User Feedback on CEB Care Mobile Application

We're conducting a usability study to understand how users experience the CEB Care mobile application. Your feedback will help us identify design flaws, improve accessibility, and enhance the overall user experience.

This form will only take a few minutes to complete. Your responses will remain confidential and will be used strictly for academic and redesign purposes by Group 08 for the CO2214 course.

Thank you for your valuable input! 💡

* Indicates required question

Section 1: Basic Information

1. 1. Have you used the CEB Care mobile app before? *

   Mark only one oval.

   ◯ Yes

   ◯ No

2. 2. How often do you use the app?

   Mark only one oval.

   ◯ Daily

   ◯ Weekly

   ◯ Monthly

   ◯ Rarely

   ◯ Never

Section 2: General Usability and Design

3.   3. How would you rate the overall design of the app (UI/UX)?

             1   2   3   4   5

             ☆   ☆   ☆   ☆   ☆

4.   4. Is the app easy to navigate and understand?

Mark only one oval.

( ) Very difficult

( ) Difficult

( ) Neutral

( ) Easy

( ) Very easy

5.   5. Does the app look visually appealing and modern?

Mark only one oval.

( ) Strongly disagree

( ) Disagree

( ) Neutral

( ) Agree

( ) Strongly agree

6.   6. Do you find the login and registration process simple and smooth?

Mark only one oval.

( ) Yes

( ) No

( ) Somewhat

Section 3: Specific Features & Functionality

7.   7. Can you easily find the information you're looking for on the home page?

Mark only one oval.

◯ Yes

◯ No

◯ Sometimes

8.   8. Have you used the interruption calendar feature? If yes, was it clear and helpful?

Mark only one oval.

◯ Yes, and it was helpful

◯ Yes, but it was confusing

◯ No, I haven't used it

9.   9. Is the navigation menu clear and well-organized?

Mark only one oval.

◯ Yes

◯ No

◯ Somewhat

10.   10. Have you ever accidentally logged out of the app?

Mark only one oval.

◯ Yes

◯ No

11.   11. Would you prefer the app to show a confirmation prompt before logging out?

Mark only one oval.

◯ Yes, that would be helpful

◯ No, it's not necessary

◯ I'm not sure

12.   12. Are you able to view your previous electricity bills in the app?

Mark only one oval.

◯ Yes

◯ No

◯ I don't know

13.   13. How satisfied are you with the complaint submission feature?

Mark only one oval.

◯ Very dissatisfied

◯ Dissatisfied

◯ Neutral

◯ Satisfied

◯ Very satisfied

Section 4: Accessibility & Performance

14.   14. Is the text in the app readable (font size, color contrast)?

Mark only one oval.

◯ Yes

◯ No

◯ Maybe

15.   15. Have you experienced any performance issues (loading time, crashes)?

Mark only one oval.

◯ Yes

◯ No

◯ Maybe

Section 5: Suggestions & Final Thoughts

16.   16. What is one thing you like most about the CEB Care app? *(Short answer)*

_____

17.   17. What is one thing you dislike about the app or think needs improvement? *(Short answer)*

_____

18.   18. Any additional suggestions or comments to improve the CEB Care app? *(Paragraph answer)*

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