ParkinsonPal

System Usability Scale (SUS) Survey Form

Purpose: This short questionnaire is designed to help us understand how usable and user-friendly our app is. Please read each statement carefully and indicate your level of agreement.

Instructions:

For each of the following statements, please check the box that best reflects your opinion using the scale below:

1 – Strongly Disagree   2 – Disagree   3 – Neutral   4 – Agree   5 – Strongly Agree

Question		1	2	3	4	5
I think that I would like to use this app frequently.		☐	☐	☐	☐	☐
I found the app unnecessarily complex.		☐	☐	☐	☐	☐
I thought the app was easy to use.		☐	☐	☐	☐	☐
I think that I would need the support of a technical person to use this app.		☐	☐	☐	☐	☐
I found the various functions in this app were well integrated.		☐	☐	☐	☐	☐
I thought there was too much inconsistency in this app.		☐	☐	☐	☐	☐

I would imagine that most people would learn to use this app very quickly.		☐	☐	☐	☐	☐
I found the app very cumbersome to use.		☐	☐	☐	☐	☐
I felt very confident using the app.		☐	☐	☐	☐	☐
I needed to learn a lot of things before I could get going with this app.		☐	☐	☐	☐	☐

Optional Feedback

Please share any additional comments or suggestions for improvement:

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