

Please take a few minutes to complete this survey **BEFORE** you leave and help us evaluate library services. Drop the survey off in any of the boxes marked "library survey". Thank you.

1. What did you do in this library today? (Please check all that apply)

- | | |
|--|--|
| a. <input type="checkbox"/> Asked library staff for assistance | g. <input type="checkbox"/> Studied individually or did own work |
| b. <input type="checkbox"/> Looked for books, journals or other library items | h. <input type="checkbox"/> Studied or worked in a group |
| c. <input type="checkbox"/> Used course reserves | i. <input type="checkbox"/> Used a computer in the library |
| d. <input type="checkbox"/> Borrowed or returned material | j. <input type="checkbox"/> Used printers |
| e. <input type="checkbox"/> Made photocopies or used copy center | k. <input type="checkbox"/> Used own laptop computer |
| f. <input type="checkbox"/> Attended instruction, training or consultation session | l. <input type="checkbox"/> Other (please specify) |

2. Why did you choose this library today? (Please check all that apply)

- | | |
|--|--|
| a. <input type="checkbox"/> Convenient location | e. <input type="checkbox"/> Came with or to meet someone else |
| b. <input type="checkbox"/> Feel comfortable here | f. <input type="checkbox"/> To do library work for someone else |
| c. <input type="checkbox"/> Specific item or collections here | g. <input type="checkbox"/> Specific service or assistance that is here |
| d. <input type="checkbox"/> Referred by another library or instructor | h. <input type="checkbox"/> Specific equipment that is here (e.g. computers) |
| e. <input type="checkbox"/> Use online library resources (full-text, index etc.) | i. <input type="checkbox"/> Other (please specify) |

3. How often do you use this library? (Please check the most appropriate category)

More than once per week Weekly Monthly Less often This is my first time here

4. When do you generally use this library (check all that apply)

Weekday daytime Weekday evenings Weekends

5. Are there times when you would like to use this library, but it is not open? (Please specify times)

6. Mark any of the categories below that are or would be important to your use of this library

- | | |
|---|--|
| a. <input type="checkbox"/> Convenient location | h. <input type="checkbox"/> Comfortable and inviting environment |
| b. <input type="checkbox"/> Computers with email access | i. <input type="checkbox"/> Computers with Web access |
| c. <input type="checkbox"/> Books, journals and other collections | j. <input type="checkbox"/> Course reserve materials |
| d. <input type="checkbox"/> Reference assistance | k. <input type="checkbox"/> Computers with application software (e.g. MS Word) |
| e. <input type="checkbox"/> A place to work by myself | l. <input type="checkbox"/> A place to do group work |
| f. <input type="checkbox"/> Quiet place to work | m. <input type="checkbox"/> Printers |
| g. <input type="checkbox"/> Copy machines or services | n. <input type="checkbox"/> Other (please specify) |

7. Who are you? (Check the category that best applies to your visit today)

- | | |
|---|--|
| <input type="checkbox"/> UW undergraduate student | <input type="checkbox"/> Student at other school |
| Declared Major _____ | <input type="checkbox"/> Instructor or staff at other school |
| <input type="checkbox"/> UW graduate/professional student | <input type="checkbox"/> Businessperson/professional |
| Department _____ | <input type="checkbox"/> Government employee |
| <input type="checkbox"/> UW faculty or staff | <input type="checkbox"/> General public |
| Department _____ | |

Additional comments on this library (use other side if needed):