

Research Questionnaire. Students.

1. Name.....

2. Email address.....

3. Academic course.....

4. Male Female

5. Which speciality would you like to study?.....

6. Have you used or do you know about other software applications for medical imaging?

If yes, which applications?

7. What is your opinion of the introduction to this program (October)? Is there anything you would change?, if so, what?

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8. Do you consider this training program (October) interesting?

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

9. What is your opinion of the introduction to this program (November)? Is there anything you would change?, if so, what?

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10. Do you consider this training program (November) interesting?

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

11. What is your opinion of 3DSlicer?

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