<table>
<thead>
<tr>
<th>Usability Test Observation Coding Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date:</strong> ___________</td>
</tr>
<tr>
<td><strong>Start Time:</strong> ___________</td>
</tr>
</tbody>
</table>

### Verbal Behaviors

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

### Notes

- ___________
- ___________
- ___________
- ___________
- ___________
- ___________
- ___________
- ___________

### Non-verbal Behaviors

- [ ] 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: ___________

### Notes

- ___________
- ___________
- ___________
- ___________
- ___________
- ___________
- ___________
- ___________

### Task Completion Status

- **Incomplete:**
  - [ ] Participant gave up
  - [ ] Task “called” by moderator
  - [ ] Thought complete, but not
- **Complete:**
  - [ ] Fully complete
  - [ ] Complete with assistance
  - [ ] Partial completion

- Notes: ___________