

## App Review Sheet for Client to Fill Out with Clinician

App name:	Cost:
Operating system: <input type="checkbox"/> Apple iOS <input type="checkbox"/> Android <input type="checkbox"/> Windows <input type="checkbox"/> Other:	
Purpose:	
Description/features:	
Rating on app store (e.g., Apple App Store, Google Play):	
Number of raters:	
Highlights from recent user reviews:	
Personal Trial:	
Design/layout (How easy is it to navigate? Can you easily find what you need? Are there so many things going on, it's too distracting to use?):	
Effectiveness (Did it work for you or not? What did work well? What didn't work well?):	
Will you use this app after today? Why?	