

# Post-Task Questionnaire

Please circle a number for each answer, and leave any feedback if applicable:

1. How easy or difficult was it to complete all the tasks required?

1 (Difficult) ----- 2 ----- 3 ----- 4 ----- 5 (Easy) X

Feedback:

2. How would you rate the layout/structure of the application?

1 (Poor) ----- 2 ----- 3 ----- 4 X 5 (Excellent) -----

Feedback:

3. How intuitive was the application to use overall?

1 (Poor) ----- 2 ----- 3 ----- 4 X 5 (Excellent) -----

Feedback:

4. How would you rate your overall experience using this application?

1 (Poor) ----- 2 ----- 3 ----- 4 ----- 5 (Excellent) X

Feedback:

5. Was there anything you specifically liked when using the application? Please elaborate below.

The ease of access to all the options available.

It was not cluttered and had everything available with one click.

6. Was there anything you specifically disliked when using the application? Please elaborate below.

N/A

7. Additional comments or questions:

N/A