

Usability Post Session Questionnaire

ID#: _____

Today's Date: _____

Thank you for participating in our integrated clinical prediction rules usability testing.

For each of the following statements, please rate on a scale of 1 – 5 how much you agree or disagree with the statement about the tool you tested today.

Satisfaction/User Experience (we ask them to pick their most favored workflow and answer the questions to that one)	The System Usability Scale				
I think that I would like to use this tool frequently.	1 Strongly Disagree	2	3	4	5 Strongly Agree
I found the tool design unnecessarily complex.	1 Strongly Disagree	2	3	4	5 Strongly Agree
I think the tool will easy to use.	1 Strongly Disagree	2	3	4	5 Strongly Agree
I think that I would need the support of a technical person to be able to use this tool.	1 Strongly Disagree	2	3	4	5 Strongly Agree
I found the various functions in this tool were well integrated.	1 Strongly Disagree	2	3	4	5 Strongly Agree
I thought there was too much inconsistency in this tool.	1 Strongly Disagree	2	3	4	5 Strongly Agree
I would imagine that most people would learn to use this tool very quickly.	1 Strongly Disagree	2	3	4	5 Strongly Agree
I found the tool's workflow very cumbersome to use.	1 Strongly Disagree	2	3	4	5 Strongly Agree
I would feel very confident using the workflow.	1 Strongly Disagree	2	3	4	5 Strongly Agree
I needed to learn a lot of things before I could get going with this system.	1 Strongly Disagree	2	3	4	5 Strongly Agree