# Age Related Memory Service

**PTID:**_____

**Date:**_____

**Time:**_____

**Assessment of Usability of tVNS NEMOS device (active or sham)**

Please rate the following on a scale of 1 to 5

1. **Was the device comfortable?**

   1= very comfortable 2 = comfortable 3= neutral 4= moderately uncomfortable 5= severe uncomfortable

2. **Did you feel confident using the device?**

   1= very confident 2 = mostly confident 3= neutral 4= not confident 5= lost, would not know what to do with it

3. **Would you use it again?**

   1= yes without hesitation 2 = probably 3= maybe 4= probably not 5= definitely not

Any other symptoms:

_____

_____