



Powered by the  
New Jersey Library Network

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## Thanks for using Q and A NJ!

Please tell us a few things about how things looked from *your* side of the screen...

**Would you use this service again?**

Yes    No

**Was your question completely answered?**

Yes    No    My question was referred.

**Did you receive an answer in a reasonable amount of time?**

Yes, I got the results quickly.

It could have been quicker.

No, it took too long.

**Overall satisfaction with your reference session:**

Very Satisfied	Fairly Satisfied	Fairly Dissatisfied	Very Dissatisfied

**Have you used the service before?**

Yes    No

**How did you hear about Q and A NJ?**

**What did you like about the experience?**

**Any suggestions for improvement?**

**Other comments:**

**Please help us understand who is using the service by sharing a little bit about yourself. (This information will be used for project analysis only.)**

**If you are a student, what grade are you in?**

Elementary school      Middle school  
High school              College

**What is your occupation?**

**How old are you?**

1 - 18 years old      19 - 35  
36 - 59              60 and up

**Gender:**      M or      F

If you're willing to participate in a follow-up survey, please enter your name and email address here:

**Name:**

**Email:**

**Thank you for your helpful feedback!**