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| --- |
| Post Questionnaire  |

1. **How well did the software match your expectations? (Please circle one.)**

Did not match at all Neutral Matched very well

1 2 3 4 5 **Please Explain:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **How well did the software support the task that you were asked to perform? (Please circle one.)**

Did not support at all Neutral Supported very well

1 2 3 4 5

**Please Explain:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **How difficult or easy was the software to use? (Please circle one.)**

 Very difficult Neutral Very easy

1 2 3 4 5

**Please Explain:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Are you satisfied with the content? (Please circle one.)**

 Very dissatisfied Neutral Very satisfied

1 2 3 4 5

**Please Explain:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **How difficult or easy was it to move through sections of the software? (Please circle one.)**

Very difficult Neutral Very easy

1 2 3 4 5

**Please Explain:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **How understandable was the terminology? (Please circle one.)**

 Very difficult Neutral Very easy

1 2 3 4 5

**Please Explain:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **How satisfied are you with the speed at which you can complete tasks? (Please circle one.)**

Very dissatisfied Neutral Very satisfied

1 2 3 4 5

**Please Explain:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **How difficult or easy was it to find information you needed? (Please circle one.)**

 Very difficult Neutral Very easy

1 2 3 4 5

**Please Explain:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **How long would it take you to learn to use this software? (Please Circle one.)**

 A long time Neutral Very little time

1 2 3 4 5

**Please Explain:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **How confident did you feel using this application? (Please circle one.)**

Not at all confident Neutral Very Confident

1 2 3 4 5

**Please Explain:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Additional comments and Suggestions**

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In case we have any follow-up questions, would it be ok for us to email you? If so, please provide your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This is voluntary and we will not use it for anything unrelated to this study.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995.  You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number.  We estimate that it will take about 120 minutes to read the instructions, gather the facts, and answer the questions.  ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to*:**  *SSA*, *6401 Security Blvd, Baltimore, MD  21235-6401.*