

## **ASTHMA MANAGEMENT USABILITY FEEDBACK SURVEY**

1. **Name:**
2. **Health Center:**
3. **How often did you use the *previous version* (prior to September 24<sup>th</sup> 2012) of the Asthma Management Form?**
  - 1 - Several times a week
  - 2 - Several times a month
  - 3 - Occasionally
  - 4 – Only used it a couple of times
  - 5 – Never used the old form
4. **I received training on the new Asthma Management form and content (check all that apply)**
  - a. I read the FAQ on the Asthma Management form and content
  - b. I watched the live Webinar
  - c. I watched the recorded Webinar
  - d. Someone from my Health Center provided group training
  - e. Someone from my Health Center provided me individual training
  - f. I did not receive any training on the new Asthma Management form and content
5. **I received training on the Asthma Guidelines (check all that apply)**
  - a. I read the Asthma Guidelines
  - b. Someone from my Health Center provided group training
  - c. Someone from my Health Center provided me individual training.
  - d. We had training from the Association of Clinicians for the Underserved.
  - e. I did not receive any training on the Asthma Guidelines
  - f. Other (Please specify)
6. **How often do you use the *new* Asthma Management Form?**
  - 1 - Several times a week
  - 2 - Several times a month
  - 3 - Occasionally
  - 4- Have only used it a couple of times

5- Have never used the form

7. **If you answered “Have only used it a couple of times” or “Have never used the form” to Question #6 please explain why?**

8. **The new Asthma Management form helps me follow the Asthma Guidelines?**

1 – Not at All

2 – Poorly

3 – Somewhat

4 – Well

5 – Very Well

6 - I am not familiar enough with the guidelines to answer

9. **If you answered “Not at All”, “Poorly” or “Somewhat” to Question #8 please explain why?**

**If you use answered Question #6: “How often do you use the new Asthma Management form: “Several times a week”, “Several times a month”, or “Occasionally”. Please complete questions 10-16 otherwise please skip to Question 16.**

The Following questions will be based on several key Usability principles.

The questions are based on a 1-5 scale.

1 - Terrible

2 - Poor

3 - Fair

4 - Good

5 - Excellent

10. **Simplicity:**

The information presented in the Asthma Management form appears uniform and organized, or chaotic? This includes having a lack of visual clutter and concise information displayed on all tabs of the form.

1                      2                      3                      4                      5

11. **Naturalness:**

The flow of information in the Asthma Management form matches my thinking as a user. Forms with a foundation of naturalness seem immediately easy to use and manipulate.

1                      2                      3                      4                      5

12. **Consistency:**

The Asthma Management form uses concepts, behaviors, and appearances consistently throughout its tabs and is consistent with other Alliance forms.

1                      2                      3                      4                      5

13. **Minimizing Cognitive Load:**

The Asthma management content seems to avoid mental interruptions. Time and energy needed to think about difficult concepts are saved for patient care, not on how to use the content.

1                      2                      3                      4                      5

14. **Efficient Interactions:**

Information can be concisely displayed, entered, and documented in the Asthma Management form. Key aspects include minimizing the amount of required work to achieve a task and providing shortcuts when possible.

1                      2                      3                      4                      5

15. **Readability & Scan-ability:**

The Asthma Management form has the ability to allow me to scan information quickly while understanding at a high level what that information means.

1                      2                      3                      4                      5

16. **Additional Feedback on the Asthma Management form and Content:**