

## Chess Program Evaluation – Team H

**Please tick next to the option that applies to you**

### About you

Male ☐

Female ☐

Age 16 – 19 ☐

Age 20 – 29 ☐

Age 30 – 39 ☐

Age 40+ ☐

### **How often do you play Chess?**

Less than once a month ☐ Once a month ☐ Once a week ☐ More often ☐

### **At what skill level would you consider yourself?**

Beginner ☐

Amateur ☐

Experienced ☐

Highly Experienced ☐

### About the program

### **Who won the game?**

You ☐

Computer ☐

Draw ☐

**What difficulty level did you select?**

Easy ☐

Medium ☐

Hard ☐

**How well did the game match the selected difficulty?**

Too easy ☐

As expected ☐

Too difficult ☐

**Any further comments on the difficulty level?**

**How easy was it to use the UI?(I.e. Seeing whose turn it was? Last move played? Available moves? Inputting moves? etc.)**

Difficult ☐

Difficult at times ☐

Easy ☐

**Are there any other features that you would like to see in this program?**

Write below:

**Do you have any further comments?**

Write below: