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.

**Which Suzzallo-Allen areas did you visit or use today? (Please check all that apply)**

a.___ Government Publications        f.____ Suzzallo Espresso           k. ___Suzzallo-Allen book stacks
b.___ Map Collection                 g.____Suzzallo Circulation/Cashier  l. ___Suzzallo-Allen exhibit areas
c.___ Microforms-Newspapers          h. ___ Suzzallo-Allen Info Desks    m ___Suzzallo-Allen instruction rooms
d.___ Natural Sciences               i. ___ Suzzallo Reference           n.___Suzzallo Periodicals (3$^{rd}$ floor)
e.___ Special Collections            j. ___ Suzzallo Reading Room        o.___Other (please specify)

**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.___ Toured library or saw exhibit                         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 |

**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 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 |

**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   ____Businessperson/professional
____K-12 student                     ____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.**