The Usability of the Mock-Up

I am undertaking research into the communication of the use of this mock-up. In the last few years, a similar has been integrated into all the Welsh surgeries to help patients book their appointments and request repeat prescriptions online.

This questionnaire will help determine improvements that need to be made to the mock-up to help satisfy the needs of the the people who would be using it. The aim of the project is to re-design the mock-up's interface to ensure the communication is improved to offer more effective services.

The questions are about the usability and functionality of the mock-up, this will help me understand any issues with the interface and if there are any additional features that need to be added to make any other services that are required online. I have included screenshots of the mock-up to remind you what it looks like, please use this to help you answer the questionnaire.

Your responses are appreciated and will be very useful in determining the new requirements for the Mock-Up's interface.
Regarding the questions about consent, if you feel the need to answer 'No' to any of the questions please email me - yeoa@cardiff.ac.uk

The questionnaire should only take approximately 5-10 minutes to complete.
Thank you to giving up the time to answer my questions.

* Required

Before proceeding with the questions

1. **Can you please confirm you are filling out the questionnaire on your behalf** *
   Mark only one oval.

   ( ) Yes

   ( ) No

2. **I understand that I am giving consent for the student to use my answers in their research** *
   Mark only one oval.

   ( ) Yes

   ( ) No

3. **I understand that I don't need to provide any personal information that I don't want the student to know** *
   Mark only one oval.

   ( ) Yes

   ( ) No

4. **I confirm that I have read and understand the paragraph at the top of the sheet** *
   Mark only one oval.

   ( ) Yes

   ( ) No

5. **I understand that participation in this study is entirely voluntary and that I can withdraw from the study at any time without giving a reason** *

Mark only one oval.

◯ Yes

◯ No

6. **I understand that I am free to ask any questions at any time and that I am free to withdraw or discuss my concerns with the lead researcher Amy.** *

Mark only one oval.

◯ Yes

◯ No

7. **I agree to data generated from my participation can be shared with other researchers.** *
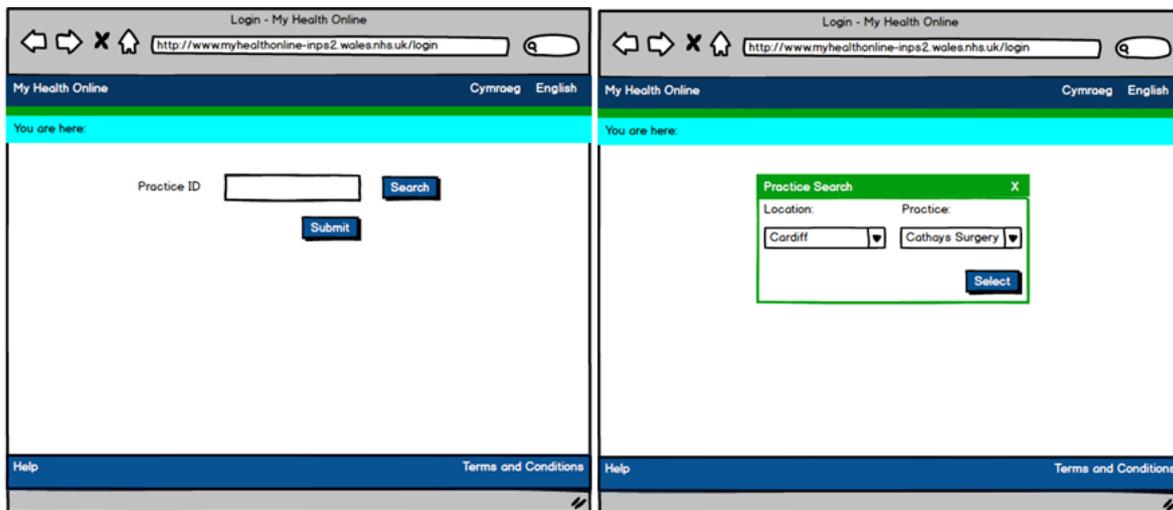
Mark only one oval.

◯ Yes

◯ No

The Mock-Up
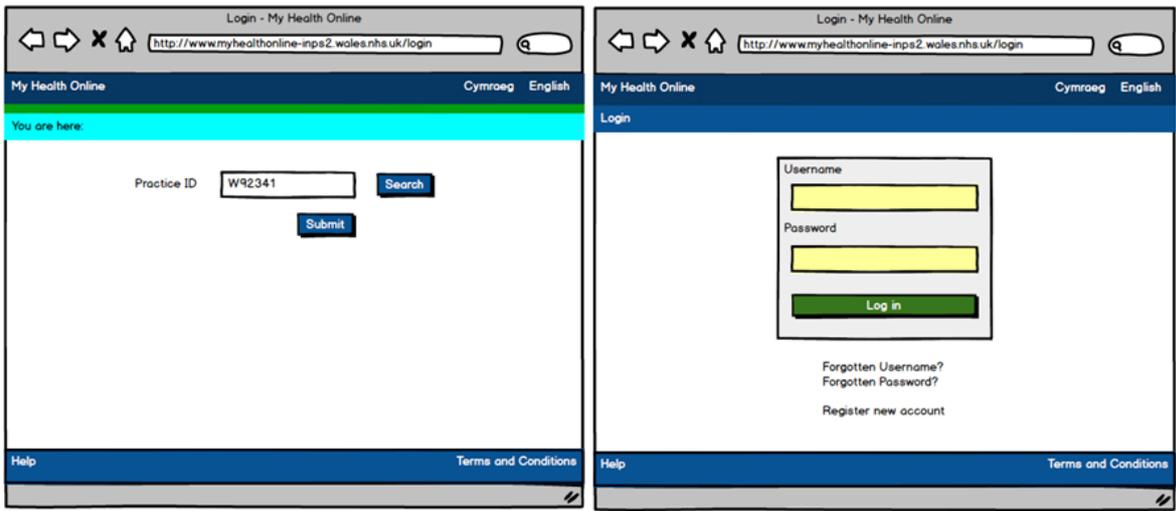
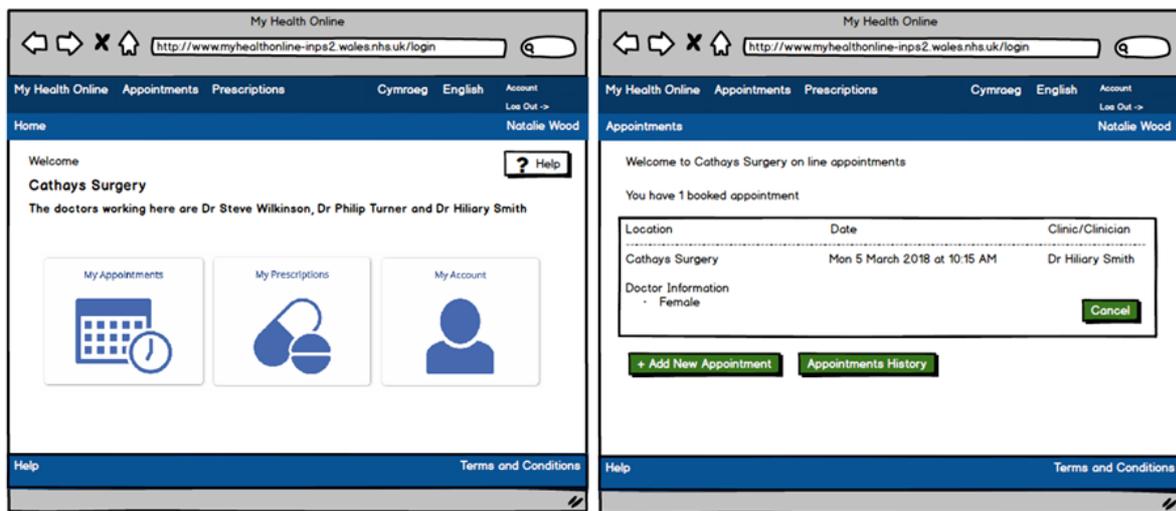This is a representation of the interface of the Mock-Up
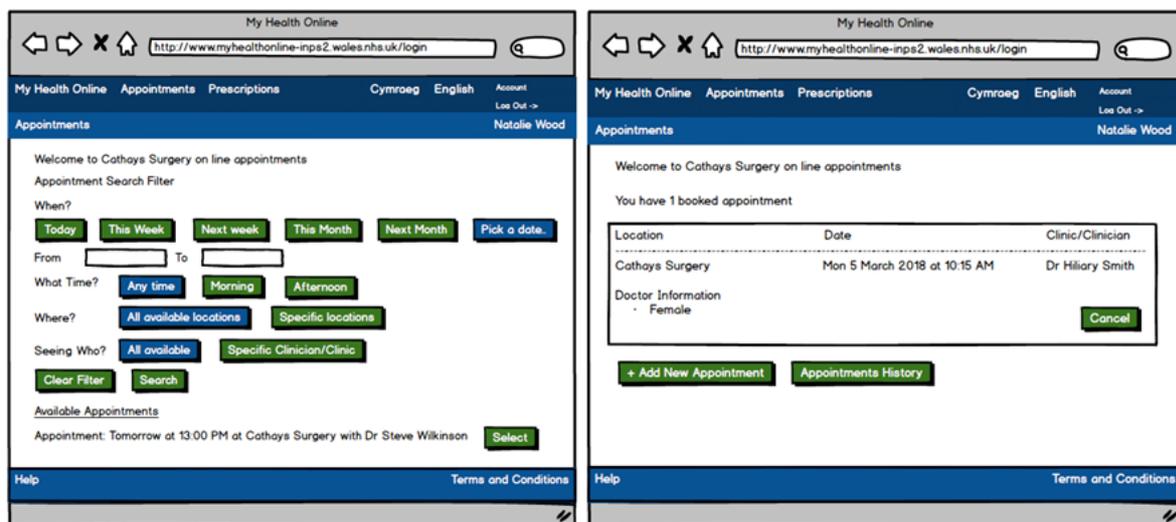
Searching for the Practice ID

Logging in

Homepage and Appointments page

Searching for an appointment and displaying the booked appointment

Appointments history and Prescriptions page
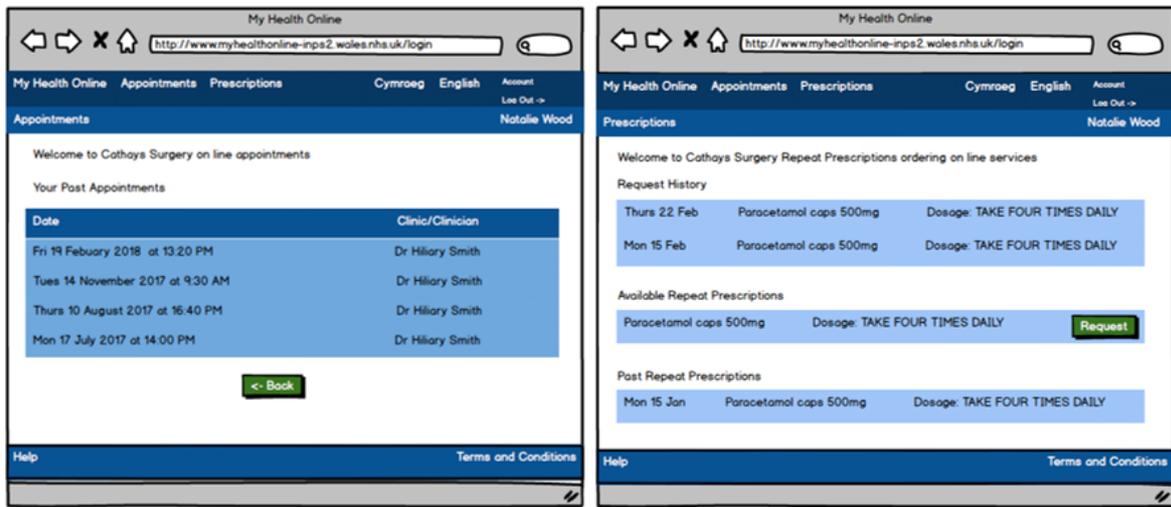
Requesting for repeat prescription and Account page
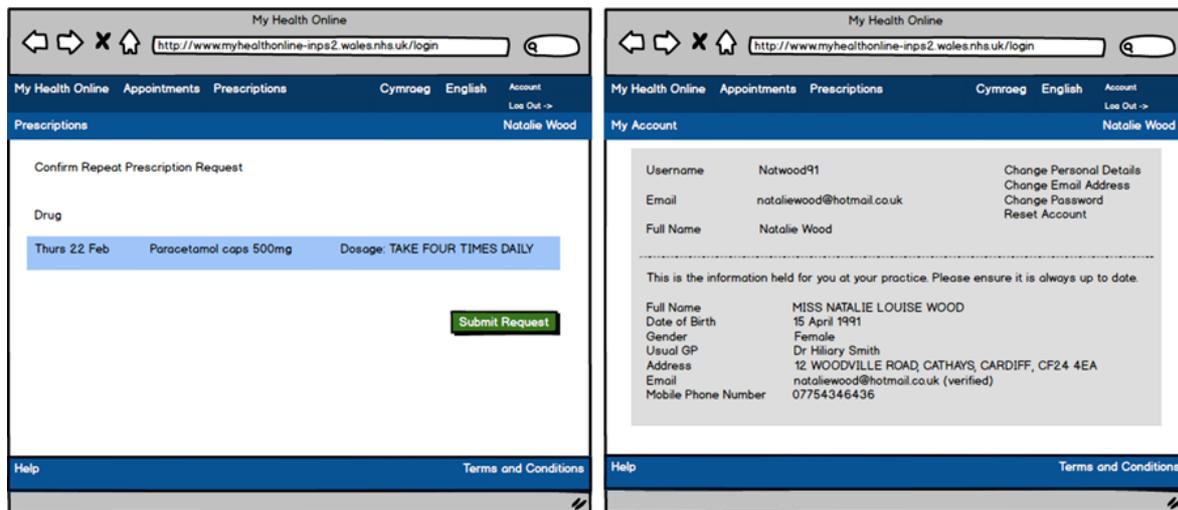
General Information

This section is about finding out your age and seeing if you have used a similar application in real life

8. **1. What age category do you fall into?** *

   Mark only one oval.

   ◯ 18-24

   ◯ 24-29

   ◯ 30-39

   ◯ 40-59

   ◯ 60+

   ◯ Other: _____

9. **2. How often do you use your account on a similar application?** *

    _____

    _____

    _____

    _____

    _____

10. **3. Are you completely reliant on it do you need to call the surgery sometimes? If yes, why?**
    *

    _____

    _____

    _____

    _____

    _____

Effectiveness and efficiency of the Mock-Up or similar applications

This section is finding out what you have used the mock-up or similar applications for and how easy you find it to perform those tasks

11. **4. Have you used it for booking an appointment?** *
    Mark only one oval.

    ◯ Yes

    ◯ No

12. **5. Have you struggled to book an appointment?**
    Mark only one oval.

    ◯ Yes

    ◯ No

13. **6. If yes to the question above, can you explain what you struggled with in particular?**

    _____

    _____

    _____

    _____

    _____

14. **7. Have you used it for requesting a repeat prescription?** *
    Mark only one oval.

    ◯ Yes

    ◯ No

15. **8. Have you struggled with requesting a repeat prescription?**
Mark only one oval.

◯ Yes

◯ No

16. **9. If yes to the question above, can you explain what you struggled with in particular?**

_____

_____

_____

_____

_____

17. **10. Have you changed your personal details? If yes, was it easy? ***

_____

_____

_____

_____

_____

18. **11. Have you changed your password? If yes, was it easy? ***

_____

_____

_____

_____

_____

19. **12. Have you changed your prescription? If yes, was it easy? ***

_____

_____

_____

_____

_____

20. **13. Have you cancelled your appointment? If yes, was it easy? ***

_____

_____

_____

_____

_____

21. **14. Are there other services that are missing from the Mock-Up that you need to call the surgery for?**

_____

_____

_____

_____

_____

22. **15. Do you get given referral appointments from the GP to the hospital?** *
   Mark only one oval.

   ( ) Yes

   ( ) No

23. **16. If yes to the question above, would it be useful to you to have these appointments shown on the Mock-Up as well?**
   Mark only one oval.

   ( ) Yes

   ( ) No

Satisfaction of the Mock-Up or similar applications

This section is about identifying issues with the interface itself when trying to perform the tasks

24. **17. Do you like the layout of the interface? If No, why?** *

_____

_____

_____

_____

_____

25. **18. Looking at the mock-up, are the buttons located in accessible places for you to press? If No, why?**

_____

_____

_____

_____

_____

26. **19. Do you like the colour scheme?** *
   Mark only one oval.

   ( ) Yes

   ( ) No

27. **20. Is all the text clear for you to read?** *
Mark only one oval.

◯ Yes

◯ No

28. **21. How easy was it to learn how to use?** *
Mark only one oval.

	1	2	3	4	5	
Difficult	◯	◯	◯	◯	◯	Easy

29. **22. Do you find the Mock-Up unnecessarily complex or easy to use?** *
Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Unnecessarily complex	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Easy

30. **23. Is there anything you would like added to the Mock-Up?**

_____

_____

_____

_____

_____

31. **24. How useful do you find the Mock-Up?** *
Mark only one oval.

	1	2	3	4	5	
Not useful	◯	◯	◯	◯	◯	Very useful

32. **25. Do you prefer doing the services online or do you prefer communicating on the phone?**

_____

_____

_____

_____

_____

33. **26. Would you recommend the Mock-Up to a friend?** *
Mark only one oval.

◯ Yes

◯ No

Calling GP surgery VS the Mock-Up/similar applications

This section is about what you prefer to do when needing to use a GP service

34. **27. Have you ever struggled with the Mock-Up, so you result in calling the GP surgery?** *
    Mark only one oval.

    ◯ Yes

    ◯ No

35. **28. If yes, could you please explain what you struggled with?**

    _____

    _____

    _____

    _____

    _____

36. **29. Would you rather use the Mock-Up for booking appointments or phone the GP surgery?** *
    Mark only one oval.

    ◯ Use the application

    ◯ Phone the surgery

    ◯ Other: _____

37. **30. Would you rather use the Mock-Up for requesting a repeat prescription or phone the GP surgery?** *
    Mark only one oval.

    ◯ Use the application

    ◯ Phone the surgery

    ◯ Other: _____

38. **31. Would you rather use the Mock-Up for changing your details or phone the GP surgery?** *
    Mark only one oval.

    ◯ Use the application

    ◯ Phone the surgery

    ◯ Other: _____

39. **32. If you have any comments on an experience I have not asked about, please feel free to write about it here**

    _____

    _____

    _____

    _____

Thank you for completing this questionnaire!

I really appreciate you giving up your time to answer the questions. The feedback will be very helpful in continuing the research in the project to improve the communication in the NHS.

If you are doing this online, please don't forget to press submit at the bottom so your answers are saved.

As the project carries on, I will require more support in evaluating my prototype design. The questionnaire can be anonymous but if you would be willing to be contacted again to help provide further feedback, please answer the following questions.

40. **33. What is your name?**

_____

_____

_____

_____

_____

41. **34. Please enter your email address?**

_____

Powered by

Google Forms