

# Task/Time Management Application Survey

This is will be used to get feedback from users to learn if our design meets the needs of users and identify areas for improvement.

This questionnaire will take about 5-10 minutes to complete.

1. Email address \*

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2. Do you use a task management software currently?

*Mark only one oval.*

☐ Yes

☐ No

3. Do you agree or disagree that a scheduling software would improve your daily life ?

*Mark only one oval.*

1

2

3

4

5

strongly disagree

☐☐☐☐☐

strongly agree

4. Would you consider yourself well organized or disorganized ?

*Mark only one oval.*

	1	2	3	4	5	
very unorganized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	well organized

5. What is your schedule complexity ?

*Check all that apply.*

- ☐ student (part time)
- ☐ student (full time)
- ☐ employee (part time)
- ☐ employee (full time)
- ☐ parent
- ☐ commuter
- ☐ athlete/fitness

Other: ☐ \_\_\_\_\_

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