

# End of Study Questionnaire Insulin Pump Usability Study (OMB Control Number: 0910-0847, Expiration Date: 12/31/2022)

Next, I would like to have you look at some health information and then answer a few questions about that information. It is expected that this should take approximately 4-10 minutes.

Please note that these questions have no impact on your eligibility, token of appreciation, and are for informational purposes only.

## 1. Participant ID (the Moderator will enter this)

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### Nutritional Facts Survey

Please note that these questions have no impact on your eligibility for token of appreciation and are for informational purposes only.

The image below shows information on the back of a container of a pint of ice cream. Using this image provided, please answer the following questions. You may use the calculator made available to you if needed for any of the questions.

## Ice Cream Nutritional Facts:

<b>Nutrition Facts</b>			
Serving Size		½ cup	
Servings per container		4	
Amount per serving			
Calories	250	Fat Cal	120
		%DV	
<b>Total Fat</b>	13g		20%
Sat Fat	9g		40%
<b>Cholesterol</b>	28mg		12%
<b>Sodium</b>	55mg		2%
<b>Total Carbohydrate</b>	30g		12%
Dietary Fiber	2g		
Sugars	23g		
<b>Protein</b>	4g		8%

\*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

**Ingredients:** Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

2. The image above shows information on the back of a container of a pint of ice cream. If you eat the entire container, how many calories will you eat?

Please enter a numerical value (no commas or decimals)

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3. If you are allowed to eat 60 grams of carbohydrates as a snack, how many cups of ice cream could you have?

Please select the value in cups from the dropdown list

*Mark only one oval.*

- None
- 1/4 cup
- 1/2 cup
- 3/4 cup
- 1 cup
- 1 and 1/4 cups
- 1 and 1/2 cups
- 1 and 3/4 cups
- 2 cups
- 2 and 1/4 cups
- 2 and 1/2 cups
- 2 and 3/4 cups
- 3 cups
- 3 and 1/4 cups
- 3 and 1/2 cups
- 3 and 3/4 cups
- 4 cups

4. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

Please enter a numerical value (no commas or decimals)

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5. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

Please enter a numerical value (no commas or decimals, no percentage sign)

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6. Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings. Is it safe for you to eat this ice cream?

*Mark only one oval.*

- Yes
- No
- Not sure

7. (if you answered no to the question above) What allergy would make it unsafe to eat this ice cream?

*Mark only one oval.*

- Penicillin allergy
- Peanut allergy
- Latex glove allergy
- Bee sting allergy

**Additional  
Demographics**

Please note that these questions have no impact on your eligibility for a token of appreciation and are for informational purposes only.

## 8. Sex

*Mark only one oval.*

- Male
- Female
- Prefer not to answer

## 9. What is your age?

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## 10. What is your highest level of education?

*Mark only one oval.*

- High school
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate degree
- Other: \_\_\_\_\_

## 11. What is your race? Mark one or more

*Check all that apply.*

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

12. Are you Hispanic, Latino, or Spanish origin?

*Mark only one oval.*

Yes

No

13. Is English your first language?

*Mark only one oval.*

Yes

No

14. If English is not your first language, what language is?

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15. Which is your dominant hand?

*Mark only one oval.*

Right

Left

Ambidextrous

16. Do you normally wear glasses or contact lenses?

*Mark only one oval.*

Yes, and I had them available for the study session(s)

Yes, and I did NOT have them available for the study session(s)

No

17. Are you color blind?

*Mark only one oval.*

- Yes
- No
- Not sure

18. Before this study, do you have experience using drug delivery products (e.g. syringes, autoinjectors) on yourself or others?

*Mark only one oval.*

- Yes
- No
- Other: \_\_\_\_\_

19. Before this study, have you ever prepared or given insulin injections to yourself or anyone else?

*Mark only one oval.*

- Yes
- No
- Other: \_\_\_\_\_

20. Before this study, have you ever used an insulin pump?

*Mark only one oval.*

- Yes
- No
- Other: \_\_\_\_\_

21. Do you know anyone involved in this research project? Or have you read about it?

*Mark only one oval.*

- Yes
- No
- Other: \_\_\_\_\_

22. How tired are you feeling today?

*Mark only one oval.*

- 1 - Not at all tired
- 2 - Slightly tired
- 3 - Moderately tired
- 4 - Very tired
- Option 5

23. At the start of the study session, what level of stress were you feeling?

*Mark only one oval.*

- 1 - Not at all stressed
- 2 - Slightly stressed
- 3 - Moderately stressed
- 4 - Very stressed
- 5 - Extremely stressed



24. During the study session today, what level of stress were you feeling?

*Mark only one oval.*

- 1 - Not at all stressed
- 2 - Slightly stressed
- 3 - Moderately stressed
- 4 - Very stressed
- 5 - Extremely stressed

Questions if you  
participated in  
training

Note: These next questions are only applicable if you participated in two study sessions. If you only participated in one session, please proceed to "Next"

25. (if you participated in training) Has your level of stress changed from the start of the training to the start of the usability evaluation session?

*Mark only one oval.*

- 1 - Much worse
- 2 - Somewhat worse
- 3 - Stayed the same
- 4 - Somewhat better
- 5 - Much better

26. (if you participated in two study sessions) How tired were you feeling today during the training compared to how you felt during the usability evaluation session?

*Mark only one oval.*

- 1 - Much worse
- 2 - Somewhat worse
- 3 - Stayed the same
- 4 - Somewhat better
- 5 - Much better

27. (if you participated in a study sessions with a 1-hour break) What did you do during your break? Check all that apply.

*Check all that apply.*

- Checked emails or texts
- Played games on my phone
- Read a book or magazine
- Watched a show / movie
- Worked on documents on a computer
- Surfed the web
- Talked on the phone

Other:  \_\_\_\_\_

**Ease of  
Use  
Ratings  
(as time  
permits)**

Please rate the ease of each task performed from 1 - Very Difficult to 5 - Very Easy. If you did not perform the task described, please choose "I did not perform this task." Please rate these tasks based on initial intuition and do not think too hard about any task rating.

If you are out of time for your session, please submit the previous sections and let the Moderator know.

28. Clean the vial septum with an alcohol pad

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

29. Open the reservoir packaging

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

30. Extend reservoir plunger rod

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

31. Attach transfer guard/reservoir to the vial

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

32. Press down on the plunger to pressurize the vial

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

33. Flip the vial over and pull the plunger to fill the reservoir

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

34. Tap the reservoir to remove air bubbles and fill the reservoir to the desired volume

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

35. Disconnect the reservoir from the transfer guard after filling

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

36. Disconnect the transfer guard from the vial and dispose of the transfer guard

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 37. Connect the reservoir to the infusion set

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 38. Remove air bubbles from the reservoir after connecting to the infusion set tubing

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 39. Disconnect (untwist) the plunger from the reservoir

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 40. Insert the reservoir into the pump

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 41. Fill the infusion set tubing

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 42. Select the injection site

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 43. Wash hands or use hand sanitizer

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 44. Clean the injection site with an alcohol pad

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 45. Place the infusion set into the insertion device

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.



46. Remove the adhesive backing from the infusion set

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

47. Pull back handle on the insertion device to set the insertion device

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

48. Remove the needle guard from the infusion set

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 49. Insert infusion set using the insertion device

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 50. Secure the adhesive to the skin

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 51. Remove needle from infusion set

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 52. Place guard on and dispose of needle hub

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 53. Fill the cannula

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 54. Program basal rates

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

## 55. Remove and dispose of the infusion set and reservoir

*Mark only one oval.*

- 1- Very difficult
- 2- Difficult
- 3- Neutral
- 4- Easy
- 5- Very Easy
- I did not perform this task.

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