

Beta Testing Feedback Form

Date: _____

Tester Name: _____

Email: _____

Overall Impression

How would you rate your overall experience? (1-5 scale)

- ☐ 1 - Very Poor
- ☐ 2 - Poor
- ☐ 3 - Average
- ☐ 4 - Good
- ☐ 5 - Excellent

Would you recommend this system to others?

- ☐ Yes
- ☐ No
- ☐ Maybe

Comments: _____

Feature Feedback

Authentication & Login

Rating:

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

☐ 5

Comments: _____

User Management

Rating:

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Comments: _____

Books Management

Rating:

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Comments: _____

Journals Management

Rating:

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Comments: _____

Items Management

Rating:

- ☐ 1 - Very Poor
- ☐ 2 - Poor
- ☐ 3 - Average
- ☐ 4 - Good
- ☐ 5 - Excellent

Comments: _____

Usability

Ease of Use

How easy is the system to use? (1-5 scale)

- ☐ 1 - Very Difficult
- ☐ 2 - Difficult
- ☐ 3 - Moderate
- ☐ 4 - Easy
- ☐ 5 - Very Easy

Navigation

How easy is it to navigate? (1-5 scale)

- ☐ 1 - Very Difficult
- ☐ 2 - Difficult
- ☐ 3 - Moderate
- ☐ 4 - Easy
- ☐ 5 - Very Easy

Learning Curve

How long did it take to learn?

- ☐ Less than 1 hour
- ☐ 1-2 hours
- ☐ 2-4 hours
- ☐ 4-8 hours

☐ More than 8 hours

Comments on Usability: _____

Performance

Page Load Speed

Rating:

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

System Responsiveness

Rating:

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Comments on Performance: _____

Issues Found

Bugs Encountered

[List any bugs you found]

1. _____
2. _____
3. _____

Usability Issues

[List any usability problems]

1. _____
2. _____
3. _____

Feature Requests

What features would you like to see added or improved?

1. _____
2. _____
3. _____

What You Liked

What did you like most about the system?

What Needs Improvement

What needs the most improvement?

Additional Comments

Any other feedback or suggestions?

Testing Environment

Browser: _____

Device: _____

Operating System: _____

Thank you for your feedback!