

Usability Test Plan Group 6: Calendar Group:
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PRE QUESTIONNAIRE

This questionnaire asks for some information before you act as tester of our calendar application. Thank you for giving us this information. Circle all that apply.

1. Have you used a smartphone, ipod touch, or other touch hand held device before?

Yes / No

2. How much time have you used a handheld touch device?

Hours / Days / Weeks / Months / Years

3. Do you use a calendar application currently?

Yes / No

4. If yes, you use a calendar, is it (circle all that apply)

Online / Manual Handwritten / Handheld

5. What is your current mood.

1 2 3 4 5 6 7 8 9 10

1 = bad mood

10 = good mood