

ParkinsonPal

Pre-Testing Questionnaire

Thank you for participating in our user testing session. Before we begin, please fill out the following details. Your responses will help us understand your background and better analyze feedback.

Basic Information

Full Name:

Age:

Gender:

☐ Male ☐ Female ☐ Prefer not to say

Date of Diagnosis (MM/YY):

QUESTIONS

1. Do you own a smartphone?

☐ Yes ☐ No

> If yes, please answer the following questions

(else skip questions 2 till 9):

2. Which type of smartphone do you use?

☐ Android ☐ iOS (iPhone)

☐ Other / Not sure ☐ None

3. How would you rate your comfort with using smartphones?

☐ Very comfortable

☐ Somewhat comfortable

☐ Neutral

☐ Not very comfortable

☐ Not at all comfortable

4. How often do you use health-related apps?

☐ Daily ☐ Weekly ☐ Occasionally ☐ Never

5. Which healthcare apps do you use (if you answered yes to the previous question)?

6. Do you use any accessibility tools (e.g., screen readers, voice commands, large text etc.)?

☐ Yes ☐ No ☐ Prefer not to say

7. What are some of the major issues you face while using your phone?

8. What are some of the major issues you have identified while using apps?

9. Are there any apps that you find particularly easy to use?

> If no, please answer the following questions:

1. Would you be willing to use a mobile phone if recommended by a doctor?

☐ Yes ☐ No

2. Would you be willing to use a smartphone if it provided you with guidance/help to manage your symptoms?

☐ Yes ☐ No

3. What everyday tasks you wish could be automated or didn't need to ask your caretaker for help?

Anything you'd like us to know before testing?
