



WE WANT YOUR OPINION

CLINICAL GERIATRICS READERSHIP SURVEY

DEAR READER,

We hope you'll take a moment to indicate which topics below are of interest to you in your everyday practice by placing a checkmark next to your choice. We would also appreciate your additional input at the bottom of this page.

Topics

- | | |
|--|---|
| <input type="checkbox"/> Advance directives | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Alternative medicine/vitamins and supplements | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Alzheimer's disease/dementia | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Menopausal issues |
| <input type="checkbox"/> Benign prostatic hyperplasia | <input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition/undernutrition |
| <input type="checkbox"/> Chronic obstructive pulmonary disease | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> <i>Clostridium difficile</i> | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Cardiovascular/coronary artery disease | <input type="checkbox"/> Pain management |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Patient education |
| <input type="checkbox"/> Dermatological disorders | <input type="checkbox"/> Practice management |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Billing and coding |
| <input type="checkbox"/> Endocrine disorders | <input type="checkbox"/> Malpractice |
| <input type="checkbox"/> End-of-life care | <input type="checkbox"/> Medicare updates |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Preventive medicine |
| <input type="checkbox"/> Eye disorders | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Falls | <input type="checkbox"/> Rheumatoid arthritis |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Sleep disorders |
| <input type="checkbox"/> Frailty | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Gastroesophageal reflux disease | <input type="checkbox"/> Trauma care |
| <input type="checkbox"/> Geriatric assessment | <input type="checkbox"/> Urinary disorders |
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Hormone replacement therapy | _____ |
| <input type="checkbox"/> Hypertension | _____ |

What is your specialty/area of expertise, and in what type of setting do you practice (eg, hospital, private practice)?

Would you distribute patient education sheets featured in *Clinical Geriatrics* in your practice setting?

List specific articles or departments published within the last year that you found interesting/useful.

What improvements/additions would you like to see in *Clinical Geriatrics*?

Thank you. We value your input.

Please e-mail (medwards@hmpcommunications.com) your responses or fax this form to: **866.800.4236** (Attn: Meredith Edwards)

A PDF of this Readership Survey is also available on the *Clinical Geriatrics* website (www.clinicalgeriatrics.com)