

Welcome to Our Feedback Survey!

Thank you for taking the time to participate in our survey. Your feedback is incredibly valuable to us and will directly influence the development and improvement of our maternity application and associated wearable device.

1. Email *

2. **1. Reflecting on your entire experience, how would you rate the user-friendliness of our app?**

Mark only one oval.

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Below average
- ☐ Poor

3. **2. How comfortable do you find the wearable device during daily activities?**

Mark only one oval.

- ☐ Very comfortable
- ☐ Comfortable
- ☐ Neutral
- ☐ Uncomfortable
- ☐ Very uncomfortable

4. **3. Rate your satisfaction with the accuracy of the data provided by the wearable device.**

Mark only one oval.

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

5. **4. What has been the most valuable aspect of using our wearable device during your pregnancy?**

6. **5. Would you recommend our app and device to other expectant parents? Why or why not?**

7. **6. What can we improve to make our app and device more useful for your postpartum needs?**

Contact Us:

If you have any questions about the survey, or if you wish to view or modify your answers, please contact us at [contact information].

Consent Confirmation:

By submitting this survey, you confirm that you have read and understood the information provided, that you voluntarily agree to participate, and that you are aware you can withdraw your consent at any time without any consequences.

Thank You!

We value your input and are grateful for your help in making our services better.

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