

Date: _____ Time: _____ Participant ID: _____

1 First Impression

1. What does the test person notice first? What does the test person do first?

2. What stands out positively?

3. What stands out negatively? Where are problems at the beginning of the interaction?

Date: _____ Time: _____ Participant ID: _____

2 Working on Tasks

4. Observations for task 1: which steps does the test person perform, what stands out, where are obstacles?

Duration: _____

5. Observations for task 2

Duration: _____

6. Observations for task 3

Duration: _____

Date: _____ Time: _____ Participant ID: _____

3 Working on Tasks – Individual Steps [optional]

Task 1

No.	Test step	Observation
1		
2		
3		
4		
5		

Date: _____ Time: _____ Participant ID: _____

4 Statements from the participant

7. Positive comments

8. Negative comments – what bothered the test person about the application or the interaction?

9. Which neutral comments did the test person make, e.g., suggestions to improve the application?

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5 Other Observations and Remarks