Product Evaluation Survey Form
Prototype Testing

Name:

[   ]

Email Address:

[   ]

Your Role (e.g., Tester, Developer, End User):

[   ]

1. Usability

How easy was it to understand and operate the prototype?

○

Very Easy

○

Easy

○

Neutral

○

Difficult

○

Very Difficult

Comments on Usability:

[   ]

2. Functionality

Which features did you test? (Select all that apply)

☐

Core Functionality

☐

Advanced Features

☐

Integration

☐

Other

Did you encounter any bugs or issues?

○

Yes

○

No

If yes, please describe the issues:

---

3. Design & User Interface

How would you rate the visual design of the product?

Select ▾

Comments on Design/User Interface:

---

4. Suggestions & Overall Impression

What improvements would you suggest?

Overall, how satisfied are you with the prototype?

Select ▾

Additional Comments:

Submit Feedback