

IN-LIBRARY USE SURVEY 2005 HEALTH SCIENCES LIBRARY Date _____ Survey No. _____

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.

A. How satisfied are you with the new 3rd floor entrance and library configuration? (Mark the appropriate number)

High Satisfaction Low Satisfaction
 5 4 3 2 1

Comments:

B. Was your primary reason for visiting the Health Sciences Library to use the Learning Commons/Microlab?

Yes _____ No _____

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

- | | |
|--|---|
| a. <input type="checkbox"/> Asked library staff for assistance | h. <input type="checkbox"/> Studied individually or did own work |
| b. <input type="checkbox"/> Looked for books, journals or other library items | i. <input type="checkbox"/> Studied or worked in a group |
| c. <input type="checkbox"/> Used print course reserves | j. <input type="checkbox"/> Used a library computer |
| d. <input type="checkbox"/> Borrowed or returned material | k. <input type="checkbox"/> Used own laptop or other computing device |
| e. <input type="checkbox"/> Made photocopies | l. <input type="checkbox"/> Connected to wireless network |
| f. <input type="checkbox"/> Attended instruction, training or consultation session | m. <input type="checkbox"/> Printed from computer |
| g. <input type="checkbox"/> Used computers/software in the Learning Commons/Microlab | n. <input type="checkbox"/> 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
Consumer Health/Patient Education Collection	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 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
Quality of online collections	5	4	3	2	1	0

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

- | | | |
|---|--|--|
| <input type="checkbox"/> UW undergraduate student | <input type="checkbox"/> UW graduate/professional student | <input type="checkbox"/> UW faculty or staff |
| Declared Major _____ | Department _____ | Department _____ |
| <input type="checkbox"/> Student at other college | <input type="checkbox"/> Instructor or staff at other school | <input type="checkbox"/> Businessperson/professional |
| <input type="checkbox"/> K-12 student | <input type="checkbox"/> General public | <input type="checkbox"/> 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.