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.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>not satisfied at all</td>
<td>not very satisfied</td>
<td>more or less satisfied</td>
<td>quite satisfied</td>
<td>very satisfied</td>
</tr>
</tbody>
</table>

• 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.
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>not satisfied at all</td>
<td>not very satisfied</td>
<td>more or less satisfied</td>
<td>quite satisfied</td>
<td>very satisfied</td>
</tr>
</tbody>
</table>

**ASSISTIVE DEVICE**

*How satisfied are you with,*

1. the **dimensions** (size, height, length, width) of your assistive device?
   *Comments:*
   
   1 2 3 4 5

2. the **weight** of your assistive device?
   *Comments:*
   
   1 2 3 4 5

3. the **ease in adjusting** (fixing, fastening) the parts of your assistive device?
   *Comments:*
   
   1 2 3 4 5

4. how **safe and secure** your assistive device is?
   *Comments:*
   
   1 2 3 4 5

5. the **durability** (endurance, resistance to wear) of your assistive device?
   *Comments:*
   
   1 2 3 4 5

6. how **easy** it is to use your assistive device?
   *Comments:*
   
   1 2 3 4 5

7. how **comfortable** your assistive device is?
   *Comments:*
   
   1 2 3 4 5

8. how **effective** your assistive device is (the degree to which your device meets your needs)?
   *Comments:*
   
   1 2 3 4 5
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>not satisfied at all</td>
<td>not very satisfied</td>
<td>more or less satisfied</td>
<td>quite satisfied</td>
<td>very satisfied</td>
</tr>
</tbody>
</table>

**SERVICES**

*How satisfied are you with,*

9. the **service delivery** program (procedures, length of time) in which you obtained your assistive device?  
*Comments:*

10. the **repairs and servicing** (maintenance) provided for your assistive device?  
*Comments:*

11. the quality of the **professional services** (information, attention) you received for using your assistive device?  
*Comments:*

12. the **follow-up services** (continuing support services) received for your assistive device?  
*Comments:*

- 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.

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

© L. Demers, R. Weiss-Lambrou & B. Ska, 2000
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:__________________________
  ______________________________________
  ______________________________________
  ______________________________________
### QUEST
(version 2.0)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>not satisfied at all</td>
<td>not very satisfied</td>
<td>more or less satisfied</td>
<td>quite satisfied</td>
<td>very satisfied</td>
</tr>
</tbody>
</table>