

System Usability Scale

| | Strongly disagree | | | | | Strongly agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| 1. I think that I would like to use this system frequently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 | 2 | 3 | 4 | 5 | |
| 2. I found the system unnecessarily complex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 | 2 | 3 | 4 | 5 | |
| 3. I thought the system was easy to use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 | 2 | 3 | 4 | 5 | |
| 4. I think that I would need the support of a technical person to be able to use this system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 | 2 | 3 | 4 | 5 | |
| 5. I found the various functions in this system were well integrated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 | 2 | 3 | 4 | 5 | |
| 6. I thought there was too much inconsistency in this system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 | 2 | 3 | 4 | 5 | |
| 7. I would imagine that most people would learn to use this system very quickly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 | 2 | 3 | 4 | 5 | |
| 8. I found the system very cumbersome to use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 | 2 | 3 | 4 | 5 | |
| 9. I felt very confident using the system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 | 2 | 3 | 4 | 5 | |
| 10. I needed to learn a lot of things before I could get going with this system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 | 2 | 3 | 4 | 5 | |

Additional information, including scoring, may be retrieved from: <http://hell.meiert.org/core/pdf/sus.pdf>

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995, unless the information collection has a valid OMB Control Number. The OMB Control Number for this information collection is 0651-0080. Public burden for this usability testing is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the Office of the Chief Administrative Officer, United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 or email InformationCollection@uspto.gov.