System Usability Scale and Client Satisfaction Form

Project Title : _____

Client Information
    Company : _____

    Address : _____

    Name of Representative : _____

    Signature of Representative : _____

    Position : _____

    Email Address : _____

System Usability Scale
    Please rate each item according to the following scale:

5 = Strongly Agree	2 = Disagree
4 = Agree	1 = Strongly Disagree
3 = Neither agree nor disagree	

1.) I think that I would like to use this feature frequently. _____

2.) I found the feature unnecessarily complex. _____

3.) I thought the feature was easy to use. _____

4.) I think that I would need the support of a technical person to be able to use this feature. _____

5.) I found the various functions in this feature were well integrated. _____

6.) I thought there was too much inconsistency in this feature. _____

7.) I would imagine that most people would learn to use this feature very quickly. _____

8.) I found the feature very cumbersome to use. _____

9.) I felt very confident using the feature. _____

10.) I needed to learn a lot of things before I could get going with this feature. _____

Client Satisfaction Questions

    Please rate each item according to the following scale:

5 = Excellent	2 = Needs Improvement
4 = Good	1 = Unsatisfactory
3 = Satisfactory	

Criteria	Rating
Quality	_____
Ability to of the product to meet your requirements	_____
Website Content	_____
Website Speed	_____
User Friendliness of the System	_____
Overall Satisfaction	_____

Comments and Suggestions:

_____

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