

Usability Test Observation Coding Form

Date: _____

Participant ID: _____

Task #: _____

Start Time: _____

End Time: _____

Verbal Behaviors

Notes

- Strongly positive comment _____
- Other positive comment _____
- Strongly negative comment _____
- Other negative comment _____
- Suggestion for improvement _____
- Question _____
- Variation from expectation _____
- Stated confusion _____
- Stated frustration _____
- Other: _____

Non-verbal Behaviors

Notes

- Frowning/Grimacing/Unhappy _____
- Smiling/Laughing/Happy _____
- Surprised/Unexpected _____
- Furrowed brow/Concentration _____
- Evidence of Impatience _____
- Leaning in close to screen _____
- Variation from expectation _____
- Fidgeting in chair _____
- Random mouse movement _____
- Groaning/Deep sigh _____
- Rubbing head/eyes/neck _____
- Other: _____

Task Completion Status:

Notes:

Incomplete:

Complete:

- Participant gave up
- Task "called" by moderator
- Thought complete, but not
- Fully complete
- Complete with assistance
- Partial completion