# Q2 – Method Assessment

This questionnaire is to collect your initial impressions about the method you have been assigned and the organization of the training phase. The answers to this questionnaire are NOT used by any means to evaluate/grade you.

Please do not provide your real name as participant identifier. Write the first 3 letters of your last name followed by the first letter of your name.

**Participant identifier**:

1. **Was the tutorial sufficient to understand the method?**

Please choose only one of the following options:

*Strongly disagree* 1  2  3  4  5 *Strongly agree*

1. **Can you rate your overall impression on the method?**

Please choose only one of the following options:

1  2  3  4  5 6  7 8  9  10

1. **Which aspects of the method did you like most?**

Please specify the aspects that you like most

1. **Which aspects of the method did you like least?**

Please specify the aspects that you like least

1. **Did you attend tutorials about other methods?**

Please choose only one of the following options

*Yes*

*No*

1. **Which other tutorial did you attend?**

Please specify the name of the other methods you attended the tutorial