# Learning Application Questionnaire

*Please put a cross × in the box next to the answer of your choice. Please use space provided to give extra details where necessary.*

**Sex:**  Male Female **Age**:…………………………….

**Education** Pre-School Primary School Secondary School **level(s)**

**used:**

College University Post-Graduate

**Subject(s)** Computing Mathematics English

**used in**

**application:**

Biology Chemistry Physics

Geography Law History

**Device used** Tablet Mini Tablet Mobile Phone

**to access**

**application:**

Desktop Laptop P Projector/Large Screen

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please rate the following statements: | True | Somewhat  True | Neither | Somewhat  False | False |
| The buttons I need to press are large enough |  |  |  |  |  |
| It is easy to learn how to use the menu system |  |  |  |  |  |
| The application makes learning fun |  |  |  |  |  |
| It is easier to learn using the application |  |  |  |  |  |
| The quiz questions are too easy |  |  |  |  |  |
| The quiz questions are too hard |  |  |  |  |  |
| I like the colour scheme |  |  |  |  |  |
| I can easily find the cursor |  |  |  |  |  |
| The icons are relevant |  |  |  |  |  |
| I can easily read and understand the text |  |  |  |  |  |

Things I would change about the application: ……………………………………………………………………………………. ……………………………………………………….…………………………………………..…………….………………………………………..

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