System Usability Scale (SUS) Questionnaire

Name (optional): _____   User ID: _____

Age: _____   Sex: ☐Male   ☐Female

Satisfaction Survey	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	1	2	3	4	5
1. I would like to use this application frequently.					
2. I found some parts of the application confusing.					
3. The application is simple and easy to use.					
4. I think I would need help from others to use it.					
5. The features of the application work smoothly together.					
6. Some functions feel unclear or hard to understand.					
7. Most people could learn to use the application quickly.					
8. Using the application can be frustrating at times.					
9. I feel comfortable and confident using the application.					

10. Certain features are difficult to figure out.					
Total Score:					
Overall Score:					