

Please take a few minutes to complete this survey BEFORE you leave and help us improve 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 4 | <input type="checkbox"/> Location 7   |
| <input type="checkbox"/> Location 2 | <input type="checkbox"/> Location 5 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Location 3 | <input type="checkbox"/> Location 6 |                                       |

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Looked for on-site and/or online books and articles | <input type="checkbox"/> Asked library staff for assistance | <input type="checkbox"/> Used specific software (e.g., Adobe, SPSS): _____ |
| <input type="checkbox"/> Checked out or returned material                    | <input type="checkbox"/> Used a library computer            | <input type="checkbox"/> LOCAL   |
| <input type="checkbox"/> Studied or worked individually                      | <input type="checkbox"/> Used a laptop/tablet               | <input type="checkbox"/> LOCAL   |
| <input type="checkbox"/> Studied or worked in a group                        | <input type="checkbox"/> Used a printer                     | <input type="checkbox"/> Other (please specify): _____                     |
|  | <input type="checkbox"/> Used a scanner                     |  |

**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. What were you working on in the library today? (Please check all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Writing assignment (e.g., paper or report) | <input type="checkbox"/> Working on a problem set                          |
| <input type="checkbox"/> Assigned class reading                     | <input type="checkbox"/> Creative project (e.g., art/design project)       |
| <input type="checkbox"/> Research for course project                | <input type="checkbox"/> Thesis/dissertation/capstone                      |
| <input type="checkbox"/> Studying for an exam                       | <input type="checkbox"/> LOCAL   |
| <input type="checkbox"/> Creating/practicing a presentation         | <input type="checkbox"/> LOCAL   |
| <input type="checkbox"/> Data analysis or programming               | <input type="checkbox"/> Activity not related to a course/research project |
|   | <input type="checkbox"/> Other (please specify): _____                     |

**4. What sort of environment do you prefer to work in? (Please select your top 2.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Individual study/work space                                | <input type="checkbox"/> Silent  |
| <input type="checkbox"/> Collaborative spaces (group study rooms, open work spaces) | <input type="checkbox"/> Quiet (low conversation)                                |
|   | <input type="checkbox"/> Social (talking at normal volume, no noise restriction) |

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

<input type="checkbox"/> <b>UW undergrad student</b> Major: _____  Class: <input type="checkbox"/> First Year <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior/Fifth year <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> <b>UW grad/professional student</b> Dept: _____  Degree Program: <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral <input type="checkbox"/> Other (please specify):
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<input type="checkbox"/> <b>UW faculty</b> Dept: _____	<input type="checkbox"/> <b>UW staff</b> Dept/unit: _____	<input type="checkbox"/> <b>Other (please specify):</b> _____
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**6. What improvements would you suggest for this library? Please include any comments here or on back.**