

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. ___ Asked library staff for assistance                     | h. ___ Studied individually or did own work      |
| b. ___ Looked for books, journals or other library items      | i. ___ Studied or worked in a group              |
| c. ___ Used course reserves                                   | j. ___ Used a library computer                   |
| d. ___ Borrowed or returned material                          | k. ___ Used own laptop or other computing device |
| e. ___ Made photocopies                                       | l. ___ Connected to wireless network             |
| f. ___ Attended instruction, training or consultation session | m. ___ Printed from computer                     |
| g. ___ LOCAL QUESTION   | n. ___ Other (please specify)                    |

### 2. How often do you visit this library? (Please check the most appropriate category)

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

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

	Very important			Not important	
Library computers	5	4	3	2	1
Assistance from library staff	5	4	3	2	1
Access to on-site collections	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
Photocopying	5	4	3	2	1
Printing from computers	5	4	3	2	1
*Wireless access	5	4	3	2	1
*Computers with application software (e.g. Word, Excel)	5	4	3	2	1
LOCAL QUESTION	5	4	3	2	1

\*Not currently offered in this library; please rate importance to your work.

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

	Excellent			Poor		Not applicable
Access to computers	5	4	3	2	1	0
Place where I can work	5	4	3	2	1	0
Quality of on-site collections	5	4	3	2	1	0
Quality of customer service	5	4	3	2	1	0
Inviting environment	5	4	3	2	1	0
Hours open	5	4	3	2	1	0
Ease of finding collections and services	5	4	3	2	1	0
LOCAL QUESTION	5	4	3	2	1	0

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

- |                              |   |                                 |
|------------------------------|---|---------------------------------|
| ___ UW undergraduate student | ___ UW graduate/professional student    | ___ UW faculty or staff         |
| Declared Major _____         | Department _____                        | Department _____                |
| ___ Student at other school  | ___ Instructor or staff at other school | ___ Businessperson/professional |
| ___ Government employee      | ___ General public                      | ___ Other (please specify)      |

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