

Usability Testing Observation Checklist

Session Information

Observer(s):

Date:

Test Participant ID:

Task(s):

Checklist

| Item | Observed? | Notes |
|---------------------------------------|--------------------------|-------------|
| User understood the task | <input type="checkbox"/> | <div></div> |
| User completed the task without help | <input type="checkbox"/> | <div></div> |
| User asked clarification questions | <input type="checkbox"/> | <div></div> |
| User encountered errors/issues | <input type="checkbox"/> | <div></div> |
| User expressed confusion or hesitated | <input type="checkbox"/> | <div></div> |
| User used help/resource features | <input type="checkbox"/> | <div></div> |
| User gave feedback/comments | <input type="checkbox"/> | <div></div> |

Additional Observations

Summary / Recommendations

