<table>
<tr><td colspan="2" align="center">To Be Completed By Tester</td></tr>
</table>

To Be Completed By Tester	
Session Date:	Session Time:

Tests run (list in order):

Participant Name: _____   Recruitment Method: _____

Contacted PH via: _____   PH responded via: _____

Email: _____   Phone: _____

Time Required for Execution: _____   Reimbursement: _____

Test Executed By – Print Name, Sign and Date:

Print: Signature: Date:

1. Introduction and Purpose

1.1. The purpose of this document is to record general information on the test participant that applies to all tests the individual participated in.

1.2. Non-bolded text in italics indicates a prompt to be read aloud to the participant.

1.3. Check boxes indicate procedure items to be conducted. Check each as it is performed. Missed checkboxes constitute prompt deviations

1.4. Circles are used to represent both:

1.4.1. Configuration options that should be checked if used and summarized in the configuration details section of the first page.

1.4.2. Answers to questions given to the participant.

1.5. Note any deviations from the prompt.

1.6. The **preconditions** to execute this inspection protocol are:

1.6.1. Tester has been trained in running/completing usability test protocols and has been familiarized with the type of defects that they may see as a function of executing this test protocol.

1.6.2. Tester initials: _____

2. Scope:

2.1. Setup and procedure information pertaining to all tests in included here. Individual test objectives, scopes, and procedures are listed in each TST_Usability test document.

3. Definitions

3.1. **Use Error -** Something user does that causes a response from the device that is different than the response intended by the manufacturer. Includes slips, lapses, and mistakes.

3.2. **Close Call -** Situation in which a user nearly commits a use error, but catches themselves and corrects without proctor intervention.

3.3. **Operational Difficulty -** Situation in which a task or step requires more time or effort than intended.

4. Materials and Equipment:

4.1. The following materials and equipment are required for executing the test plan:

4.1.1. **Session Administration Equipment:**

4.1.1.1. Recording equip available (only equipment ok'd by participant may be

> turned on and used)
- 4.1.1.1.1. ◎ Video recording equipment
- 4.1.1.1.2. ◎ Audio recording equipment
- 4.1.1.1.3. ◎ Screen recording equipment
- 4.1.1.2. Reimbursement (as specified in advertisement)
- 4.1.1.3. Bottled water (optional)

5. Procedure:

5.1. Introduction to usability testing
- 5.1.1. Welcome the participant
  - 5.1.1.1. ☐ List name
  - 5.1.1.2. ☐ List company
  - 5.1.1.3. ☐ Offer bottle of water
  - 5.1.1.4. ☐ Thank participant for their time
  - 5.1.1.5. ☐ Summarise purpose for session
- 5.1.2. Run through the schedule
  - 5.1.2.1. ☐ *First*   *introduce you to our product,*   *ask you to try it out.*
  - 5.1.2.2. ☐ *Next*   *ask some questions about how it went, and you'll have the chance to offer feedback.*
  - 5.1.2.3. ☐ *Last,*   *we'll ask you a few questions about yourself*
  - 5.1.2.4. ☐ *Then,*   <reimbursement>
- 5.1.3. Establish comfort level
  - 5.1.3.1. ☐ *Evaluating the product, not the participant*
    - 5.1.3.1.1. ☐ *We ask that you give it your best try*
  - 5.1.3.2. ☐ *You can stop at any time without forfeiting payment*
  - 5.1.3.3. ☐ Video recording acceptable? (Check all that are acceptable)
    - ◎ Video   ◎ Audio   ◎ Screen capture   ◎ None

5.2. Task
- 5.2.1. Conduct each task and record results according to directions on the applicable TST_Usability procedure.

5.3. Follow up
- 5.3.1. Ask follow-up questions as spcified in each applicable TST_Usability procedure.

5.4. Interview questions
- 5.4.1. *You do not have to answer the following questions if you do not feel comfortable.*
  - 5.4.1.1. Vision impairments?   ◎ No   ◎ Y, corrected   ◎ Y, uncorrected
  - 5.4.1.2. Any hearing impairments?   ◎ Yes   ◎ No
  - 5.4.1.3. How is your dexterity?   ◎ Good   ◎ Difficulty
  - 5.4.1.4. In what decade were you born? _____
  - 5.4.1.5. How frequently you use a computer?
    - 5.4.1.5.1. ◎ Daily   ◎ ~3 days/week   ◎ Weekly   ◎ Monthly
  - 5.4.1.6. Do you have experience taking medication every day or caring for someone who does?   ◎ Yes   ◎ No
  - **5.4.1.7. Interested in participating again?   ◎ Yes   ◎ No**

6. Appendix: Additional Notes