

MDS02 Final Year Project Usability Testing

Project Name: An Automated Health Information System

Project Team: MDS02

Project Team Members: Foo Kai Yan, Alicia Quek Chik Wen, Eunice Lee Wen Jing, Jesse Yow San Gene

* Indicates required question

1. Email *

Key Tasks and Additional Information

1. User should be testing the web application with one or more project team member present on site.
2. User should use the account provided by the project team member to conduct the testing of web application.
3. After logging in, User should register themselves as patients in the web application before going through the whole testing process from creating medication and setting themselves appointment with either a newly created or already existing physician then allowing the User themselves to provide diagnosis and prescription after initiating encounter for the said specific appointment.
4. User can anytime opt out from the testing process but the data keyed in by the User into the web application will not be removed.
5. User is encouraged to speak their minds on any feedbacks or comments no matter if it is positive or negative remarks to the project team member present on site.

2. Confidentiality Disclaimer *

Dear participants, we wish to emphasize that all responses given will be maintained with the highest level of confidentiality and will not be disclosed to any third party under any circumstances. Kindly signify your consent to the confidentiality disclaimer by indicating agreement below, as a pre-requisite for participating in this study.

Tick all that apply.

☐ I have read and understand the provided information and have had the opportunity to participate in this survey.

☐ I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I voluntarily agree to participate in this study.

User Details

Please key in your student ID and email so we can contact you anytime in the future.

3. Student ID: *

4. Student Email: *

Task 1: Logging Into the web application

5. How would you rate the difficulty of the task listed above? *

Mark only one oval.

- ☐ Easy
- ☐ Not Difficult but also not easy
- ☐ Difficult
- ☐ Not Applicable / Didn't try this feature out

6. **If there is, what challenging issues did you experience for the listed task above?**
-

Task 2: Registering as a Patient

This task required the user to register themselves as patient within the web application. Personal information is not a requirement when entering the patient details.

7. **How would you rate the difficulty of the task listed above? ***

Mark only one oval.

- ☐ Easy
- ☐ Not Difficult but also not easy
- ☐ Difficult
- ☐ Not Applicable / Didn't try this feature out

8. **If there is, what challenging issues did you experience for the listed task above?**
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Task 3: Insert Medication and Physician Record

This task required the user to insert one or more medication and physician record

9. **How would you rate the difficulty of the task listed above? ***

Mark only one oval.

- ☐ Easy
- ☐ Not Difficult but also not easy
- ☐ Difficult
- ☐ Not Applicable / Didn't try this feature out

10. **If there is, what challenging issues did you experience for the listed task above?**
-

Task 4: Schedule Appointment and start encounter for the appointment

This task required the user to schedule appointment and start the appointment and key in diagnosis details and also issue prescription to the said diagnosis

11. **How would you rate the difficulty of the task listed above? ***

Mark only one oval.

- ☐ Easy
- ☐ Not Difficult but also not easy
- ☐ Difficult
- ☐ Not Applicable / Didn't try this feature out

12. **If there is, what challenging issues did you experience for the listed task above?**
-

How would you rate the overall user experience when using the web application?

13. **User Experience: User Interface (UI) ***

Mark only one oval.

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Not bad but not good
- ☐ Bad
- ☐ Very Bad

14. **User Experience:** Simplicity of navigating the web application *

Mark only one oval.

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Not bad but not good
- ☐ Bad
- ☐ Very Bad

15. **User Experience:** Functionality of the web application *

Mark only one oval.

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Not bad but not good
- ☐ Bad
- ☐ Very Bad

16. **Do you have any feedback for us?** It can be anything like how we can improve on or what you don't like or like about our web application. *

Gratitude for Your Participation

Dear Participants,

We extend our warmest thanks to each of you for taking the time to complete our survey. Your valuable insights and contributions are instrumental in advancing our research and improving our automated health information system. Your willingness to share your thoughts and handwriting samples is deeply appreciated.

Remember that your involvement directly impacts the quality of healthcare technology, and we are committed to using your data responsibly and ethically. Together, we're shaping a healthier future—one stroke at a time.

With sincere gratitude,
MDS2.

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