Name:_____   **Department: _____**

1. **On a scale of 1 to 10, how satisfied are you with the current web application?**
   _____

2. **On a scale of 1 to 10, how easy was it to manoeuvre around the web application?**
   _____

3. **Do you see any positive change in the web portal from the previous User Testing? Any Comments on this?**
   Yes/No. _____

4. **What are some issues you face?**

   _____

5. **Do you have anything you dislike? Yes/No**

   _____

6. **Are there any suggestions you would like to bring up for the SMU team's consideration? Yes/No**

   _____

7. **Do you have any other comments? Yes/No**

   _____