

Reader Survey—Win a Free Subscription or a Bottle of Champagne!!!

This is the fifth issue of *Evidence-Based Medicine (EBM)*, and the initial response has been gratifying. Now is the time for some fine-tuning, and we need your views. Recall that *EBM's* main mission is to provide accurate summaries of the best current studies and reviews of important innovations in clinical and health care. **Please take a moment to reflect on what you have found in *EBM*, complete the brief questionnaire, and mail or fax it to us right away.**

1. Which of the following issues of *EBM* have you received? (mark with a TICK)
 Nov/Dec 1995 Jan/Feb 1996 Mar/Apr 1996 May/June 1996 Jul/Aug 1996
2. In which issue(s) have you read more than 1 of the items? (mark with a TICK)
 Nov/Dec 1995 Jan/Feb 1996 Mar/Apr 1996 May/June 1996 Jul/Aug 1996
3. About how much time do you devote to reading an issue of *EBM*? _____ minutes
4. How do you rate the following features of *EBM*?
(Please circle a number from 1 to 7 for each item, where 1 = worst and 7 = best.)

<i>EBM</i> Feature	Quality of Our Work							Usefulness to You in Your Work						
	Worst			Best				Worst			Best			
Selection of studies for review	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Structured presentation of abstracts	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Commentaries	1	2	3	4	5	6	7	1	2	3	4	5	6	7
EBM notes (editorials)	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Short, declarative titles (see Contents page)	1	2	3	4	5	6	7	1	2	3	4	5	6	7

5. The contents of *EBM* have now been added to *ACP Journal Club on Disk* (internal medicine; collected contents since 1991). Are you interested in using this resource? (TICK one)
 NO YES If YES, on diskette or CD-ROM?
6. Have you used an electronic source of medical information (e.g., diskette, CD-ROM, Internet) *in the past month*?
 NO YES If YES, was it diskette or CD-ROM or Internet?
7. Which of the following best describes your MAIN area of practice? (Please TICK)
 GP/FM Internal medicine General hospital medicine ObGyn Surgery
 Paediatrics Psychiatry Public health Administration/Purchasing
 Specialty or subspecialty (please specify): _____
8. What are your practice arrangements? (TICK as many as apply)
 Solo practice Group practice Academic affiliation
 Location: Large urban Small urban Rural
 Country: UK USA Canada Other (specify) _____
9. How many years have you been in health care practice? _____ years
10. How many hours per week do you spend in health care practice? _____ hr/wk
11. About how much time did you spend in the past week reading material related to your own patients or practice? (TICK one)
 None 15 min 30 min 45 min 60 min 90 min 120 min or more

Additional comments are *most* welcome. Append as many pages as you wish.

Optional: If you wish to enter the free draw, please provide your name and address. (NOTE: Information you provide will not be used for any other purposes.) (Print clearly!)

Name: _____

Mailing address: _____

Prize preference (TICK): Free subscription (or extension) Bottle of Champagne

PLEASE SEND YOUR RESPONSES TO:

EBM, Centre for Evidence-Based Medicine, Level 5, John Radcliffe Hospital, Headington, Oxford OX3 9DU, UK; or fax 44-(0)1865-222901.