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.

Name (please print) Address	
E-mail Speci	· · · · · · · · · · · · · · · · · · ·
Fax: 212-328-0600. Mail: CNS SPECTRUMS, 333	3 Hudson Street, 7th Floor, New York, NY 10013
 On a scale of 1 to 5 (1=Poor, 5=Excellent), please indi- cate your level of interest and/or satisfaction with the editorial content in this issue. 	 3. Please describe your reading pattern for this issue: □ Read cover to cover □ Skimmed table of contents
ORIGINAL RESEARCH 1 2 3 4 5 <u>CASE REPORT</u>	 Read select items of interest Skimmed text
□ 1 □ 2 □ 3 □ 4 □ 5 DEPARTMENTS	🗌 Did not read
Grand Rounds 1 2 3 4 5 Pearls in Clinical Neuroscience	4. On a scale of 1 to 5 (1=Incomplete, 5=Comprehensive), how would you describe the depth of coverage for this issue?
□ 1 □ 2 □ 3 □ 4 □ 5 In Session	
□ 1 □ 2 □ 3 □ 4 □ 5 Communique □ 1 □ 2 □ 3 □ 4 □ 5	5. Any other comments about CNS Spectrums' edito- rial content, design, or overall usefulness?
Clinical Updates in Neuropsychiatry 1 2 3 4 5 CME	
2. Which areas of neuropsychiatry would you like us to cover in the future?	
	6. Please indicate your title:

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