***Usability questionnaire of SYQE device for the Staff***

***(Translated from the Hebrew version by SV)***

|  |  |
| --- | --- |
| **Questionnairre filled out by ( please print name)** |  |
| **Medical Center** | **Rambam Medical Center** |
| **Medical Department** |  |
| **Date (day/month/yea)** |  |
| **I received instruction by the SYQE Medical representative** | **Yes** ( ) **No** ( ) |
| **The number of patients that I treated -sum** |  |
| **The number of inhalations that I assisted -sum** |  |

**Paragraph 1. User Instructions**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Disagree  **1** | Slightly disagree  **2** | Neutral  **3** | Slightly agree  **4** | Agree  **5** | Irrelevant |
| 1.The instruction pamphlet was clear |  |  |  |  |  |  |
| 2.The warnings and usage limitations of the inhaler were clear |  |  |  |  |  |  |
| 3.There is a need for further explanatory materials than the instruction pamphlet |  |  |  |  |  |  |
| 4.The instruction from the company agent was clear |  |  |  |  |  |  |

**Paragraph 2. Inhaler operation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Disagree  **1** | Slightly disagree  **2** | Neutral  **3** | Slightly agree  **4** | Agree  **5** | Irrelevant |
| 1.The Inhaler is easy to operate |  |  |  |  |  |  |
| 2.The inhaler is comfortable to hold |  |  |  |  |  |  |
| 3.It was possible (for the patient) to inhale without any further instruction or |  |  |  |  |  |  |
| 4.The light buttons were clear |  |  |  |  |  |  |
| 5.The inhaler functioned well |  |  |  |  |  |  |
| 6.Instructing the patient was simple |  |  |  |  |  |  |
| 7. I needed to repeat the instructions (to the patient) before each inhalation |  |  |  |  |  |  |
| 8. Preparation of the inhaler was simple (turning on, cocking, and receiving a "go" green light signal) |  |  |  |  |  |  |
| 9. The amount of residual doses was clearly lighted |  |  |  |  |  |  |
| 10. The inhalation action (for the patient) was simple |  |  |  |  |  |  |
| 11. It was clear (to the patient) when to finish the inhalation |  |  |  |  |  |  |
| 12.I sensed an odor while using the device |  |  |  |  |  |  |
| 13. please state after how many inhalations did the action become intuitive **for you** |  |
| 14. please state after how many inhalations did the action become intuitive **for the patient** |  |

**Paragraph 3. Troubleshooting**

|  |  |  |
| --- | --- | --- |
| 1.Did you encounter faults with the inhaler | Yes ( ) | No ( ) |

If not, please go to sentence 4

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Disagree  **1** | Slightly disagree  **2** | Neutral  **3** | Slightly agree  **4** | Agree  **5** | Irrelevant |
| 2. The troubleshooting instructions were clear |  |  |  |  |  |  |
| 3. Troubleshooting was possible without company assistance |  |  |  |  |  |  |
| 4.You felt that you were able to complete the inhalation after the fault was corrected |  |  |  |  |  |  |

5. What were the faults that you encountered?

Please give details

( ) Fault with turning the device on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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( ) Fault with cocking the device\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Fault during the inhalation process\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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( ) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Paragraph 4. General Comments**

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| --- | --- | --- |
| 1. In your opinion, is there anything that needs improving in the inhaler | Yes ( ) | No ( ) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Disagree  **1** | Slightly disagree  **2** | Neutral  **3** | Slightly agree  **4** | Agree  **5** | Irrelevant |
| 2. I will recommend using the inhaler in the future |  |  |  |  |  |  |

Other comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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