

Quebec User Evaluation of Satisfaction with assistive Technology

QUEST (Version 2.0)

Technology device: _____

User name: _____

Date of assessment : _____

The purpose of the **QUEST** questionnaire is to evaluate how satisfied you are with your assistive device and the related services you experienced. The questionnaire consists of 12 satisfaction items.

- For each of the 12 items, rate your satisfaction with your assistive device and the related services you experienced by using the following scale of 1 to 5.

1	2	3	4	5
not satisfied at all	not very satisfied	more or less satisfied	quite satisfied	very satisfied

- Please circle or mark the **one number** that best describes your degree of satisfaction with each of the 12 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.

1	2	3	4	5
not satisfied at all	not very satisfied	more or less satisfied	quite satisfied	very satisfied

ASSISTIVE DEVICE					
<i>How satisfied are you with,</i>					
1. the dimensions (size, height, length, width) of your assistive device? <i>Comments:</i>	1	2	3	4	5
2. the weight of your assistive device? <i>Comments:</i>	1	2	3	4	5
3. the ease in adjusting (fixing, fastening) the parts of your assistive device? <i>Comments:</i>	1	2	3	4	5
4. how safe and secure your assistive device is? <i>Comments:</i>	1	2	3	4	5
5. the durability (endurance, resistance to wear) of your assistive device? <i>Comments:</i>	1	2	3	4	5
6. how easy it is to use your assistive device? <i>Comments:</i>	1	2	3	4	5
7. how comfortable your assistive device is? <i>Comments:</i>	1	2	3	4	5
8. how effective your assistive device is (the degree to which your device meets your needs)? <i>Comments:</i>	1	2	3	4	5

1	2	3	4	5
not satisfied at all	not very satisfied	more or less satisfied	quite satisfied	very satisfied

SERVICES	
<i>How satisfied are you with,</i>	
9. the service delivery program (procedures, length of time) in which you obtained your assistive device? <i>Comments:</i>	1 2 3 4 5
10. the repairs and servicing (maintenance) provided for your assistive device? <i>Comments:</i>	1 2 3 4 5
11. the quality of the professional services (information, attention) you received for using your assistive device? <i>Comments:</i>	1 2 3 4 5
12. the follow-up services (continuing support services) received for your assistive device? <i>Comments:</i>	1 2 3 4 5

- Below is the list of the same 12 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.

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Dimensions
<input type="checkbox"/> 2. Weight
<input type="checkbox"/> 3. Adjustments
<input type="checkbox"/> 4. Safety
<input type="checkbox"/> 5. Durability
<input type="checkbox"/> 6. Easy to use | <input type="checkbox"/> 7. Comfort
<input type="checkbox"/> 8. Effectiveness
<input type="checkbox"/> 9. Service delivery
<input type="checkbox"/> 10. Repairs/servicing
<input type="checkbox"/> 11. Professional service
<input type="checkbox"/> 12. Follow-up services |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

QUEST Scoring Sheet

This page is for scoring the answers to your questions.

DO NOT WRITE ON THIS PAGE.

- Number of non-valid responses _____

- **Device** subscale score _____

For items 1 to 8, add the ratings of the valid responses and divide this sum by the number of valid items in this scale.

- **Services** subscale score _____

For items 9 to 12, add the ratings of the valid responses and divide this sum by the number of valid items in this scale.

- Total QUEST score _____

For items 1 to 12, add the ratings of the valid responses and divide this sum by the number of valid items.

- The 3 most important satisfaction items:

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not satisfied at all	not very satisfied	more or less satisfied	quite satisfied	very satisfied