

# Welcome to Our Maternity App!

We are delighted to have you with us and are committed to supporting you throughout your pregnancy journey. Please take a few moments to share your initial thoughts and expectations about our application and the accompanying wearable device. Your feedback is essential to help us improve and tailor our services to better meet your needs.

1. **1. What prompted you to start using our maternity application accessed through the hospital's website?**

*Mark only one oval.*

- ☐ Recommended by my healthcare provider during a visit
- ☐ Found it while browsing the hospital's website
- ☐ Recommended by hospital staff via email or newsletter
- ☐ Suggested by friends or family who are also patients of this hospital
- ☐ Other (Please specify)

2. **2. What are your initial impressions of the app's user interface and design?**

*Mark only one oval.*

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Unsatisfied
- ☐ Very unsatisfied

3. **3. Which features of the app are you most interested in using?** (Select all that apply)

*Check all that apply.*

- ☐ Appointment scheduling
- ☐ Educational resources
- ☐ Health monitoring via wearable device
- ☐ Communication with healthcare providers
- ☐ Other (Please specify)

4. **4. How do you feel about the integration of the wearable device with the app?**

*Mark only one oval.*

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat concerned
- ☐ Very concerned

5. **5. What are your expectations from this app during your pregnancy journey?**  
(Open-ended)

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6. **6. How likely are you to recommend this app to other expectant mothers at this stage?**

*Mark only one oval.*

- ☐ Very likely
- ☐ Likely
- ☐ Neutral
- ☐ Unlikely
- ☐ Very Unlikely

**Thank You for Your Feedback!**

We greatly appreciate your time and input. Your feedback will play a crucial role in shaping the future enhancements of this app.

If you have any questions or need assistance, please contact us at

[contact information].

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