

Service SIG Survey 2007

Information will remain confidential and anonymous

You are under no obligation to complete the entire survey, but it is hoped that at least the first section will be completed.

Please enter the location of this years' ACA meeting (required)

Section 1: Salary, Services and Affiliations

1. What is your **current salary** (\$1,000's)?

- 0-30
- 31-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61-65
- 66-70
- 71-75
- 76-80
- 81-85
- 86-90
- 91-100
- 101-110
- 110+

3. Does your job include **tasks not connected** with crystallography (for example: attending group meetings, seeking/collaborating on grants, departmental committees, secretarial work, chemical store management)?

No

Yes (please indicate below additional tasks and percentage of time involved,max. 255 characters)

5. Are you expected to **supplement/recover your salary** from recharge?

- Yes, my salary is supported fully by recharge only
- Yes, >50% of my salary is from recharge
- Yes, 1-50% of my salary is from recharge
- No, my salary is state/department funded
- No, my salary is sourced by a commercial enterprise
- Other – Grant

2. What **services** are you expected to provide (in the context of your laboratory, not extra-curricular work)? (Check all that apply)

- Crystal Growth
- Data Collection
- Structure Solution and Refinement
- Graphics/Diagrams (additional beyond normal numbering scheme)
- Publication Preparation
- Instrument Maintenance
- Programming
- Teaching: formal class
- Teaching: one-on-one instruction (informal)
- Other (please specify)

4. What is your **geographic** location?

- North-East (U.S.)
- East Coast (U.S.)
- South-East (U.S.)
- Mid-West (U.S.)
- Plains States (U.S.)
- South (U.S.)
- South-West (U.S.)
- North-West (U.S.)
- West Coast (U.S.)
- Canada
- Other

6A. Do you have an **assistant/co-worker** within your lab? (Faculty member, post-doc, staff member)

- No
- Yes (please answer 6B below)
- No, but one is needed (please answer 6B below)

6B. If you have/will soon have an assistant, **are they/would they be paid from:**

Recharge
Departmental Funds
Grant (research or personal)
State funded (FTE)
Commercial position

7. Which **Special Interest Groups**, within the ACA, are you a member of? (Check all that apply)

Service
Small Molecule
General Interest
Other (please list below)

8. To which other **professional organizations** do you belong? (Check all that apply)

None
American Chemical Society
American Association for the Advancement of Science
Chemical Institute of Canada
Other (please list below)

9. What type of **institution** are you primarily associated with?

Commercial (e.g. X-ray vendor)
Industrial (e.g. Pharmaceutical industry)
Graduate-level University
Undergraduate-level University
Other

Section 2: Travel Support

10A. From 2004 to the present, **institutional support** for travel has paid:

All expenses
Almost all expenses
A majority of the expenses
A few expenses
Nothing
Have not attempted to obtain support

10B. Prior to 2004, **institutional support** for travel has paid:

All expenses
Almost all expenses
A majority of the expenses
A few expenses
Nothing
Have not attempted to obtain University support

11. Institutional support has **allowed** you to:

Attend any scientific meeting
Attend two or more meetings a year
Attend one meeting a year
Not attend meetings
Have never attended meetings

12. Financial **support for travel** has come from (check all that apply):

Comes from a yearly budget/recharge under your control
Is provided as need from the department/school
Comes from external grants
Comes from internal grants
Other (please indicate)
Professional body support
Personal funds
Industrial sponsor
Commercial sponsor

Section 3: Laboratory Space

13. **Office space** provided to you is:

- An office external from the X-ray Laboratory
- An office enclosed within the X-ray Laboratory
- An open space within the X-ray Laboratory

15. With regards to the **appearance and condition** of the X-ray Facility compared with other research facilities in your department/institution:

- It is in excellent condition -- a real show place
- It is as good as other, similar facilities and laboratories
- It is OK, but not as good as other labs and instrument facilities
- It is barely functional
- It is a disgrace

Section 4: Facility Operations and Revenue

17. Do you have, and how do you apply, your **charging scheme**?

- Charge an hourly rate
- Charge by type of collection (matrix, full data, complete work-up)
- Charge by a unit-type (for example: per reflection)
- Charge a flat fee up to a certain amount of data collected, then an additional amount thereafter
- Do not charge; operating costs are subsumed by the department/institution

19. Do you **charge non-affiliated non-academic (commercial)** users more?

- Yes
- No
- Not Applicable / No outside use

14. With regards to the **size** of the X-ray facility:

- Sufficient space exists for now and future growth
- Sufficient space exists for now; there is no room for growth
- The current space is marginal for the current needs
- The current space is inadequate for the current needs

16. Is the space for the X-ray facility **shared** with other research facilities?

- No
- Yes

18. What is the **charge** (\$) for a Complete Data Set (full structural work-up, in-house) within your facility?

- 0, We do not charge for usage/data collection
- 1-50
- 51-100
- 101-150
- 151-200
- 201-250
- 251-300
- 301-350
- 351-400
- 401-450
- 451-500
- 500+

20. Please briefly describe the **basis for your fees charged**.

21. What **instrumentation** does your facility contain? (check all that apply)

- 4-circle Area Detector
- 3-circle Area Detector
- Powder Diffraction
- 4-circle Point Detector
- 3-circle Point Detector
- Synchrotron Diffraction
- Neutron Diffraction
- Other (please specify)

23. How many **single-crystal instruments** do you have in your laboratory?

- 1
- 2
- 3
- 4+

Section 5: Personal Information and Laboratory through-put

24. What is your **highest degree**?

- PhD
- MS/MSc
- BS/BSc
- Other (please specify)

22. Do you purchase a **service contract** for your instrumentation?

- No
- Parts only
- Parts and Service/Maintenance
- Full contract, all the bells and whistles
- Instrument is still under warranty
- Commercial vendor

25. What is the **subject** of your highest degree?

- Chemistry
- Physics
- Biology
- Mathematics/Computer Science
- Geology/Earth Science
- Other (please specify)

26. How many **structures** are determined in your lab each year (average)?

- 1-50
- 51-100
- 101-150
- 151-200
- 201-250
- 251-300
- 301-350
- 351-400
- 401-450
- 451-500
- 501+

27. In terms of **publications**, are you generally considered:

- A collaborator with co-authorship rights
- A collaborator with an acknowledgment
- Simply acknowledged
- Unrecognized for work

28. Please enter your **job description**. This will be compiled into a "generic" description