PregSource Feedback Form

Welcome to the PregSource™ Beta Test Feedback Form

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Thank you for taking the time to participate in the PregSource™ beta test. Your feedback is very important to us as we get PregSource™ ready to launch.

On the following pages, we will ask you some questions about your experience using the PregSource™ website -- what you liked about it, any problems you encountered, and your overall impressions.

We really value your participation and interest in PregSource™.

Thank you,

Caroline Signore, MD, MPH
PregSource™ Principal Investigator

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0643). Do not return the completed form to this address.

Consent and Registration Process

1. After reading the “Informed Consent for PregSource™ beta-testers”, did you understand the purpose of the project?

- ◯ Yes
- ◯ No

Comments:

2. After reading the “Informed Consent for PregSource™ beta-testers,” did you understand how your privacy will be protected?

- ◯ Yes
- ◯ No

Comments:

3. About how long did it take you to create an account, including completing the consent form?

- ◯ 1-5 Minutes
- ◯ 6-10 Minutes
- ◯ 11-15 Minutes
- ◯ 16-20 Minutes
- ◯ More than 20 Minutes
- ◯ Unsure

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Website Feedback

4. Was it clear how to navigate or move through the website and access the different features?

- ◯ Yes
- ◯ No

If not, please describe what was unclear.

5. Did you hit a programming roadblock or error?

- ◯ Yes
- ◯ No

If yes, please describe.

6. Did you like the look and feel of the website?

- ◯ Yes
- ◯ No

Please explain.

7. Which of these PregSource™ features did you use? (Select all that apply)

- [ ] Add a Pregnancy
- [ ] Change My Pregnancy Info
- [ ] FAQs
- [ ] Messages
- [ ] My Latest Update
- [ ] Need Help
- [ ] Personalized Article Library
- [ ] Printing or saving completed questionnaires
- [ ] Printing or saving of Tracker graphs
- [ ] Questionnaires
- [ ] Resource Library
- [ ] Show Me My Data
- [ ] Update My Due Date

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The Questionnaires

8. How often would you like to complete questionnaires in PregSource?

- ◯ As often as possible
- ◯ One a day
- ◯ One a week
- ◯ One a month
- ◯ Less than one a month
- ◯ I don't want to answer any

9. Did you complete the My Latest Update questionnaire?

- ◯ Yes
- ◯ No

10. If yes, how often would you like to complete that questionnaire to track your weight, sleep, activity, nausea, and mood?

- ◯ As often as possible
- ◯ Once a day
- ◯ Once a week
- ◯ Once a month
- ◯ Less than once a month
- ◯ I don't want to answer it at all

11. Did you compare your answers to all the PregSource answers? (under the link: Show Me All PregSource Data)

- ◯ Yes
- ◯ No

If so, how was this helpful or not helpful to you?

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The Questionnaires (continued)

Were there any questions/answer options that you felt were unclear or problematic? If so, please identify which ones, by telling us the name of the questionnaire, the text that was unclear (question and/or answer), and what was unclear.

12. Issue 1 (Please provide the Questionnaire name, page, and individual question.)

13. Issue 2 (Please provide the Questionnaire name, page, and individual question.)

14. Issue 3 (Please provide the Questionnaire name, page, and individual question.)

15. Issue 4 (Please provide the Questionnaire name, page, and individual question.)

16. Issue 5 (Please provide the Questionnaire name, page, and individual question.)

17. Issue 6 (Please provide the Questionnaire name, page, and individual question.)

18. Issue 7 (Please provide the Questionnaire name, page, and individual question.)

19. Issue 8 (Please provide the Questionnaire name, page, and individual question.)

20. Issue 9 (Please provide the Questionnaire name, page, and individual question.)

21. Issue 10 (Please provide the Questionnaire name, page, and individual question.)

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Overall Impressions

22. If you were pregnant, do you think you would be interested in coming back to provide information to PregSource™ on a regular basis? Why or why not?

- ◯ Yes
- ◯ No

Comments:

23. Would you recommend PregSource ™ to a friend? Why or why not?

- ◯ Yes
- ◯ No

Comments

24. Once your account was created, what was the first thing you did or clicked on in PregSource?

25. How often would you personally use PregSource™, whether for tracking your pregnancy, completing questionnaires, accessing the resource library, or other activity?

- ◯ Daily
- ◯ Once a week
- ◯ Once a month
- ◯ Once a year
- ◯ Never

26. Did you notice that PregSource™ doesn't include any advertisements?

- ◯ Yes
- ◯ No

27. Would this feature influence your decision to use PregSource™? Why or why not?

28. Would this feature influence your decision to recommend PregSource™ to a friend? Why or why not?

29. Overall, please rate and review your experience with PregSource™.

I hate it.	I don't like it.	It's OK.	I like it.	I love it.
☆	☆	☆	☆	☆

30. Please provide any additional suggestions or comments you have about PregSource™ .