Dear Sir/Madam,

Sub: Questionnaire on "Resources and Services of Health Science Libraries in Karnataka State"

I am introducing myself as Mr. P S Mahesh, Chief Librarian at JJM Medical College, Davangere. I have taken up a Research Project for Doctoral Program of the Karnataka University, Dharwad, under the Guidance of Dr B S Maheswarappa, Professor and Chairman, Department of Library and Information Science, Gulbarga University, Gulbarga-585 106.

I am enclosing herewith a "Questionnaire" to be filled-in and returned to me for my project. I assure you that the information given by you will be used only for research and no names of either the persons or organizations shall be revealed.

The questionnaire is so designed that it will take very little of your time. I request you to kindly co-operate with me and fill up the questionnaire and send it the above address.

Thanking you,

Yours faithfully

(P S MAHESH)

TO,
SECTION - I: BACKGROUND INFORMATION

A) INSTITUTION:

1 Name of the College/Institution
With Postal Address

2 Year of Establishment of the Institution/College

3 Courses offered:

<table>
<thead>
<tr>
<th>Area</th>
<th>Undergraduate</th>
<th>Post-graduate</th>
<th>Super Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Dental</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Nursing</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>()</td>
<td>()</td>
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</tr>
</tbody>
</table>

4 Total Strength of the College
   a) Students:
      Undergraduate
      Post-Graduate
      Super Specialty
   b) Staff:
      Faculty
      Supporting
   c) Others

5 Type of management: ( ) Government ( ) Private

B) LIBRARY:

6 Year establishment of the Library

7 Working hours of the library:
   On Working days: From To
   On Sundays and Holidays: From To

8 Are there any Departmental libraries? ( ) Yes ( ) No
   If Yes, Please give the details about their administration

9 Is there a hospital library? ( ) Yes ( ) No
   If Yes, Is it, ( ) a part of the main library ( ) Independent
SECTION - II: RESOURCES

MANPOWER RESOURCES:

10 Who is in charge of the library?

() Full time librarian
() Professor in charge
() Any other, (Pl Specify):

If Librarian is in charge of the library:

Name: __________________________
Qualifications: __________________________
Designation: __________________________
Experience (in years): __________________________
Pay Scale: __________________________
In-house training: __________________________
Professional membership:
() MLAI, India
() MLA, USA
() KHSIA
() Any other, PI Specify:

11 Total Library Staff Strength: __________________________

Professional: __________________________
Semi-professional: __________________________
Non-professional: __________________________

12 Is your library staff adequate? () Yes () No

If No, how many additional staff do you require?

13 Do you have regular library staff meetings? () Yes () No

14 Please give a brief account of work among your colleagues including ministerial:

INFORMATION RESOURCES:

15 Total Collection of the library (as on 31.2.2000):

Books/Monographs: __________________________
Reference books: __________________________
Back Volumes of Scientific Periodicals: __________________________
Reports: __________________________
Theses/Dissertations: __________________________
Reprints of Articles: __________________________
Non-book Materials:
Maps, Charts etc.: __________________________
Microforms: __________________________
Audio-Visual Materials: __________________________
Any other, PI Specify: __________________________
16 Total Number of Current Periodicals: As on Jan-Dec 2000
Subscribed : ........................................
Gifts : ........................................
Exchange : ........................................

17 Does your library receive the following Indexing journals?
( ) Index Medicus - Monthly
( ) Index Medicus - Cumulated
( ) Index Medicus for WHO South-East Asia Region
( ) Index to Dental Literature
( ) Cumulative Index to Nursing and Allied Health Literature
( ) International Nursing Index
( ) Index to Health Information
( ) Any other, pl Specify:

18 Does your library receive the following Abstracting journals?
( ) Excerpta Medica Series
( ) Psychological Abstracts
( ) Dental Abstracts
( ) International Pharmaceutical Abstracts
( ) Pharmaceutical Abstracts
( ) Nursing Abstracts
( ) Any other, pl Specify:

19 Do you have any special collection for:
( ) SC/ST Book bank
( ) Poor-Cum-Merit Students Book bank
( ) Any other, pl Specify:

PHYSICAL RESOURCES:

LIBRARY BUILDING:

20 Is your library building?
( ) Independent
( ) Part of the main building

21 Is your library building suitable for library purpose?
( ) Yes ( ) No

22 Please give the details for the following items to library building:
( ) Total floor area : .................................... Sq Feet
( ) Total carpet area : .................................... Sq Feet
( ) Total Seating capacity : ...................................
( ) Total stacking capacity : ...................................

23 Indicate whether any special seating arrangements are made for: (Please tick)
( ) Faculty
( ) Postgraduates
24 Does your library building has provision for: (Please tick)

( ) Librarian’s Room
( ) Audio-Visual Section
( ) Microform Unit
( ) Reprography
( ) Computers
( ) Binding
( ) Conferences/Seminar Room
( ) Drinking Water
( ) Any other (Please specify):

25 Does the library building has provision for:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizontal Expansion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vertical Expansion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FURNITURE AND EQUIPMENT:**

26 Please mention the type of furniture used for: (Please tick)

Furniture

( ) Wooden
( ) Metal

Stacking

i) Racks
   ( ) Single Faced
   ( ) Double Faced

ii) Closed Door Almirahs

Reading

i) Tables
   ( ) Single Reading
   ( ) Multiple Reading
   ( ) Two Seats
   ( ) Four Seats

ii) Chairs
    ( ) With arms
    ( ) Without arms

27 Does your library have modern library gadgets? (Please tick)

( ) Book Lifts
( ) Book Conveyors
( ) Vacuum Cleaners
( ) Book Trolley
( ) Any other (please specify):

**FINANCIAL RESOURCES:**

28 Please mention the sources of Finances:

( ) Government
( ) Private
( ) Any other (Please specify):
29 Total Budget of the Institution/College: --------------------------
(For the academic year 1999-2000)
30 Total Budget of the Library : --------------------------
31 Mention the expenditure for the following items
(For the academic year 1999-2000)
   Book Materials : --------------------------
   Current Periodicals : --------------------------
   Non-Book materials : --------------------------
   Furniture and Equipment : --------------------------
   Binding : --------------------------
   Miscellaneous : --------------------------

LIBRARY COMMITTEE
32 Do you have library committee?  ( ) Yes  ( ) No
   If ‘Yes’, please mention:
      a) Composition of the committee: (Please tick)
         ( ) Principal
         ( ) Heads of the Departments
         ( ) Senior Faculty
         ( ) Any other (Please specify) :
      b) Is Librarian a member of the committee?
         ( ) Yes  ( ) NO
      c) Powers and Functions of the committee (Please tick)
         ( ) Scrutiny of titles
         ( ) Selection of Books
         ( ) Allocation of funds to departments
         ( ) Library Policy
         ( ) Any other (Please specify) :
      d) How often does it meet? (Please tick)
         ( ) Once in a month
         ( ) Once in six-months
         ( ) Once in a year
         ( ) Any other (Please specify) :

COLLECTION DEVELOPMENT, ORGANIZATION AND MANAGEMENT

COLLECTION DEVELOPMENT:
33 Do you have a policy regarding the development of collection required for your library?
      ( ) Yes  ( ) No
   If ‘Yes’, is it?  ( ) Written  ( ) Unwritten
34 Who is responsible for selection of books? (Please tick)

() Faculty Members
() Library Staff
() Both
() Any other (Please specify):

35 What are the book selection tools used for the selection of books? (Please tick)

() Publishers Original Catalogues
() Book Reviews
() Vendors Ready Stock List
() National Bibliographies
() Books In-Print
() Trade Bibliographies
() Any other (Please specify):

36 How do acquire books in your library?

() Inviting Quotations
() Direct Purchase
() On Approval basis
() Through Co-operative Society
() By Membership
() By Gift/Donation
() By Exchange
() Any other (Please specify):

37 How do you select the periodicals?

() Faculty recommendations
() Based on core list of journals
() Any other (Please specify):

38 How do you acquire Scientific Periodicals?

By Subscription () Through Vendors
() Directly from the publishers
() Through co-operative Society

() By Membership
() By Gift/Donation
() By exchange
() Any other (Please specify):

39 Do you any handling charges to subscription agents on:

Short discount titles () Yes () No
No discount titles () Yes () No

If 'Yes', what is the percentage?:

40 What is the average time lag in receipt of Indian and foreign current periodicals from the date of publication?

<table>
<thead>
<tr>
<th></th>
<th>Indian</th>
<th>Foreign</th>
</tr>
</thead>
<tbody>
<tr>
<td>One month</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Two month</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Three months and above</td>
<td>()</td>
<td>()</td>
</tr>
</tbody>
</table>
41 Do you face problems in acquiring? ( ) Yes ( ) No
If 'Yes', is it for
( ) Indian Publications
( ) Foreign Publication
( ) Both

42 Do you problems in acquisition of current periodicals?
( ) Yes ( ) No
If 'Yes', is it for
( ) Indian Journals
( ) Foreign Journals
( ) Non-agency Publications
( ) Any other ( Please specify): ...

43 Do you face problems in procuring the Government / Society Publications?
( ) Yes ( ) No
If 'Yes', is it due to
( ) Non availability of suitable agency to supply them
( ) Lack of response from the publishers
( ) Foreign Exchange problem
( ) Any other ( Please specify): ...

44 Are you facing problems in acquiring Non-Book materials?
( ) Yes ( ) No
If 'Yes', is it due to
( ) Non availability of suitable agency to supply them
( ) Technical / administrative problems
( ) Any other ( Please specify): ...

COLLECTION ORGANISATION:

45 Are the Books classified according to a scheme of Classification?
( ) Yes ( ) No
If 'Yes', indicate the classification scheme followed
( ) Colon Classification
( ) Dewey Decimal Classification
( ) Universal Decimal Classification
( ) National Library of Medicine (USA) Classification
( ) Library of Congress Classification
( ) Any other (Please specify): ...

46 Are the Books catalogued according to a Catalogue Code?
( ) Yes ( ) No
If 'Yes', indicate the Catalogue Code used
( ) C.C.C
47. Mention the standard Subject Heading List used for assigning Subject Headings:

- ( ) Medical Subject Heading (Mesh)
- ( ) Any other (Please specify):

48. What type of Catalogue is maintained?

- ( ) Classified
- ( ) Dictionary
- ( ) Any other (Please specify):

49. What form of catalogue is maintained?

- ( ) Card form
- ( ) Book form
- ( ) Computerized
- ( ) Any other (Please specify):

50. Does your library have?

- ( ) Open access
- ( ) Closed access
- ( ) Partially open access

51. Do you have separate text Book section?

- ( ) Yes
- ( ) No

52. How do you arrange documents on the shelves?

- ( ) By Classification
- ( ) By Subject
- ( ) Any other (Please specify):

COLLECTION MANAGEMENT:

53. How often do you dust the shelves?

- ( ) Every day
- ( ) Once in a week
- ( ) Once in a month

54. Are you taking measures for preservation of books?

- ( ) Yes
- ( ) No

If 'Yes', (Please tick)

- ( ) Frequently dusting of shelves
- ( ) Use of vacuum cleaners
- ( ) Use of Insecticides
- ( ) Any other (Please specify):
55 Do you undertake stock verification?
   ( ) Yes  ( ) No

56 What is the average number of books loss per year?: -----------------------------

57 Mention the percentage of loss with regard to book stock and books used: --------

58 Does your library undertake 'Weeding' of books?
   ( ) Yes  ( ) No

   If 'Yes', do you
   ( ) Remove them from the library
   ( ) Keep them separately in the library
   ( ) Donate to other libraries
   ( ) Sell Them
   ( ) Allow the readers to take
   ( ) Any other (Please specify): ---------------------------------------------

59 Do you undertake binding of documents?
   ( ) Yes  ( ) No

   If 'Yes', indicate whether binding is done
   ( ) In your own library
   ( ) Outside bindery

LIBRARY AND INFORMATION SERVICES

60 Do you issue books for home reading?
   ( ) Yes  ( ) No

   If 'Yes', mention the number of books issued to
   Faculty Members: _______ Books _______ days
   Postgraduate students: _______ Books _______ days
   Undergraduate students: _______ Books _______ days
   Any other (Please specify): _______ Books _______ days

61 What system you are following for issue and return of books?
   ( ) Register
   ( ) Loose leaves
   ( ) Browne system
   ( ) Newark system
   ( ) Any other (Please specify): ---------------------------------------------

62 Do you collect overdue charges?
   ( ) Yes  ( ) No

   If 'Yes', mention the rate of overdue charges per day: ----------------------

63 Mention the average number of books issued per day: -----------------------
64 Mention the average number of books consulted per day in the library: ______________________

65 Mention the average number of readers visiting the library: ______________________

66 Do you issue current / back volumes of periodicals for home reading?
   ( ) Yes     ( ) No

   If 'Yes', please tick the appropriate one/s
   ( ) Text books
   ( ) Reference books
   ( ) Current issues of periodicals
   ( ) Back volumes of periodicals
   ( ) Any other (Please specify): _______________________________________________

67 Do you provide overnight borrowing facility?
   ( ) Yes     ( ) No

   If 'Yes', please tick the appropriate one/s
   ( ) Text books
   ( ) Reference books
   ( ) Current issues of periodicals
   ( ) Back volumes of periodicals
   ( ) Any other (Please specify): _______________________________________________

68 Do you provide Reference Service to your readers?
   ( ) Yes     ( ) No

   If 'Yes', do you have adequate reference collection?
   ( ) Yes     ( ) No

69 Do you undertake compilation of Bibliographies?
   ( ) Yes     ( ) No

70 Do you provide Current Awareness Services?
   ( ) Yes     ( ) No

   If 'Yes', please tick the appropriate one/s
   ( ) Title page Service
   ( ) Current Contents Page Service
   ( ) Any other (Please specify): _______________________________________________

71 Do you undertake Literature Searches for your users?
   ( ) Yes     ( ) No

   If 'Yes', please mention the average number of such searches made in a year:

   Manual: _____________________________________________
   On-line: ____________________________________________
   Based on CD-Database: ________________________________
Do you offer Translation Service to your users?

() Yes  () No

RESOURCES SHARING

Do you get the documents from other libraries for your users?

() Yes  () No

If ‘Yes’, how often you obtain documents?

() Frequently  () Occasionally

If ‘Yes’, indicate whom do you approach for such help?

() Local libraries  () Libraries within the state
() Libraries within the country  () Libraries outside the country
() Private agencies  () Any other (Please specify): ________________________________

Do you have the catalogue of periodical holdings of your library?

() Yes  () No

Do you have a Union catalogue of periodical holdings in your area/state?

() Yes  () No

Is your library a member of Health Literature Library & Information Services (HELLIS) Network?

Is your Institutional member of

() M.L.A (U.S.A)  () M.L.A.I (India)
() Any other (Please specify): ______________________________________________________

Do you participate in exchange of duplicate medical literature?

() Yes  () No

If ‘Yes’, is it at the

() Local level  () National level  () International level

USE OF INFORMATION TECHNOLOGY

Does your institution/college have a computer facility?

() Yes  () No
241

( ) Yes          ( ) No

If 'Yes', give Hardware and Software details:

______________________________________________________________________________

81 Are you using computer for library activities?

( ) Yes          ( ) No

If 'Yes', mention the area of its application:

( ) Acquisition  
( ) Cataloguing  
( ) Circulation  
( ) Serials control 
( ) Bibliographic information 
( ) Information dissemination  
( ) Finance control
( ) Any other (please specify):
______________________________________________________________________________

82 Does your library have CD-ROM databases?

( ) Yes          ( ) No

If 'Yes', please tick the database/s you have

( ) MEDLINE express/standard  
( ) SDILINE  
( ) TOXLINE  
( ) CANCERLINE  
( ) Experta Medica On CD  
( ) Current Contents Search  
( ) Cumulative Index to Nursing & Allied Health Literature (CINAHL-CD) 
( ) International Pharmaceuticals Abstracts (IPA)  
( ) Any other (Please specify):
______________________________________________________________________________

83 Do you allow users to do literature search on their own using CD-ROM databases?

( ) Yes          ( ) No

If 'No', do you undertake the literature search for them?

( ) Yes          ( ) No

If 'Yes', mention the

Number of searches undertaken per day: _________________________________________

Do you charge for such searches?  ( ) Yes          ( ) No

84 Do you subscribe to full text journals on disc?

( ) Yes          ( ) No

If 'Yes', mention the titles:
USE OF INTERNET

85 Does your library have Internet facility?

( ) Yes ( ) No

If 'Yes', please give the following

(a) Year of establishment: -----------------------------------------------

(b) Type of Connectivity:  
( ) Gateway Connection
( ) Full Internet Connection

If 'Full Internet Connection', please indicate:

( ) Direct / Dedicate Link
( ) Terminal Account / Dial-up Connection
( ) Host/Terminal Connection
( ) Individual Computer TCP/IP Link
( ) Dial-up or on demand TCP/IP Link through LAN
( ) Any other, please specify: -----------------------------------------------

(c) Nature of facility:  
( ) Single user ( ) Multi User

(d) Working Hours  
: Working Days: -------------------------------
: Sundays and Holidays: -------------------------------

(f) E-Mail address (if any): -----------------------------------------------

(g) Do you charge for the use of Internet?

( ) Yes ( ) No

If 'Yes', how much you charge per hour? : Rs.--------------------------------

(h) Do you use Internet for Library and Information work related activities?

( ) Yes ( ) No

If 'Yes', check the following

( ) Communication (E-mail)
( ) Resource sharing
( ) Collection development related activities
( ) Technical services- Classification, Cataloguing etc.
( ) Access abstracting sources
( ) Translation services
( ) Reference services
( ) Current Awareness services
( ) Access library catalogs
Visit websites of interest
( ) Access full text E-journals
( ) Downloading relevant programs/files/images
( ) Access electronic reference sources
( ) Any other, please specify:-------------------------------------

(i) Name the WebPages/homepages (if any) created by you: -------------------------------------

(j) Do you train the users in the use of Internet?

( ) Yes ( ) No

AUDIO-VISUAL FACILITY:

86 Does your library have an Audio-Visual Section?

( ) Yes ( ) No

If ‘Yes’, do you have the following?

( ) T.V
( ) V.C.R
( ) Audio Cassette Player
( ) Overhead Projector
( ) Film Projector
( ) Paxiscope
( ) Any other (Please specify):-------------------------------------

MICROGRAPHIC FACILITIES:

87 Do you offer photocopying facility?

( ) Yes ( ) No

If ‘No’, do you issue documents outside for photocopying?

( ) Yes ( ) No

88 Do you have microfilming facility?

( ) Yes ( ) No

If ‘Yes’, do you have the following?

( ) Microfilming Equipment
( ) Microfilm Reader
( ) Microfilm Reader/Printer
( ) Any other (Please specify):-------------------------------------

USER EDUCATION

89 Do you undertake user education program in your library?

( ) Yes ( ) No

If ‘Yes’, mention
Level  

( ) Undergraduate  
( ) Postgraduate  
( ) Faculty  

Frequency  

( ) Once in a year  
( ) Twice in a year  
( ) Any other (Please specify: ____________________________)

90 Have you made any study to know the Information Gathering and use Habits of our uses at the institution/college level?

( ) Yes  
( ) No  

If ‘Yes’, please give a brief description of your findings

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

ANY OTHER:

91 Do you undertake the following?

Exhibition of books:  
( ) Yes  
( ) No  

In-house training:
( ) Yes  
( ) No  

Organization of seminars/workshops:
( ) Yes  
( ) No  

92 Are you bringing out any publications from your library?

( ) Yes  
( ) No  

If ‘Yes’, please list them

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

93 Any other specialty of your library in relation to the Resources services, etc:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Place:  
Date:  
Signature of The Respondent