Testing at the [name of demo day]

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| --- |
| **Introduction Participant number:** |
| * Thanks for helping us out. We want to get as much feedback as we can on [what is being demo’d] * We want your honest opinions. Don’t worry about hurting anyone’s feelings. * Do you have any questions? |
| **Are there any top issues you are focused on when you think about [what is being demo’d]?** |
|  |
| **Observations while using the [thing being demo’d]** |

* Let’s just walk through [the process or different materials], as though you were doing it on your own
* This not a [live/real form or system] so it won’t save anything, but …
* …..feel free to use fake information it that makes you more comfortable.
* [Get participant started with the materials and give them any instructions needed].
* As they work, note how they go through the materials or, if they have any problems.
* If they have any questions or make comments, take notes on that, too.

|  |  |  |
| --- | --- | --- |
| **Step in the interaction** | **Problem?** | **Your notes** |
|  | * None * Minor * Serious |  |
|  | * None * Minor * Serious |  |
|  | * None * Minor * Serious |  |
|  | * None * Minor * Serious |  |
|  | * None * Minor * Serious |  |

|  |  |  |
| --- | --- | --- |
| **Wrap up** |  |  |

* When they are done, ask them these summary questions, following up as needed

**Rate your overall experience with this voting system**

1. I am confident that I know what will happen when I [complete this form]  
   or what I have to do next. 🞎 Agree 🞎 Neutral 🞎 Disagree
2. The instructions were easy to understand. 🞎 Agree 🞎 Neutral 🞎 Disagree
3. The length/number of steps was appropriate. 🞎 Agree 🞎 Neutral 🞎 Disagree
4. It was easy to move through the process. 🞎 Agree 🞎 Neutral 🞎 Disagree
5. The [buttons and touchscreen] were easy to use. 🞎 Agree 🞎 Neutral 🞎 Disagree
6. I was never confused. 🞎 Agree 🞎 Neutral 🞎 Disagree

**Your overall reactions and comments**

|  |  |  |
| --- | --- | --- |
| What did you like **most** about the system you tested today? | | |
|  | | |
| What did you like **least** about the system you tested today? | | |
|  | | |
| What (if any) was the **most serious** problem you found in the system? | | |
|  | | |
| What **improvements** do you suggest to make it easier to use? | | |
|  | | |
| Is there anything else you would like to mention? | | |
|  | | |
| **About the participant** |  |  |

I have a few last questions about you, so we can make sure we have talked to a wide range of people

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender:** | **Age:** | **Race/Ethnicity:** | **Disabilities or limitations:** | **Zip code:** | **Voter / Last voted** |