# Usability of the application

Please make an evaluation of the application during the testing period. Please use your "gut feeling" and do not think too long. Please mark the respective fields.

|  | strong rejection | | | | strong approval |
|---|---|---|---|---|---|
| I think I would like to use this system regularly. | 1 | 2 | 3 | 4 | 5 |
| I think the system is unnecessarily complex. | 1 | 2 | 3 | 4 | 5 |
| I think the system was easy to use. | 1 | 2 | 3 | 4 | 5 |
| I think I would need the support of an expert to use the system. | 1 | 2 | 3 | 4 | 5 |
| I felt like the various features of the system are well integrated. | 1 | 2 | 3 | 4 | 5 |
| I consider the system to be too inconsistent. | 1 | 2 | 3 | 4 | 5 |
| I believe that most people would learn very quickly how to use the system. | 1 | 2 | 3 | 4 | 5 |
| I think using the system was very complicated. | 1 | 2 | 3 | 4 | 5 |
| I felt very secure using the system. | 1 | 2 | 3 | 4 | 5 |
| I had to learn a lot of things before I could work with the system. | 1 | 2 | 3 | 4 | 5 |