Quebec User Evaluation of Satisfaction with assistive Technology

QUEST (Version 2.0)

Technology device: Patient Communication Board (PComB)

User name: _______________________________

Date of assessment: __________________________

The purpose of the QUEST questionnaire is to evaluate how satisfied you are with WSeT device and the related services you experienced. The questionnaire consists of 8 satisfaction items.

- For each of the 8 items, rate your satisfaction with your assistive device and the related services you experienced by using the following scale of 1 to 5.

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<tbody>
<tr>
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<td>not very satisfied</td>
<td>more or less satisfied</td>
<td>quite satisfied</td>
<td>very satisfied</td>
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- Please circle or mark the one **number** that best describes your degree of satisfaction with each of the 8 items.

- **Do not** leave any question unanswered.

- For any item that you were not "very satisfied", please comment in the section **Comments**.

Thank you for completing the QUEST questionnaire.
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**ASSISTIVE DEVICE**

*How satisfied are you with,*

1. The **dimensions** (size, height, length, width) of PComB?
   *Comments:*

2. The **weight** of PComB?
   *Comments:*

3. The **ease in adjusting** (fixing, fastening) the parts of PComB?
   *Comments:*

4. How **safe and secure** PComB is?
   *Comments:*

5. The **durability** (endurance, resistance to wear) of PComB?
   *Comments:*

6. How **easy** it is to use PComB?
   *Comments:*

7. How **comfortable** PComB is?
   *Comments:*

8. How **effective** PComB is (the degree to which your device meets your needs)?
   *Comments:*
Below is the list of the same 8 satisfaction items. PLEASE SELECT THE THREE ITEMS that you consider to be the most important to you. Please put an X in the 3 boxes of your choice.

1. Dimensions
2. Weight
3. Adjustments
4. Safety
5. Durability
6. Easy to use
7. Comfort
8. Effectiveness
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