**Usability Testing**

**Participant Information**

* **Participant Name/ID**:
* **Age Range**: [18-30] [31-50] [51-70] [71+]
* **Gender**: M F Other
* **Level of Deafblindness**: [Partial hearing/vision loss] [Complete deafblindness]
* **Experience with assistive devices**: [None] [Some] [Extensive]

**Device Setup and Initial Impressions**

1. **How easy was it to put on and adjust the device?**  
   [Very Difficult] [Difficult] [Neutral] [Easy] [Very Easy]  
   Comments:
2. **How comfortable is the device to wear**?  
   [Very Uncomfortable] [Uncomfortable] [Neutral] [Comfortable] [Very Comfortable]  
   Comments:

**Vibration Patterns**

1. **For each vibration pattern, rate how easily you could distinguish it:**  
   **a**. **Doorbell (Ding-Dong pattern)**: [Very Difficult] [Difficult] [Neutral] [Easy] [Very Easy]  
   **b**. **SOS Alert**: [Very Difficult] [Difficult] [Neutral] [Easy] [Very Easy]  
   **c**. **Correct Passcode Entry**: [Very Difficult] [Difficult] [Neutral] [Easy] [Very Easy]  
   **d**. **Low Battery Alert**: [Very Difficult] [Difficult] [Neutral] [Easy] [Very Easy]  
     
   Comments:
2. **How well could you differentiate between the various vibration intensities?**  
   [Very Poorly] [Poorly] [Neutral] [Well] [Very Well]  
   Comments:
3. **Were the pauses between vibrations in patterns adequate**?  
   [Too Short] [Slightly Short] [Just Right] [Slightly Long] [Too Long]  
   Comments:

**Visual Notifications**

**1.** **How easy was it to read the time display?**

[Very Difficult] [Difficult] [Neutral] [Easy] [Very Easy]

Comments:

**2. Rate the visibility of color-coded notifications:** [Very Poor] [Poor] [Neutral] [Good] [Excellent]

a. **Doorbell** (Blue)

b. **Correct Passcode** Entry (Green)

c. **SOS Alert** (Red)

d. **Battery Status** (Various colors)

Comments on each color:

**3.** **How effective was the flashing of the screen for urgent notifications**?

[Not Effective] [Slightly Effective] [Neutral] [Effective] [Very Effective]

Comments:

**4. Could you easily distinguish between different types of notifications based on the screen color?**

[Very Difficult] [Difficult] [Neutral] [Easy] [Very Easy]

Comments:

**5.** **How helpful did you find the battery status display?**

[Not Helpful] [Slightly Helpful] [Neutral] [Helpful] [Very Helpful]

Comments:

**6.** **Was the contrast between the text and background colors sufficient for readability?**

[Very Poor] [Poor] [Neutral] [Good] [Excellent]

Comments:

**7.** **How well could you see the notifications in different lighting conditions?**

[Very Poorly] [Poorly] [Neutral] [Well] [Very Well]

Comments:

**8.** **Did you find the combination of visual and vibration notifications more helpful than either alone?**

[Much Less Helpful] [Less Helpful] [Neutral] [More Helpful] [Much More Helpful]

Comments:

**Functionality Testing**

1. **How quickly could you recognize when the doorbell was pressed?**  
   [Very Slow] [Slow] [Moderate] [Quick] [Very Quick]  
   Comments:
2. **How accurately could you identify the visitor based on the passcode vibration?**  
   [Very Inaccurate] [Inaccurate] [Neutral] [Accurate] [Very Accurate]  
   Comments:
3. **How well did you understand the SOS alert when triggered?**  
   [Very Poorly] [Poorly] [Neutral] [Well] [Very Well]  
   Comments:
4. **How useful did you find the low battery alert feature?**  
   [Not Useful] [Slightly Useful] [Neutral] [Useful] [Very Useful]  
   Comments:

**Overall Experience**

1. **Did you experience any discomfort or fatigue during extended device use?**  
   [Yes, Significant] [Yes, Mild] [No]  
   If yes, please describe:
2. **How confident do you feel using this device in your daily life?**  
   [Not Confident] [Slightly Confident] [Neutral] [Confident] [Very Confident]  
   Comments:
3. **Would you recommend this to your friend or colleague?**  
   [Yes] [No] [Maybe]