

**Medical & Healthcare Subject Specialist Network  
Collection Mapping Survey**

PLEASE COMPLETE ALL SECTIONS OF THIS SURVEY AND RETURN BY 28 APRIL 2008.

Name of Institute/Collection, etc: .....

Contact Name: .....

Telephone: .....

Email: .....

May we contact you to follow-up this survey? **YES / NO**

1. Which of the following best describes your Institute/Collection? (Please tick one only)

	<b>TICK</b>
Museum	
Library	
Archive	
Other (please specify)	

2. When was your medical collection established? ..... Date (or approx. year)

3. Is medicine the main focus of your collections? **YES / NO**

4. How many medical items (or groups of items) do you hold in your collection? .....

5. Please tick the fewest number of the following subjects to indicate the strongest areas of your collection in quantity and/or significance:

	<b>TICK</b>		<b>TICK</b>
Anaesthesia		Nursing	
Anatomy		Obstetrics	
Cardiology		Ophthalmology	
Chiropody		Orthopaedics	
Clinical Diagnosis		Paediatrics	
Contraception		Pathology	
Dentistry		Pharmacy	
Ear, Nose & Throat (ENT)		Physiology	
Equipment, Hospital		Physiotherapy	
Equipment, Laboratory		Psychiatry	
First Aid		Public Health	
Gynaecology		Radiomedicine	
Medicine, Classical		Spa	
Medicine, Folk		Surgery	
Medicine, General		Therapeutics	
Medicine, Herbal		Urology	
Medicine, Homoeopathy		Other (please specify)	
Medicine, Oriental			
Memorabilia			
Military		Veterinary	

6. Please give brief details of any expertise or specialist knowledge your institution has in any of the above subjects, including who holds knowledge (ie job title/function):

.....  
.....

7. Please describe your medical collection in a short paragraph; what is special about it?

.....

.....

.....

.....

.....

8. What are the 3 (maximum) most important items (or groups of items) in your collection?

1. ....
2. ....
3. ....

9. Please judge the approximate overall importance of your medical collection according to the percentage of items with significance in the following categories:

	%
General	
Local	
Regional	
National	
	100%

10. Please tick to indicate which types of material you hold in your medical collection:

	<b>TICK</b>
Archives	
Audio Visual, other	
Audio Visual, tape	
Audio Visual, video, DVD	
Books, Historic	
Books, Reference	
Ephemera	
Journals & Periodicals	
Manufacturers' Catalogues	
Manufacturers' Manuals	
Objects & Artefacts	
Photographs	
Teaching Aids	
Other (please specify)	
Other (please specify)	

11. Please indicate the approximate proportion of your collection that is normally accessible:

	%
Publicly accessible	
Permanent display	
On loan (out)	
Computer accessible	
Internet accessible	
Other (please specify)	
Other (please specify)	

12. Do you have major gaps in your medical collection? **YES / NO**

If **YES**, please give brief details:

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.....

.....

13. Are you actively collecting to fill gaps or expand your medical collection? **YES / NO**

If **YES**, please give brief details:

.....

.....

14. Are you planning to rationalise any part of your medical collection? **YES / NO**

If **YES**, please give brief details of any material you wish to dispose of:

.....

.....

.....

15. Are there parts of your medical collection that you want to do more with? **YES / NO**

If **YES**, please give brief details:

.....

.....

16. Please tick one box only for each of the following areas of activity concerning the skills or knowledge that you have or need regarding your medical collections (ie reference to expertise NOT resources):

	<b><u>We need lots of advice</u></b>	<b><u>We need some advice</u></b>	<b><u>We don't need advice</u></b>	<b><u>We have expertise</u></b>
Conservation, Preventive				
Conservation, Remedial				
Display				
Storage				
Environmental Monitoring				
Environmental Control				
Documentation				
Rationalisation				
Digitisation				
Research				
Publication				
Interpretation				
Audience Development				
Education & Learning				
Outreach				
Other (please specify)				

17. Do you provide training for any of the above activities? Please give details.

.....  
.....

18. Have you developed educational resources using your medical collections? **YES / NO**

If **YES**, please give brief details:

.....  
.....

19. Would you like to develop partnerships with other medical collections? **YES / NO**

If **YES**, please give brief details of desired outcomes:

.....  
.....  
.....  
.....

Please add any further information that may be helpful, including examples of successful projects or approaches in using collections:

.....  
.....  
.....  
.....  
.....

Please sign to confirm that we can share this information with the Medical & Healthcare SSN and the MLA.

Signed: ..... Dated: .....

Thank you for taking the time to complete this survey.

**Please return by 28 April 2008 at the latest to:**

Medical & Healthcare SSN, c/o 18 Badgers Brook, Wroughton, Swindon SN4 9DG  
Email: [steph.gillett@btinternet.com](mailto:steph.gillett@btinternet.com)

