

4.4 Validation Test Cases

4.4.1 VTC 1: App installation

Prerequisites: -									
Test Case Step	Test Instruction	Goal	Rate of Performance 1 = unacceptable; 5 = excellent					Comment	
VTC-1.1	Install “BesserEsser” app from the AppStore / Google PlayStore	App installed on smartphone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
VTC-1.2	Start the app and proceed until you see the calendar overview.	Data privacy check passed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		

Questionnaire for the test participant	
Question	Answer
Did you experience any difficulties during the execution of the test cases, and if so, at what points?	
Did anything seem strange or illogical to you? If so, what exactly and why?	
Were you aware of what information was required of you?	
Were the user interface controls intuitive (arranged) for you?	

4.4.2 VTC 2: Meal and symptom documentation

Prerequisites: App is installed and ready for treatment									
Test Case Step	Test Instruction	Goal	Rate of Performance 1 = unacceptable; 5 = excellent					Comment	
VTC-1.1	You ate a porridge at 8 am. Please document it.	Breakfast documented	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
VTC-1.2	You ate a fruit salad at 1 pm. Please document it.	Lunch documented	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
VTC-1.3	You experience diarrhea (German: Durchfall) at 2 pm. Please document it.	Symptom documented	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
VTC-1.4	You ate lasagna at 6 pm. Please document it.	Dinner documented	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		

Questionnaire for the test participant	
Question	Answer
Did you experience any difficulties during the execution of the test cases, and if so, at what points?	

Did anything seem strange or illogical to you? If so, what exactly and why?	
Were you aware of what information was required of you?	
Did you miss something?	
Were the user interface controls intuitive (arranged) for you?	
Did you find all necessary ingredients?	