

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"/> Location 1 | <input type="checkbox"/> Location 5 | <input type="checkbox"/> Location 9   |
| <input type="checkbox"/> Location 2 | <input type="checkbox"/> Location 6 | <input type="checkbox"/> Location 10  |
| <input type="checkbox"/> Location 3 | <input type="checkbox"/> Location 7 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Location 4 | <input type="checkbox"/> Location 8 |                                       |

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Asked library staff for assistance                       | <input type="checkbox"/> Used a printer                 | <input type="checkbox"/> Used laptop or mobile computing device |
| <input type="checkbox"/> Looked for books, articles or other items in the library | <input type="checkbox"/> Consumed food or drink         | <input type="checkbox"/> Met friends/others                     |
| <input type="checkbox"/> Checked out or returned material                         | <input type="checkbox"/> Studied or worked individually | <input type="checkbox"/> LOCAL                                  |
| <input type="checkbox"/> Used scanner   | <input type="checkbox"/> Studied or worked in a group   | <input type="checkbox"/> LOCAL                                  |
| <input type="checkbox"/> Made photocopies   | <input type="checkbox"/> Used a library computer        |   |
| <input type="checkbox"/> Other: _____   |   |   |

**2. 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

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

If a service isn't currently available in this library, mark how important it **would be** to offer this service.

	Very Important	4	3	2	Not Important
Library computers	5	4	3	2	1
Assistance from library 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
Place to work individually	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
Electrical outlets near seating areas	5	4	3	2	1
LOCAL	5	4	3	2	1
LOCAL	5	4	3	2	1

**4. How would you rate this library on the following?**

	Excellent	4	3	2	Poor	N/A
Access to library computers	5	4	3	2	1	0
Space where I can work on my own	5	4	3	2	1	0
Space where I can work with groups	5	4	3	2	1	0
Quality of library facility (furniture, noise, lighting, etc.)	5	4	3	2	1	0
Customer service	5	4	3	2	1	0
Availability of electrical outlets near seating areas	5	4	3	2	1	0
Hours open	5	4	3	2	1	0
LOCAL	5	4	3	2	1	0
LOCAL	5	4	3	2	1	0

**5. Who are you? Check one category that best applies to your visit today.**

<input type="checkbox"/> UW undergrad student	<input type="checkbox"/> UW grad/professional student	<input type="checkbox"/> UW faculty/staff	<input type="checkbox"/> Other (please specify):
Major: _____	Dept: _____	Dept: _____	_____

**6. Briefly list what we can do to make this library better for you. Include any comments here or on back.**