

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 areas in the Health Sciences Library did you visit or use today? (Please check all that apply)

- a. ___ Learning Commons/Microlab
- b. ___ New journals
- c. ___ InfoDesk
- d. ___ Rare book collection
- f. ___ Health Sciences Library book shelves (stacks)
- g. ___ Health Sciences Library periodicals
- h. ___ Cashier
- i. ___ Reserve collection (3rd floor)

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

- a. ___ Asked library staff for assistance
- b. ___ Looked for books, journals or other items in the library
- c. ___ Used course reserves
- d. ___ Borrowed or returned material
- e. ___ Made photocopies
- f. ___ Picked up item on hold
- g. ___ Attended a library or class-based training session
- h. ___ Studied individually or did own work
- i. ___ Studied or worked in a group
- j. ___ Used a library computer
- k. ___ Used personal laptop or mobile computing device
- l. ___ Met friends/someone else
- m. ___ Printed from computer
- n. ___ Other (please specify)

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

- 4 or more times per week 2-3 times per week Weekly Monthly Less often This is my first time here

3. How important are the following services to you in this library? (If service isn't currently available here mark how important it would be to offer it in this library)

	Very Important			Not important	
	5	4	3	2	1
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
Application software on library computers (Word, Excel)	5	4	3	2	1
Electrical outlets by seating areas	5	4	3	2	1
Place to view videos as a group	5	4	3	2	1

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

	Excellent				Poor	Not applicable
	5	4	3	2	1	
Access to 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 collections	5	4	3	2	1	0
Quality of customer service	5	4	3	2	1	0
Ease of finding collection locations and service points	5	4	3	2	1	0
Hours open	5	4	3	2	1	0
Inviting environment	5	4	3	2	1	0
Space where I can use my laptop computer	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 college ___ Instructor or staff at other school ___ Community member/public
- ___ K-12 student ___ Businessperson/professional ___ 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.