

Participant number: _____

About this questionnaire

The purpose of this questionnaire is to help us gain an understanding of the people who will use [product name], and to get any additional feedback or comments about [product name].

We will use this information to try to ensure that [product name] meets the needs of the people who will be using it.

All the information you provide is confidential. Your name is not stored with this questionnaire, and the information you provide will not be used for any other purpose.

About you

1. Age (select one):

- Under 18
- 18-25
- 26-35
- 36-45
- 46-55
- Over 55

2. What is your job title?

3. Length of time in this job (select one):

- Less than 1 month
- 1 month to 6 months
- 6 months to 2 years
- 2 years to 10 years
- More than 10 years

Please continue to next page...

4. Highest educational level (select one):

- Primary
- High School
- Apprenticeship or trade qualification
- University

5. How often do you use the Internet? Select one:

- At least five times each week
- About once each week
- About once each month
- Less often than monthly
- Never

About [product name]

6. How often do you use [product]?

- Daily
- Weekly
- Monthly
- Less often than monthly
- Never

Please continue to next page...

7. Please indicate the extent to which you agree or disagree with the following statements.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
[Product] is easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always know where I am in [product]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's easy to get lost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Product] is difficult to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't get enough training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The online user guide is useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to next page...

8. If there were three things you could change in [product], what would they be?

i)

ii)

iii)

9. Do you have any comments or suggestions?
