Usability Testing Post-Study Debriefing

Participant Information

Participant ID	
Date	
Overall Impressions	
What are your overall thoughts about the product?	
How satisfied are you with your experience?	
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Task-Specific Feedback	
What tasks were easy to complete? Why?	
What tasks were difficult or confusing? Why?	
Pain Points and Suggestions	
Were there any challenges or problems you encountered?	
Do you have suggestions for improvements?	

Additional Comments		
Any other comments?		