# Usability Testing Candidate Screening Questionnaire

Full Name

Email Address

Age

Location (City, Country)

Have you participated in a usability test before? ◯ Yes ◯ No

Occupation

Industry

How often do you use similar products/services?

[ ▼ ]

Which devices do you use? (Select all that apply) ☐ Desktop ☐ Laptop ☐ Tablet ☐ Smartphone ☐ Other

What are your primary goals for using similar products/services?

Is there anything else we should know about your experience or background?