

**1. NUMBER OF ITEMS**

Indicate number please, for example:

1. How many items <i>did you LOOK FOR?</i>	<input type="text"/>	<input type="text"/>
2. How many items <i>did you FIND?</i>	<input type="text"/>	<input type="text"/>
3. How many of these items <i>did you NOT FIND?</i>	<input type="text"/>	<input type="text"/>

2. HOW SATISFIED ARE YOU WITH TODAY'S LIBRARY VISIT?

Please mark the appropriate block with an X

Not at all satisfied	<input type="checkbox"/>
Could be improved	<input type="checkbox"/>
Satisfied	<input type="checkbox"/>
Very satisfied	<input type="checkbox"/>

3. DID YOU ASK FOR HELP AT AN INFORMATION DESK?

Please mark the appropriate block with an X

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

Office use:

Record number:

4.1 BOOK MATERIAL NOT FOUND

Author:
Title:
Shelf number:

Author:
Title:
Shelf number:

Author:
Title:
Shelf number:

Author:
Title:
Shelf number:

4.2 PERIODICAL MATERIAL NOT FOUND

Periodical title:			
Date:	Vol.:	No.:	Number of articles:

Periodical title:			
Date:	Vol.:	No.:	Number of articles:

Periodical title:			
Date:	Vol.:	No.:	Number of articles:

Periodical title:			
Date:	Vol.:	No.:	Number of articles: