

**Halifax Regional Medical Center  
Medical Library Survey**

1. Have you used the library and/or library services in the past year?  
Yes\_\_\_\_ No\_\_\_\_ If not, why?\_\_\_\_\_

If yes, please estimate how often you used the library/services.  
One time only\_\_\_\_\_ Fewer than 5 times\_\_\_\_\_ More than 5 times\_\_\_\_\_

2. For what purposes do you use library services? (Check all that apply)

- \_\_\_\_ reference/research help
- \_\_\_\_ literature searches
- \_\_\_\_ continuing education
- \_\_\_\_ journal table of contents
- \_\_\_\_ to obtain information for patient care
- \_\_\_\_ for online research
- \_\_\_\_ for interlibrary loans of journal articles and books
- \_\_\_\_ for consumer health information
- \_\_\_\_ for hospital accredited hour programs (Ex. Cinema, Wellness Watch, Feature of Quarter videos)
- \_\_\_\_ other

If you marked "other," please list what type library service:\_\_\_\_\_

\_\_\_\_\_

3. Have you found that library services are:

Yes No

- \_\_\_\_ \_\_\_\_ current
- \_\_\_\_ \_\_\_\_ accurate
- \_\_\_\_ \_\_\_\_ meet your information needs
- \_\_\_\_ \_\_\_\_ relevant to your requests
- \_\_\_\_ \_\_\_\_ delivered in a timely manner

If you answered "no" to any of the above, please explain why. \_\_\_\_\_

\_\_\_\_\_

4. Is there any library service not currently offered at Halifax Regional Medical Center that you would like to have? Yes\_\_\_\_ No\_\_\_\_ If so, what?\_\_\_\_\_

\_\_\_\_\_

5. List any specific resources you would like to see added to the library collection. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to help us to meet your information needs. If you have any questions about this survey, please call Lynn Powell, Medical Library Coordinator, at 535-8668 or send email to [lpowell@halifaxrmc.org](mailto:lpowell@halifaxrmc.org). 11/08