Ergo Usability Test Questionnaire

This is a questionnaire to gather insight into user satisfaction with the prototype. By completing this questionnaire, you are giving your consent and understand that you can stop at any time. This data will not be shared with anyone outside of our team.

*Please note, some questions are required.

* Indicates required question

1.   Email *

     _____

2.   How often do you watch movies/series? *

     Mark only one oval.

     ⬭ Daily

     ⬭ Several times a week

     ⬭ Once a week

     ⬭ A few times a month

     ⬭ Rarely (once a month or less)

     ⬭ I don't watch movies or series

3. Overall, how satisfied are you with the usability of the movie/series tracker   *
    prototype?

    Mark only one oval.

    ⬭ Very satisfied

    ⬭ Satisfied

    ⬭ Neutral

    ⬭ Dissatisfied

    ⬭ Very dissatisfied

4. How useful is this application with regards to tracking movies/series? *

    Mark only one oval.

	1	2	3	4	5
	◯	◯	◯	◯	◯

5. How easy was it to navigate through the app? *

    Mark only one oval.

	1	2	3	4	5
	◯	◯	◯	◯	◯

6. Did you encounter any issues while performing the tasks? If so, please describe them.

    _____

    _____

    _____

    _____

    _____

7. Overall, how satisfied are you with the design of the movie/series tracker   *
    prototype?

    Mark only one oval.

    ( ) Very satisfied

    ( ) Satisfied

    ( ) Neutral

    ( ) Dissatisfied

    ( ) Very dissatisfied

8. Did you encounter any issues with the design? If so, please describe them.

    _____

    _____

    _____

    _____

    _____

9.   What did you like most about the app? *

_____

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_____

10.   What did you like least about the app? *

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11.   What could be added to improve this app?

_____

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12.   How likely are you to use this app if it were fully developed? *

Mark only one oval.

⬭ Very Likely

⬭ Likely

⬭ Neutral

⬭ Unlikely

⬭ Very Unlikely

13. How likely are you to recommend this app to people who enjoy movies/series if it   *
    were fully developed?

    Mark only one oval.

    ( ) Very Likely

    ( ) Likely

    ( ) Neutral

    ( ) Unlikely

    ( ) Very Unlikely

14. Any additional comments or suggestions?

    _____

    _____

    _____

    _____

    _____

15. Your response will be recorded, however your data will not be shared. By ticking   *
    this box, you consent to the recording and use of your information. Please tick the
    box as an acknowledgement of consent.

    Tick all that apply.

    [ ] I acknowledge the terms

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