

Observer's Table

User Name: _____

Tasks	Did the user complete the task?	Correctly? (Y7N) (correct answer)	Max Time Observed time (mm:ss)	Number of errors?	Was lost?	Asked for help	Observed Easiness/difficulty 1 – very difficult 5 – very easy
1	no <input type="checkbox"/> yes <input type="checkbox"/>		2min :		no <input type="checkbox"/> slightly <input type="checkbox"/> a lot <input type="checkbox"/>	no <input type="checkbox"/> yes <input type="checkbox"/> which?	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div>
2	no <input type="checkbox"/> yes <input type="checkbox"/>		2min :		no <input type="checkbox"/> slightly <input type="checkbox"/> a lot <input type="checkbox"/>	no <input type="checkbox"/> yes <input type="checkbox"/> which?	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div>
3	no <input type="checkbox"/> yes <input type="checkbox"/>		2min :		no <input type="checkbox"/> slightly <input type="checkbox"/> a lot <input type="checkbox"/>	no <input type="checkbox"/> yes <input type="checkbox"/> which?	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div>
4	no <input type="checkbox"/> yes <input type="checkbox"/>		2min :		no <input type="checkbox"/> slightly <input type="checkbox"/> a lot <input type="checkbox"/>	no <input type="checkbox"/> yes <input type="checkbox"/> which?	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div>
5	no <input type="checkbox"/> yes <input type="checkbox"/>		2min :		no <input type="checkbox"/> slightly <input type="checkbox"/> a lot <input type="checkbox"/>	no <input type="checkbox"/> yes <input type="checkbox"/> which?	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div>

Observations _____
