

# YOUR MEDICAL CENTER HEALTH SCIENCES LIBRARY

## NEEDS ASSESSMENT SURVEY

Please take a few minutes to respond to the following questionnaire.

1. In the last year how often did you use the library? (Check only one)

- a.  Daily
- b.  Weekly
- c.  Monthly
- d.  Less than Monthly
- e.  Less than Yearly
- f.  Never

1a. If you checked "never", why? \_\_\_\_\_

2. Which of the following services offered do you usually use? (Check all that apply)

- a.  Book Collection
- b.  Journal Collection
- c.  Computer Literature Searches
- d.  Interlibrary Loan
- e.  Ready reference (answers to inquiries over the telephone)
- f.  Current Awareness Services (Library Newsletter, Open House, etc.)
- g.  Circulation of Materials

3. Please rate the following services ( 1-Excellent, 2-Very Good, 3-Good, 4-Poor )

<b>SERVICES: (Please Circle)</b>				
	<b>Ex.</b>	<b>V.G.</b>	<b>G.</b>	<b>P.</b>
A. Book Collection	1	2	3	4
B. Journal Collection	1	2	3	4
C. Computer Literature Searches	1	2	3	4
D. Interlibrary Loan	1	2	3	4
E. Ready Reference (Phone Inquiries)	1	2	3	4
F. Current Awareness (Library Newsletter, etc.)	1	2	3	4
G. Circulation of Materials	1	2	3	4

Suggestions for improvement:

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4. What subject area(s) do you frequently need information about?

- |   |  |
|---|--|
| <input type="checkbox"/> Basic Sciences         | <input type="checkbox"/> Nursing                       |
| <input type="checkbox"/> Emergency Medicine     | <input type="checkbox"/> Medicine (Specify)            |
| <input type="checkbox"/> Consumer Education     | <input type="checkbox"/> Pharmacology                  |
| <input type="checkbox"/> Psychiatry (Geriatric) | <input type="checkbox"/> Psychiatry (Child/Adolescent) |
| <input type="checkbox"/> Social Sciences        | <input type="checkbox"/> Surgery                       |
| <input type="checkbox"/> Nutrition              | <input type="checkbox"/> Administration                |
| <input type="checkbox"/> Geriatrics             | <input type="checkbox"/> Other (Specify)               |

5. If we could add three items (books, journals, etc.) in your area, what would they be?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your assistance.

Please complete and return to Your Medical Center Health Sciences Library.

Name (Optional) \_\_\_\_\_

Department \_\_\_\_\_