

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"/> Government Publications, Maps, Microforms & Newspapers | <input type="checkbox"/> Suzzallo Circulation/Account Services | <input type="checkbox"/> Suzzallo-Allen book/journal shelves |
| <input type="checkbox"/> Research Commons                                       | <input type="checkbox"/> Suzzallo-Allen Info Desks & lobby     | <input type="checkbox"/> Exhibit areas                       |
| <input type="checkbox"/> Special Collections                                    | <input type="checkbox"/> Suzzallo Reference Desk or area       | <input type="checkbox"/> Other Study/Seating areas           |
| <input type="checkbox"/> Suzzallo Espresso                                      | <input type="checkbox"/> Suzzallo Reading Room                 | <input type="checkbox"/> Media Center                        |
|   |  | <input type="checkbox"/> Other:                              |

**1. Why did you choose to visit Suzzallo-Allen Library today? (Please check all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Location (close to classes, housing, etc.) | <input type="checkbox"/> Place to work in groups              |
| <input type="checkbox"/> Work on class assignment or other research | <input type="checkbox"/> Environment (furniture, light, etc.) |
| <input type="checkbox"/> Quiet place to work on your own            | <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 Media Center viewing/listening equipment |
| <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"/> Used Media Center collections                 |
| <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 (display screens, whiteboards)	5	4	3	2	1
Media Center viewing/listening equipment	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.**