**VHA OCC Mobile App Production Store - Survey Instrument**

**Instructions:**

VA would appreciate your feedback on this App. Completion of this form is entirely voluntary. Any information you enter here is anonymous and is collected for analysis and improvement of VA applications. *This feedback section is not a venue for communication of an urgent medical nature or to obtain immediate technical support.*

**Instrument:**

*This will be posted on a website, so users can select a “circle” or check a “box” easily.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **Agree** | **Agree** | **Neither** | **Disagree** | **Strongly Disagree** |
| **I found this app easy to use.** |  |  |  |  |  |
| **Use of this app will help me to be more engaged in my health care.** |  |  |  |  |  |
| **It was easy for me to learn to use this app.** |  |  |  |  |  |
| **I would recommend this app to others.** |  |  |  |  |  |
|  | | | | | |
|  | **Daily** | **Weekly** | **Monthly** | **Less than monthly** | **Once or never used** |
| **On average, how often do you typically use this application?** |  |  |  |  |  |
|  | | | | | |
| **Please use the space below for any additional comments you would like to provide to VA (for example, features you liked or what might make the app better).** |  | | | | |