Form E1– Reading Experiment/General

Reviewer ID: ____________ **Date:** ________

This form asks you a few questions about your background and experience.

General Questions

1. How many years/months of experience have you had in each function?

Time	Years	Months
Manager		
Developer		
Tester		
Analyst		
Other ________________		

2. How comfortable are you with reading or reviewing requirements documents? [Please mark with an x in the scale]

Value	0	1	2	3
Comfort level	not at all	low	moderate	high

3. How many years/months of experience do you have using requirements documents? ____

4. How many years/months of experience do you have writing requirements documents? ____

5. What do you think you might get out of this experiment? [Please mark with an x in the scale]

Value	0	1	2	3
Benefit	nothing	little	moderate	a lot

Please elaborate: