

Kindle Evaluation Form

The following form is to evaluate your experience using the Kindle as part of the Kindle-d on-the-go Health project.

Name: _____

Institution: _____

Address: _____

City: _____ Zip: _____

Email: _____

Phone Number: _____

Please indicate the type of library in which you work:

- Academic
- Public
- School
- Special
- Hospital
- Other

How would you rate the Kindle in terms of its **WEIGHT**

(Rate the Kindle Based on its physical features)

1 2 3 4 5

Strongly Satisfied Strongly Dissatisfied

How would you rate the Kindle in terms of its **PORTABILITY**

(Rate the Kindle Based on its physical features)

1 2 3 4 5

Strongly Satisfied Strongly Dissatisfied

How would you rate the Kindle in terms of its **SCREEN SIZE**

(Rate the Kindle Based on its physical features)

1 2 3 4 5

Strongly Satisfied Strongly Dissatisfied

How would you rate the Kindle in terms of its **TEXT SIZE**

(Rate the Kindle Based on its physical features)

1 2 3 4 5

Strongly Satisfied Strongly Dissatisfied

How would you rate the Kindle in terms of its **OVERALL DISPLAY**

(Rate the Kindle Based on its physical features)

1 2 3 4 5

Strongly Satisfied Strongly Dissatisfied

What is your **OVERALL** impression of the Kindle?

- Strongly satisfied
- Satisfied
- Neutral
- Dissatisfied
- Strongly Dissatisfied

How would you rate the content in terms of **CURRENCY**

(Rate the content currently available on the Kindle)

1 2 3 4 5

Strongly Satisfied Strongly Dissatisfied

How would you rate the content in terms of **APPROPRIATENESS**

(Rate the content currently available on the Kindle)

1 2 3 4 5

Strongly Satisfied Strongly Dissatisfied

How would you rate the content in terms of **USEFULNESS**

(Rate the content currently available on the Kindle)

1 2 3 4 5

Strongly Satisfied Strongly Dissatisfied

How would you rate the content in terms of **AUTHORITATIVENESS**

(Rate the content currently available on the Kindle)

1 2 3 4 5

Strongly Satisfied Strongly Dissatisfied

In what setting(s) do you see the Kindle being used?

- For personal use
- For library use—staff only
- For library use—patrons
- Other: _____

Would you consider using the Kindle to deliver health-related information at your institution? Why or why not?

Do you see any issues with using the Kindle in a library setting?

What other types of material would you like to see available on the Kindle? Do you have a specific health topic or health-related news resource that you would like added?

Do you have any other comments and/or suggestions? Please let us know here.

Please return the completed evaluation to:
Long Island Library Resources Council
Att: Christina Rivera, Special Projects Librarian
627 N. Sunrise Service Rd.
Bellport, NY 11713-1540

Questions: 631-675-1567

Fax: 631-675-1573

Email: crivera@lilrc.org

This project has been funded in whole or in part with Federal funds from the National Library of Medicine, National Institutes of Health, Department of Health and Human Services, under Contract No. NO1-LM-6-3501 with the New York University School of Medicine.