15 minutes to complete.

NOTE: This questionnaire was created and is overseen independently by Library Strategies Consulting Group. Your individual responses are confidential. Only aggregate information will be shared with the Library. ***Please take the survey by end of day on Friday, November 8, 2024.***

USAGE FREQUENCY

NOTE: This survey exercise is intended to be specific to your experiences, feelings and aspirations for Rolling Meadows Library (RML). We realize that you may have familiarity with other nearby library systems (ex., Arlington Heights Memorial Library, Palatine Public Library District). However, for the purposes of this survey please comment only on Rolling Meadows Library.

1. About how often do you use the Rolling Meadows Library (either in person or through its online services)?

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Weekly or more often | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Once or twice a month | <input type="checkbox"/> Never |
| <input type="checkbox"/> 2-6 times a year | |

2. How do you find out information about the Library? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Library website | <input type="checkbox"/> Local radio and/or TV |
| <input type="checkbox"/> Library social media | <input type="checkbox"/> From community partners (ex. through school) |
| <input type="checkbox"/> Library e-newsletter | <input type="checkbox"/> Word of mouth (ex. from neighbors, friends, coworkers) |
| <input type="checkbox"/> Print media (ex. newspapers) | |
| <input type="checkbox"/> Other (please specify.) | |

3. In the last TWO years, for what reasons have you used Rolling Meadows Library? (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Check out items | <input type="checkbox"/> Attend a children's program or event |
| <input type="checkbox"/> Pick up holds | <input type="checkbox"/> Attend a teen program or event |
| <input type="checkbox"/> Browse the collections | <input type="checkbox"/> Attend an adult program, lecture, or event |
| <input type="checkbox"/> Read or study | <input type="checkbox"/> Attend an all ages or family program or event |
| <input type="checkbox"/> Get help from staff | <input type="checkbox"/> Use resources to find a job |
| <input type="checkbox"/> Use computers | <input type="checkbox"/> As an alternative or remote work location |
| <input type="checkbox"/> Use WiFi | <input type="checkbox"/> Print/copy/fax services |
| <input type="checkbox"/> Use online resources, such as databases | |
| <input type="checkbox"/> Attend a meeting | |
| <input type="checkbox"/> Other (please specify.) | |
-
-

4. What are some reasons you do not use Rolling Meadows Library or its resources? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> I don't need to | <input type="checkbox"/> The library staff are not helpful/friendly |
| <input type="checkbox"/> I find what I need on the Internet/Google | <input type="checkbox"/> I am physically unable to do so |
| <input type="checkbox"/> I prefer to buy my own books or other materials | <input type="checkbox"/> I have safety concerns |
| <input type="checkbox"/> Library hours are not convenient | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> It is too far away/out of my way | <input type="checkbox"/> I don't have a library card |
| <input type="checkbox"/> I use another library | <input type="checkbox"/> Fines or fees on my library card |
| <input type="checkbox"/> I only use library resources online | <input type="checkbox"/> I never hear anything about the library that prompts me to use it |
| <input type="checkbox"/> The library doesn't have what I need | <input type="checkbox"/> My kids have "aged out" of the library |
| <input type="checkbox"/> Other (please specify.) | |
-
-

5. If you wish, use this optional space to elaborate on any of the above.

SATISFACTION

6. How satisfied are you with the following aspects of Rolling Meadows Library operations?

	Satisfied	Neutral Opinion	Dissatisfied	Don't Know/NA
Hours of Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Helpfulness and Friendliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility (Overall)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting Rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading and Study Areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's Area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety and Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wi-Fi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library Website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online Catalog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printing, Scanning, Copying, and Fax Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share any additional comments on your satisfaction with the above aspects of the library:

7. How satisfied are you with the following aspects of RML's collections and resources?

	Satisfied	Neutral Opinion	Dissatisfied	Don't Know/NA
Books for Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Books for Teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Books for Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large Print Materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Magazines and/or Newspapers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audiobooks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Movies and Music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
eBooks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Downloadable and/or Streaming Materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library Databases and Online Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technology for Checkout (ex., hotspots, laptops)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Items for Checkout (ex., yard games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources in Languages other than English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interlibrary Loan Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Information/Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share any additional comments on your satisfaction with the above resources:

8. Please check whether or not you are satisfied with the following aspects of Library programs, events, and outreach:

	Satisfied	Neutral Opinion	Dissatisfied	Don't Know/NA
Children's Classes and Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tween/Teen Classes and Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Classes and Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Ages or Family Classes and Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library To-Go Outreach Service (<i>activities such as delivering materials to people in their homes, at day care centers, and in senior living communities</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of Library Services, Classes, and Events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer and Technology Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share any additional comments on your satisfaction with the above activities and services:

THE FUTURE OF THE LIBRARY

9. Please indicate which of the following library services CURRENTLY are important to you or your family. (Check as many as apply.)

- | | |
|--|--|
| <input type="checkbox"/> Book Collections | <input type="checkbox"/> Reading and Study Areas |
| <input type="checkbox"/> Magazines and Newspapers | <input type="checkbox"/> Access to Computers and Related Technology |
| <input type="checkbox"/> Movies and Music | <input type="checkbox"/> Computer Classes or Assistance |
| <input type="checkbox"/> eBooks and e-Audiobooks | <input type="checkbox"/> Free Wi-Fi |
| <input type="checkbox"/> Large Print Materials | <input type="checkbox"/> Fax / Scan Services |
| <input type="checkbox"/> Children's Storytimes, Programs, and Activities | <input type="checkbox"/> Employment Resources |
| <input type="checkbox"/> Summer Reading Program | <input type="checkbox"/> Library Staff Assistance |
| <input type="checkbox"/> Tween or Teen Programs and Events | <input type="checkbox"/> Reading Recommendations (Readers' Advisory) |
| <input type="checkbox"/> Adult Programs, Lectures, and Activities | |
| <input type="checkbox"/> Meeting Rooms | |

10. Please indicate which of the following Library services you expect to be important to you or your family IN FIVE YEARS. (Check as many as apply.)

- | | |
|--|--|
| <input type="checkbox"/> Book Collections | <input type="checkbox"/> Reading and Study Areas |
| <input type="checkbox"/> Magazines and Newspapers | <input type="checkbox"/> Access to Computers and Related Technology |
| <input type="checkbox"/> Movies and Music | <input type="checkbox"/> Computer Classes or Assistance |
| <input type="checkbox"/> eBooks & e-Audiobooks | <input type="checkbox"/> Free Wi-Fi |
| <input type="checkbox"/> Large Print Materials | <input type="checkbox"/> Fax / Scan Services |
| <input type="checkbox"/> Children's Storytimes | <input type="checkbox"/> Employment Resources |
| <input type="checkbox"/> Children's Summer Reading Program | <input type="checkbox"/> Library Staff Assistance |
| <input type="checkbox"/> Tween or Teen Classes or Events | <input type="checkbox"/> Reading Recommendations (Readers' Advisory) |
| <input type="checkbox"/> Adult Classes. Lectures or Events | |
| <input type="checkbox"/> Meeting Rooms | |

11. What - if any - classes, programs, resources, or Library services do you think could be provided that are not currently offered?

12. How else could your satisfaction with library services or resources be increased? (Feel free to reiterate or cite earlier answers - or to skip if you have already addressed this point to your satisfaction.)

13. What about the Library system as it exists today would you like to make sure is kept or maintained into the future?

14. Please add any additional comments that you feel would help plan the future of Rolling Meadows Library:

ABOUT YOU - (OPTIONAL)

We would like to learn something about you. Providing the information below is optional. All information will be kept confidential. Your response to these final questions will help the Library understand the results we received and the differing and varied needs of community members.

15. What is your age group?

☐ 19 or under

☐ 20 - 29

☐ 30 - 39

☐ 40 - 49

☐ 50 - 59

☐ 60 - 69

☐ 70 or over

16. What is your gender?

☐ Female

☐ Nonbinary or Gender Fluid

☐ Male

☐ Prefer Not to Answer

17. Which race/ethnicity best describes you? (Please choose only one.)

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic / Latino |
| <input type="checkbox"/> Asian American / Pacific Islander | <input type="checkbox"/> White / Caucasian |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Multiple Races / Ethnicities |
| <input type="checkbox"/> Other (please specify.) | |
-

18. How many children age 17 or younger live in your household?

- | | |
|-------------------------------|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 or more |
| <input type="checkbox"/> 2 | |

19. What is the highest level of education you have completed?

- | | |
|--|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> High school or GED graduate | <input type="checkbox"/> Associates degree |
| <input type="checkbox"/> Vocational/technical school | <input type="checkbox"/> College degree |
| | <input type="checkbox"/> Graduate/professional degree |

20. How would you describe yourself? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Unemployed or looking for work |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Full-time student |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Part-time student |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Parent |
| | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Other (please specify.) | |
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Thank you so much for offering your time and perspectives. Survey results are an important component in crafting a robust and useful Strategic Plan. This, in turn, will guide Library offerings and priorities for years to come!