# User-Centred Design

Usability Study Materials 3

Satisfaction Questionnaire

Faculty of Science, Engineering and Technology

Swinburne University of Technology

P: \_\_\_\_

Complete this investigator information table.

Delete this text box.

System Usability Scale

© Digital Equipment Corporation, 1986

Do not write your participants name on these forms – use a number – ie P1

Delete this text box.

Do not change this survey. Delete this text box

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Instructions |  |  |  |  |  |  |  |
| Please tick the option that best represents your reaction to the system. Don’t think to hard about each question. We are interested in your first reaction. | | | | | | | |
|  | Strongly Disagree | |  |  |  | Strongly Agree | |
|  |  | |  |  |  |  | |
| 1. I think that I would like to use this system frequently. |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
| Do not change this survey.  Delete this text box |  |  |  |  |  |  |  |
| 2. I found the system unnecessarily complex. |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
|  |  |  |  |  |  |  |  |
| 3. I thought the system was easy to use. |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
|  |  |  |  |  |  |  |  |
| 4. I think that I would need the support of a technical person to be able to use this system. |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
|  |  |  |  |  |  |  |  |
| 5. I found the various functions in this system were well integrated. |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
|  |  |  |  |  |  |  |  |
| 6. I thought there was too much inconsistency in this system. |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
|  |  |  |  |  |  |  |  |
| 7. I would imagine that most people would learn to use this system very quickly. |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
|  |  |  |  |  |  |  |  |
| 8. I found the system very cumbersome to use. |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
|  |  |  |  |  |  |  |  |
| 9. I felt very confident using the system. |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
|  |  |  |  |  |  |  |  |
| 10. I needed to learn a lot of things before I could get going with this system. |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |  |
|  |  |  |  |  |  |  |  |
| Any other comments: | | | | | | | |

P: \_\_\_\_

# Post-Study Questionnaire

Please answer the following questions about your experience.

This is very general example, write your own instructions and questions.

Delete this text box

What did you like most about the prototype?

What did you like least about the prototype?

Would you recommend this prototype to a friend (please tick)?

☐ Yes

☐ No