

THE SINGAPORE MEDICAL JOURNAL READERS SURVEY 2005

One of the aims of the SMJ is to remain useful and relevant to its readers by publishing interesting and educational articles as well as providing new information. We are therefore conducting this survey to get your feedback on the journal as well as to invite you to give us your suggestions on how we can improve.

For your convenience, we have two options on how you can respond:

(a) **Online** at <www.sma.org.sg/smj/survey.html>. Please answer the questions below and click on the 'Submit' button.

OR (b) **Fax**. Photocopy this page and fax to: (65) 6224 7827.

Please note the closing date for the survey is on **January 31, 2006**. Thank you for taking your time to complete the survey.

1. How much of each issue of the SMJ do you normally read?

- Cover to cover Selected articles Just skim through Do not read it

Additional comments: _____

2. How do you prefer to read the journal?

- Print version Online version

3. Please indicate how useful you find the following article categories:

	Have not read	Somewhat useful	Useful	Very useful	Must-read
Editorials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Statistics for Doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine in Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centennial of Medical Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review Articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original Articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pictorial Essays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECG Case Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinics in Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letters to the Editor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CME articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you know that every SMJ article is available online at <www.sma.org.sg/smj> and at PubMed via LinkOut?

- Yes No

5. If answer to question 4 is yes, how often do you access it?

- Never Every few months Monthly Weekly Daily

6. What is your overall opinion of the SMJ?

- Very good Good Average Below average Poor Improving

7. Does the journal provide useful information?

- Always Mostly Sometimes Never

Additional comments: _____

8. In the last 12 months, have you used the information contained in the journal for any of the following:

- Research Clinical practice Continuing medical education Topics for discussion

Others. Please specify: _____

9. What additional comments or suggestions do you have for the editors?

10. What article category/area of specialty/topics would you like to see more/less of in the future?

11. Are you an SMA member?

- Yes No

12. What is your specialty?

- Family Medicine Others. Please specify: _____

13. What is your country of origin?

- Singapore Others. Please specify: _____

14. If you wish to be entered for the LUCKY DRAW, please supply your:

Name: _____ Email: _____

You stand a chance to win attractive prizes, including 20 dining vouchers worth S\$50 each!