

Informed Consent

“Usability Evaluation of a Mobile-based Application”

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Procedure

The participants will perform a set of predefined tasks using a mobile application to explore and visualize data. During the experiment, data will be collected regarding their demographic profile and their comments and difficulties on performing the tasks and using the application, overall.

Duration

The experiment will last between 20 and 40 minutes.

Risks for the participant

There are no risks to the participant.

Benefits for the participant

The participants will have the opportunity to learn how a usability test is designed and performed.

Confidentiality

All the data collected during the experiment will be anonymous and confidential and will only be used in this form for analysis and discussion of the envisaged mobile-based system.

Voluntary participation

Your participation is completely voluntary. Even if you agree to participate, you can stop, at any time, by stating your will to do so to the observer. In that event, any data collected until then will be discarded.

Contact

For any question regarding this experiment please contact the coordinator.

Date: _____

Please print your name: _____

Please sign your name: _____

Thank you!

We appreciate your participation.

User Code : _____

Observer’s Script

Task	Did the user complete the task?	Correctly?(Y7N) (correct answer)	Max Time Observed time (mm:ss)	Numb er 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><div></div><div></div><div></div><div></div><div></div></div>
2.1	no <input type="checkbox"/> yes <input type="checkbox"/>	(vinho branco e sal)	2min _____		no <input type="checkbox"/> slightly <input type="checkbox"/> a lot <input type="checkbox"/>	no <input type="checkbox"/> yes <input type="checkbox"/> which?	<div><div></div><div></div><div></div><div></div><div></div></div>
2.2	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><div></div><div></div><div></div><div></div><div></div></div>
2.3	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><div></div><div></div><div></div><div></div><div></div></div>
3	no <input type="checkbox"/> yes <input type="checkbox"/>	(gelado de kiwi e melancia com mel)	2min _____		no <input type="checkbox"/> slightly <input type="checkbox"/> a lot <input type="checkbox"/>	no <input type="checkbox"/> yes <input type="checkbox"/> which?	<div><div></div><div></div><div></div><div></div><div></div></div>

Observations_____

Task 1 Diga a app que é alérgico a peixe.

Very difficult	1	2	3	4	5	Very easy
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Task 2.1 Encontre os ingredientes que faltam para fazer Carne à alentejana para 4 pessoas.

Very difficult	1	2	3	4	5	Very easy
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Task 2.2 Adicione os ingredientes que faltam aos ingredientes.

Very difficult	1	2	3	4	5	Very easy
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Task 2.3 Faça a receita.

Very difficult	1	2	3	4	5	Very easy
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Task 3 Encontre a receita mais rápida com ingredientes que tenha na dispensa.

Very difficult	1	2	3	4	5	Very easy
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Post Task Questionnaire

Instructions: Thank you for your cooperation with this study, which aims to evaluate the User Interface of the application/system and, try to improve it following the Usability criteria.

Your collaboration is important for the success of this evaluation, so we ask you to complete this questionnaire, the data of which will be used in total anonymity for scientific purposes only.

1. Demographic data

User number: _____

(check the correct options)

Gender: ☐ Female ☐ Male Age: _____ Profession: _____

Previous experience with this type of application/system: ☐ None ☐ Some ☐ A lot

Observations (fill in any relevant facts for this test, e.g. vision, handiness):

2. Overall opinion on the application/system (SUS)

After using the application/system and taking into account your final assessment, check the circle that best reflects your opinion regarding its usage. If you believe that these quantifications are not applicable, choose NA.



I think that I would like to use this system frequently.

Totally agree ○○○○○ Totally disagree NA

I found the system unnecessarily complex.

Totally agree ○○○○○ Totally disagree NA

I thought the system was easy to use.

Totally agree ○○○○○ Totally disagree NA

I think that I would need the support of a technical person to be able to use this system.

Totally agree ○○○○○ Totally disagree NA

I found the various functions in this system were well integrated.

Totally agree ○○○○○ Totally disagree NA

I thought there was too much inconsistency in this system.

Totally agree ○○○○○ Totally disagree NA

I would imagine that most people would learn to use this system very quickly.

Totally agree ○○○○○ Totally disagree NA

I found the system very cumbersome to use.

Totally agree ○○○○○ Totally disagree NA

I felt very confident using the system.

Totally agree ○○○○○ Totally disagree NA

I needed to learn a lot of things before I could get going with this system.

Totally agree ○○○○○ Totally disagree NA

Please leave any comments about the user experience provided by the application/system:

Thank you very much for your collaboration!