

## Questionnaire

Answer all of the questions below for each device that you use.

1. How many times have you used this device before?

☐ More than 3 times      ☐ 1-3 times      ☐ Never

2. How difficult were the user instructions for this device?

Very difficult      Difficult      Fair      Easy      Very easy

Opinions/comments (optional):

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3. How difficult was it to assemble the device components?

Very difficult      Difficult      Fair      Easy      Very easy

Opinions/comments (optional):

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4. How difficult was it to collect saliva with this device?

Very difficult      Difficult      Fair      Easy      Very easy

Opinions/comments (optional):

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5. Did saliva leak out of the device or get on your hands or clothes?

☐ Yes      ☐ No

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