Appendix 3: ASYMS Acceptance Measure

(For patients participating in usability test)

To be completed by participants

These questions are asking you for your thoughts and feelings about ASYMS. Please <u>circle</u> the number which represents how you feel about each statement.								
1- I intend to use ASYMS								
Definitely do not	1	2	3	4	5	6	7	Definitely do
2- I believe I have the ability to use ASYMS								
Definitely do not	1	2	3	4	5	6	7	Definitely do
3- I want to use ASYMS								
Definitely do not	1	2	3	4	5	6	7	Definitely do
4- How likely is it that you will use ASYMS?								
Very unlikely	1	2	3	4	5	6	7	Very likely
5- My using ASYMS is/ would be…								
Difficult	1	2	3	4	5	6	7	Easy
6- How confident are you that you will be able to use ASYMS?								
Not very confident	1	2	3	4	5	6	7	Very confident
7- Most people who are important to me approve/ would approve of my using ASYMS								
Strongly disagree	1	2	3	4	5	6	7	Strongly agree
8- People who are important to me want me to use ASYMS								
Strongly disagree	1	2	3	4	5	6	7	Strongly agree
9- The ASyMS mobile device will help me manage my chemotherapy toxicities more effectively								
Strongly disagree	1	2	3	4	5	6	7	Strongly agree
10- I found the information and self-care advice that I have received to be worthwhile.								
Strongly disagree	1	2	3	4	5	6	7	Strongly agree
11- I would recommend this system to be used for patients receiving chemotherapy.								

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
12- Overall, my attitude towards using ASYMS is: *(please circle <u>one</u> number on <u>each</u> line)*								
Negative	1	2	3	4	5	6	7	Positive
Anti	1	2	3	4	5	6	7	Pro
Bad	1	2	3	4	5	6	7	Good