

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" near the exit. Thank you.

**Which library areas did you visit or use today? (Please check all that apply.)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Books, magazines or newspapers  | <input type="checkbox"/> Study rooms                      | <input type="checkbox"/> Technology Studios (e.g., Sound or Digital Presentation Studio) |
| <input type="checkbox"/> Learning Studio 102 or Room 220 | <input type="checkbox"/> Help desks                       | <input type="checkbox"/> Active Learning Classroom                                       |
| <input type="checkbox"/> Computer Lab                    | <input type="checkbox"/> Writing & Research Center (OWRC) | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Room 230                        | <input type="checkbox"/> Quiet study areas                |  |

**1. Why did you choose to visit Odegard today? (Please check all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Location (close to classes, housing, etc.) | <input type="checkbox"/> Environment (furniture, light, etc.)                  |
| <input type="checkbox"/> Work on class assignment or other research | <input type="checkbox"/> Attending class in Active Learning Classroom          |
| <input type="checkbox"/> Quiet place to work on your own            | <input type="checkbox"/> Working with a writing tutor or librarian in the OWRC |
| <input type="checkbox"/> Place to work in groups                    | <input type="checkbox"/> Other:  |

**2. What did you do in the library today? (Please check all that apply.)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Asked library staff for assistance                  | <input type="checkbox"/> Studied or worked individually | <input type="checkbox"/> Used course reserve materials                          |
| <input type="checkbox"/> Looked for on-site and/or online books and articles | <input type="checkbox"/> Studied or worked in a group   | <input type="checkbox"/> Attended instruction, training or consultation session |
| <input type="checkbox"/> Checked out or returned material                    | <input type="checkbox"/> Used a library computer        | <input type="checkbox"/> Other:   |
| <input type="checkbox"/> Used a printer or scanner                           | <input type="checkbox"/> Used a laptop or mobile device |   |

**3. How long did you spend in the library during this visit?**

- ☐ Less than 30 minutes
 ☐ 30 minutes to 1 hour
 ☐ Between 1 and 3 hours
 ☐ More than 3 hours

**4. How important are the following services to you in this library?**

	Very Important				Not Important
Library computers	5	4	3	2	1
Assistance from staff	5	4	3	2	1
Access to on-site books, journals or other items	5	4	3	2	1
Access to online library resources	5	4	3	2	1
Quiet place to work on your own	5	4	3	2	1
Place to work in groups	5	4	3	2	1
Tools to facilitate group work (shared monitors, whiteboards, writable walls)	5	4	3	2	1
Open 24 hours	5	4	3	2	1
Course reserve materials	5	4	3	2	1
On-site help for research and writing	5	4	3	2	1
On-site help for technology	5	4	3	2	1

**5. Please describe this library in five words or less.**
**6. Who are you? Check one category that best applies to your visit today.**

<input type="checkbox"/> UW <b>undergrad</b> student Major: _____	<input type="checkbox"/> UW <b>grad/professional</b> student Dept: _____	<input type="checkbox"/> UW <b>faculty/staff</b> Dept: _____	<input type="checkbox"/> Other (please specify): _____
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**7. Briefly list what we can do to make this library better for you, including suggestions for services or resources not currently offered. Include any comments here or on back.**