

# UAT Feedback Form — Healthcare Appointment System

Project	Release/Version	Test Cycle	Environment
Participant Name	Role	Department/Clinic	Date

**Instructions:** Execute your assigned scenarios, then provide ratings and comments. Use ☒ to select; leave unchecked as ☐. Attach screenshots when reporting issues.

## Scenario Summary

Test Case ID	Scenario Name	Precondition	Result ( <input checked="" type="checkbox"/> Pass / <input type="checkbox"/> Fail)	Defect IDs	Notes

## Usability Ratings

Aspect	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Clarity of steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance / Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Error messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Comments & Suggestions


## Issues Identified

Defect ID	Severity (S1/S2/S3)	Summary	Steps to Reproduce	Expected vs Actual	Attachment?

**Overall Recommendation:** ☐ Go ☐ No-Go ☐ Go with minor issues

Name	Signature	Date

*Note: Severity guide — S1 Blocking/Data Loss · S2 Major/No workaround · S3 Minor/Workaround exists.*