

Editorial Questionnaire

Your comments are important to us. This form provides you with the opportunity to express your opinions. Our goal is to make CNS Spectrums your source for practical and clinical neuropsychiatric information. By filling out this Questionnaire, you enable us to incorporate your views about our editorial content in future issues. Please fill out this form in its entirety. Thank you.

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Specialty

Date

Fax: 212-328-0600. Mail: CNS SPECTRUMS, 333 Hudson Street, 7th Floor, New York, NY 10013

1. On a scale of 1 to 5 (1=Poor, 5=Excellent), please indicate your level of interest and/or satisfaction with the editorial content in this issue.

ORIGINAL RESEARCH

1 2 3 4 5

CASE REPORT

1 2 3 4 5

DEPARTMENTS

Grand Rounds

1 2 3 4 5

Pearls in Clinical Neuroscience

1 2 3 4 5

In Session

1 2 3 4 5

Communique

1 2 3 4 5

Clinical Updates in Neuropsychiatry

1 2 3 4 5

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1 2 3 4 5

2. Which areas of neuropsychiatry would you like us to cover in the future?

3. Please describe your reading pattern for this issue:

- Read cover to cover
- Skimmed table of contents
- Read select items of interest
- Skimmed text
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4. On a scale of 1 to 5 (1=Incomplete, 5=Comprehensive), how would you describe the depth of coverage for this issue?

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6. Please indicate your title:

- Neurologist
- Psychiatrist

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- The Black Book of Insomnia
- The Black Book of ADHD
- The Black Book of OCD

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