Description:

A Google Forms ® print of the questionnaire we sent to our participants. Questions were translated to English for the purpose of this publication.

Authors: Comfort LD (1,2), Neidert MC (3), Bozinov O (3), Regli L (1,2), Stienen MN (3)

Affiliations:
(1) Department of Neurosurgery, University Hospital Zurich, Zurich, Switzerland
(2) Clinical Neuroscience Center, University of Zurich, Zurich, Switzerland
(3) Department of Neurosurgery, Cantonal Hospital St. Gallen, St. Gallen, Switzerland

Corresponding Author:
Lion D. Comfort, Department of Neurosurgery, University Hospital Zurich
comfortlion@gmail.com

Post OP Tracker Questionnaire

*Required

Email adress: *

Your answer

What is your patient code?

Your answer

How old are you? *

Your answer

What is your gender? *

○ male

○ female

What is your profession? *

Your answer

How good do you rate the app? *

○ very good

○ good

○ medium

○ bad

How regularly did you enter your patient inputs? *

○ always

○ mostly

○ rarely

○ never

How high was the temporal effort of entering the patient inputs? *

○ low, < 5 seconds

○ medium, 5 - 10 seconds

○ high, 10 - 20 seconds

○ very high, > 20 seconds

How user-friendly did you perceive the app in general? *

○ very user-friendly

○ somewhat user-friendly

○ little user-friendly

○ not user-friendly

Did the notification appear regularly and at the desired time? *

○ yes

○ no

○ Other:

Did you experience any technical issues when using the app? *

○ no

○ yes, minor

○ yes, major

Please specify the technical issues if you answered the last question with 'yes':

Your answer

How good do you rate the design of the app? *

○ very good

○ good

○ moderate

○ not good

For health care professionals: can you imagine your patients using this app in the future?

○ definitely

○ possibly

○ rather not

○ never

Can you imagine using this app as a patient? *

○ definitely

○ possibly

○ rather not

○ never

Do you have further suggestions or remarks? If yes, please enter them here:

Your answer

Submit

Never submit passwords through Google Forms.

This content is neither created nor endorsed by Google. Report Abuse - Terms of Service - Privacy Policy

Google Forms