

Medical Ethics Advisor

2015 Reader Survey

In an effort to learn more about the professionals who read *Medical Ethics Advisor*, we are conducting this reader survey. The results will be used to enhance the content and format of this publication.

Instructions: Please fill in the appropriate answers and answer open-ended questions in the space provided. Either fax the completed questionnaire to 678-974-5419, or return it in the enclosed postage-paid envelope. The deadline is **July 1, 2015**.

1. How would you describe your satisfaction with your subscription of *Medical Ethics Advisor*?

- A. very satisfied B. somewhat satisfied C. somewhat dissatisfied D. very dissatisfied

2. Do the articles in *Medical Ethics Advisor* cover issues of importance and concern to you?

- A. always B. most of the time C. some of the time D. rarely E. never

Please rate your level of satisfaction with the following:

- | | A. excellent | B. good | C. fair | D. poor |
|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 3. quality of newsletter | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 4. article selections | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 5. timeliness | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 6. length of newsletter | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 7. overall value | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 8. customer service | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |

In future issues of *Medical Ethics Advisor*, would you like to see more or less coverage of the following topics?

- | | A. more coverage | B. less coverage | C. about the same amount |
|-------------------------------------|-------------------------|-------------------------|--------------------------|
| 9. end-of-life care | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| 10. patient autonomy | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| 11. organ donation/transplantation | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| 12. spiritual/pastoral care | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| 13. committee orientation/education | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| 14. genetic testing/counseling | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |

15. On average, how much time do you spend reading each issue of *Medical Ethics Advisor*?

- A. fewer than 10 minutes C. 21-30 minutes E. more than an hour
 B. 10-20 minutes D. 31-60 minutes

16. Do you plan to renew your subscription to *Medical Ethics Advisor*?

- A. yes
 B. no

If no, why not? _____

17. Has participating in this activity changed your clinical practice? If so, how? _____

18. Please list the top three challenges you face in your job today. _____

19. What do you like most about *Medical Ethics Advisor*? _____

20. What do you like least about *Medical Ethics Advisor*? _____

21. What issues would you like to see addressed in *Medical Ethics Advisor*? _____

22. What is your title? _____

23. If applicable, how long have you served on the ethics committee? _____

24. To what other publication or information sources about medical ethics do you subscribe? _____

25. Which publications or information sources do you find most useful, and why? _____

May we contact you? If so, please provide: Name _____

E-mail address _____ Phone _____