



Flemington Free Public Library

2024 Program Survey

To serve the needs of our patrons, the Flemington Free Public Library, in partnership with the Flemington Friends of the Library, is seeking input from you and your household on a variety of issues. Your response to this survey will help us greatly in our planning process.

Each member of your household is invited to fill out a survey. **Your opinion counts!** You may also choose to fill out the online version of this form at: <https://flemingtonlibrary.org/2024-program-survey/>.

Please return the survey to the Flemington Free Public Library, 118 Main Street, Flemington, NJ 08822 or email your response to flemingtonlibrary@gmail.com. **Please submit by April 30, 2024.**

1. Do you have a Flemington Free Public Library card? Check one option.

Yes

No

2. How often do you visit the Flemington Free Public Library in person? Check one option.

At least once a week

A few times a year

Once every two weeks

Never – I go to another library

Monthly

Never – I don't ever use the library

3. Do you access any of the downloadables available on our website, www.flemingtonlibrary.org? Check one option.

Yes

No

4. What time do you visit the library? Check all that apply.

Morning

Saturday

Afternoon

Never

Evening (5 p.m. to 9 p.m.)

5. What is the reason you visit the library? Check all that apply.

Books

Wireless internet access

Events

Other – Please specify below.

Copier access

Computer access

6. Have you ever attended programming geared towards adults? Check all that apply.

Annual March Makers Day

Movie night

Monthly evening book club

Weekly game night

Monthly morning book club

(e.g., Mahjonn, Mexican Train)

Early afternoon

Never

informational program



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7. Have you ever attended programming geared towards children/adolescents?

Check all that apply.

- Annual March Makers Day
- Weekly morning Storytime
- Weekly afternoon Storytime
- Summer reading program
- Movie night
- Vacation week special programming
- Never

8. Which types of experiences would you like the library to offer? Check one option for each line.

	Not Interested	Possibly Interested	Definitely Interested
Enjoy a movie or musical performance			
Technology classes			
Author talks			
History/culture presentations			
Science/natural history talks			
Book club			
Arts and craft workshops			
Health/medical talks			
Movement workshops (e.g., yoga, Zumba)			
Genealogy workshops			
Exchange ideas (travel club, current events group)			
Activity with family or friends (Storytime, trivia, etc.)			
Programming during school breaks			
Resume writing/career planning/money presentations			
English Language Learning classes			
Learn about your community (Flemington focused events)			



9. What other types of **adult** programs would you like the library to offer? Please specify below.

10. What other types of **children/adolescent** programs would you like the library to offer? Please specify below.

11. What do you think is the best time to offer **adult** programs? Check all that apply.

Morning

Other – Please specify below.

Afternoon

Evening (5 p.m. to 9 p.m.)

Saturday

12. What do you think is the best time to offer **children/adolescent** programs? Check all that apply.

Morning

Other – Please specify below.

Afternoon

Evening (5 p.m. to 9 p.m.)

Saturday

13. How important is it to you for the library to hold programs in languages other than English? Check one option.

Very important

A little important

Somewhat important

Not important at all



14. If the library added non-English programs, which languages do you think should be included? Please specify below.

15. What is the best way for the library to communicate information with you about new programs and initiatives? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Email | <input type="checkbox"/> Local news website/blog/post |
| <input type="checkbox"/> Letter/postcard in the mail | <input type="checkbox"/> Other - Please specify below. |
| <input type="checkbox"/> Poster/flyer in the library | |
| <input type="checkbox"/> Library website | |
| <input type="checkbox"/> Library social media | |
| <input type="checkbox"/> Talking with library staff | |

16. What is your gender? Check one option.

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Other |
| <input type="checkbox"/> Male | <input type="checkbox"/> I prefer not to answer |

17. What is your age range? Check one option.

- | | | |
|-----------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Under 12 | <input type="checkbox"/> 20-29 | <input type="checkbox"/> 50-64 |
| <input type="checkbox"/> 13-19 | <input type="checkbox"/> 30-49 | <input type="checkbox"/> 65 and over |

18. Where do you live? Check one option.

- | | |
|---|--|
| <input type="checkbox"/> Flemington Borough | <input type="checkbox"/> Other - Please specify below. |
| <input type="checkbox"/> Raritan Township | |

19. Which library do you use the most?

- | | |
|---|--|
| <input type="checkbox"/> Flemington Borough | <input type="checkbox"/> Other – Please specify below. |
| <input type="checkbox"/> Hunterdon County Library | |



20. What do you believe is the library's reputation within our community? Please specify below.

21. What services does the library present to the community that you consider valuable? Please specify below.

22. Is there anything else you would like us to know about library programming or services? Please specify below.



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Optional: If you would like to hear more about library programs and services, please fill out the information below.

Name:

Email address:

Phone number:

I would like to support the library. Please send me information about becoming a member of the Friends of the Flemington Free Public Library group.

Thank you for participating. Our goal is to improve library services and offer dynamic programming to meet the needs of our community.