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<p>How long have you been receiving the journal? <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-8 years <input type="checkbox"/> Over 10 years</p>	<p>Do you receive the journal as part of IHF membership/subscription package? <input type="checkbox"/> Membership <input type="checkbox"/> Subscription</p>
<p>How do you receive the journal? <input type="checkbox"/> Printed <input type="checkbox"/> Online <input type="checkbox"/> Web</p>	<p>How do you judge the contents? <input type="checkbox"/> Very interesting <input type="checkbox"/> Interesting <input type="checkbox"/> Of little interest</p>
<p>How often do you read the journal? <input type="checkbox"/> Frequently <input type="checkbox"/> Infrequently <input type="checkbox"/> Not at all</p>	<p>What best describes your current occupational title? <input type="checkbox"/> Student <input type="checkbox"/> Teacher(school/university) <input type="checkbox"/> Librarian <input type="checkbox"/> CEO/Director (healthcare facility/hospital) <input type="checkbox"/> CEO (Company) <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Other <input type="checkbox"/> Head hospital Department (clinical/administration)</p>
<p>With how many others do you share your copy? <input type="checkbox"/> None <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10 or more</p>	<p>Into which of the following groups does your age fall? <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 or older</p>
<p>Which of the following best describes your area of work? <input type="checkbox"/> Research/Academic <input type="checkbox"/> Government <input type="checkbox"/> Public/Private enterprise <input type="checkbox"/> Hospital/healthcare <input type="checkbox"/> International organization <input type="checkbox"/> Media <input type="checkbox"/> Other</p>	<p>Are you male or female? <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>In which region is your country? <input type="checkbox"/> Africa <input type="checkbox"/> Australasia <input type="checkbox"/> Caribbean <input type="checkbox"/> Europe <input type="checkbox"/> North America <input type="checkbox"/> South America</p> <p>What is your overall assessment of the journal? <input type="checkbox"/> 1(excellent) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (poor)</p>	<p>Please indicate up to three (3) things you like about the journal? 1) 2) 3)</p>
<p>Please indicate up to three (3) things you like least about the journal? 1) 2) 3)</p>	<p>Please give one/two suggestions for improvement</p>
<p>What is your overall assessment of the electronic journal? <input type="checkbox"/> 1(excellent) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (poor)</p>	<p>With how many others do you share the electronic copy within your institution? <input type="checkbox"/> None <input type="checkbox"/> 1-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 50 or more</p>
<p>Additional Comments</p>	<p>About you (optional) Name: Institution: Email: Signature: Date:</p>