

**SMART HOME USER SATISFACTION SURVEY – NEW YORK  
(SHUSS-NY)**

User Name: \_\_\_\_\_

Date: \_\_\_\_\_ Assessor: \_\_\_\_\_

The purpose of this questionnaire is to evaluate how satisfied you are with your smart home technology and the related services involved.

For each item, circle the **one number** that best describes your degree of satisfaction with the smart home devices and the related services involved. Please **do not** leave any question unanswered. For any item not marked 5 (very satisfied), please comment in the section labeled **comments**. If you need more space to comment, please write on the back of the page.

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

Smart Home items provided:					
1. I use the devices without difficulty.					
Comment:	1	2	3	4	5
2. The devices work effectively.					
Comment:	1	2	3	4	5
3. The devices meet my needs.					
Comment:	1	2	3	4	5

## SERVICES

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

<p>4. I am satisfied with the smart home assessment process.</p> <p>Comment:</p>	<p>1      2      3      4</p> <p>5</p>
<p>5. I was actively involved in selecting appropriate smart home devices to meet my needs.</p> <p>Comment:</p>	<p>1      2      3      4</p> <p>5</p>
<p>6. I am satisfied with the timeliness of providing the smart home devices.</p> <p>Comment:</p>	<p>1    2    3    4    5</p>
<p>7. I am satisfied with the information and training provided about using my smart home devices.</p> <p>Comment:</p>	<p>1    2    3    4    5</p>
<p>8. I know who to contact if I have a problem with my smart home devices.</p> <p>Comment:</p>	<p>1    2    3    4    5</p>
<p>9. I receive timely assistance when I request help with my smart home devices.</p> <p>Comment:</p>	<p>1    2    3    4    5</p>

Below is a list of the same 9 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. Use without difficulty             | <input type="checkbox"/> | 6. Timeliness of service                                     |
| <input type="checkbox"/> | 2. Works effectively                  | <input type="checkbox"/> | 7. Information and training on how to use smart home devices |
| <input type="checkbox"/> | 3. Meets my needs                     | <input type="checkbox"/> | 8. Who to call for assistance with smart home devices        |
| <input type="checkbox"/> | 4. Assessment process                 | <input type="checkbox"/> | 9. Timely help with smart home devices when needed           |
| <input type="checkbox"/> | 5. Active participation in assessment |                          |  |

***Thank you for completing this questionnaire.***

### SHUSS-NY Score Sheet

This page is for scoring the answers to the survey questions.

Device subscale score:  For items 1-3, add the ratings of all responses and divide this amount by the number of responses given.	
Services subscale score:  For items 4-9, add the ratings of the responses and divide this sum by 6.	
Total SHUSS-NY Score  For all items on survey, add the rating responses and divide this sum by the number of items rated.	

The 3 most important smart home satisfaction items:
