

Prototype Testing

This form is intended to get the feedback of the persona in testing the low fidelity prototype of Apelo Dental Clinic (ADENICSY)

* Required

1. First Name/ Nickname *

2. What is your role in Apelo Dental Clinic? *

- ☐ Patient
- ☐ Accounting Staff
- ☐ Front Desk Staff
- ☐ Doctor
- ☐ Owner
- ☐ Other

3. Age(must be numeric) | ex. 21 *

4. Were the testers explained the purpose, presumptions and objectives of the activity? *



5. How satisfied are you with your experience with the prototype? *



6. Were you able to do all the things that you need in the system? *



7. Were the main tasks to relevant to your role included in the prototype? *



8. For your perspective, how complete are the functions in the prototype from what you're expecting or feeling? *





9. Tell us your experince. Could be suggestions or criticism. *

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