

# Wearable Device Usability Evaluation Form

## Participant Information

Name

Age

Gender

## Device Information

## Device Model

How long have you used this device? (e.g., weeks, months)

## Usability Evaluation

### Ease of Use



1



2



3



4



5

## Comfort



1



2



3



4



5

Design & Appearance



1



2



3



4



5

Battery Life Satisfaction



1



2



3



4



5

Accuracy of Functions/Sensors



1



2



3



4



5

**Additional Comments**

