Usability Testing Survey

Project Title:
Date:
Participant ID (Optional):

Section 1: Pre-Test Background (Optional)

Use this to understand your users before the session begins.

1. What is your age group?

- ☐ Under 18
- ☐ 18–24
- ☐ 25–34
- ☐ 35–44
- ☐ 45–54
- ☐ 55+

2. How often do you use products/services like this one?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Rarely
- ☐ Never

3. Have you used a similar product before?

- ☐ Yes
- ☐ No

If yes, which one(s)? ✍️

Disclaimer:
Please note that the prototype you are about to interact with is not a fully functional product. It is a simplified, non-working representation created for user experience testing purposes only. Your feedback is valuable and will help inform the development of future versions.

Section 2: Task-Based Feedback

Use this section during or immediately after task completion.

1. **Task:** Sign up and then go to the profile screen.

   Was the task easy to complete?

   - ☐ Very Easy
   - ☐ Easy
   - ☐ Neutral
   - ☐ Difficult
   - ☐ Very Difficult

   ✍️

   How confident did you feel completing this task?

   - ☐ Very Confident
   - ☑ Confident
   - ☐ Neutral
   - ☐ Unconfident
   - ☐ Very Unconfident

   What, if anything, was confusing or frustrating?
   ✍️

   How long do you think it took you to complete this task?

   - ☐ Under 1 min
   - ☐ 1–3 mins
   - ☐ 3–5 mins
   - ☐ 5+ mins

2. **Task:** Go to the bills screen and create a bill.

Was the task easy to complete?

- ☐ Very Easy
- ☐ Easy
- ☐ Neutral
- ☐ Difficult
- ☐ Very Difficult

How confident did you feel completing this task?

- ☐ Very Confident
- ☐ Confident
- ☐ Neutral
- ☐ Unconfident
- ☐ Very Unconfident

What, if anything, was confusing or frustrating?
✍️

How long do you think it took you to complete this task?

- ☐ Under 1 min
- ☐ 1–3 mins
- ☐ 3–5 mins
- ☐ 5+ mins

3. **Task:** Go to the payment screen and make a payment.

Was the task easy to complete?

- ☐ Very Easy
- ☐ Easy
- ☐ Neutral
- ☐ Difficult
- ☐ Very Difficult

How confident did you feel completing this task?

- ☐ Very Confident
- ☐ Confident
- ☐ Neutral
- ☐ Unconfident
- ☐ Very Unconfident

What, if anything, was confusing or frustrating?
✍️

How long do you think it took you to complete this task?

- ☐ Under 1 min
- ☐ 1–3 mins
- ☐ 3–5 mins
- ☐ 5+ mins

4. **Task:** Log out.

Was the task easy to complete?

- ☐ Very Easy
- ☐ Easy
- ☐ Neutral
- ☐ Difficult
- ☐ Very Difficult

How confident did you feel completing this task?

- ☐ Very Confident
- ☐ Confident
- ☐ Neutral
- ☐ Unconfident
- ☐ Very Unconfident

What, if anything, was confusing or frustrating?
✍️

How long do you think it took you to complete this task?

- ☐ Under 1 min
- ☐ 1–3 mins
- ☐ 3–5 mins
- ☐ 5+ mins

Section 3: Overall Experience

1. How satisfied were you with the overall experience?
   - ☐ Very Satisfied
   - ☐ Satisfied
   - ☐ Neutral
   - ☐ Dissatisfied
   - ☐ Very Dissatisfied

2. What did you like most about the experience?
   ✍️

3. What would you improve or change?
   ✍️

4. On a scale of 1–10, how likely are you to use this product?
   1 (Not at all likely) — 10 (Extremely likely)

   ✍️

Section 4: Post-Test Reflection (Optional)

1. How intuitive did the product feel overall?
    - ☐ Very Intuitive
    - ☐ Somewhat Intuitive
    - ☐ Neutral
    - ☐ Somewhat Confusing
    - ☐ Very Confusing

2. Would you recommend this product to someone else? Why or why not?
    - ☐ Yes
    - ☐ No

✍️

Optional Observational Notes (Facilitator Use Only)

- **Noted issues or roadblocks:**
  ✍️

- **Non-verbal reactions (e.g., hesitation, frustration):**
  ✍️