PAUSE: Helping women track and manage symptoms of perimenopause and long covid

Background:

Middle-aged women are at a significantly greater risk of developing symptoms of long COVID (LC) [1]. This concern is complicated by the observation that many LC symptoms overlap with signs of perimenopause (PM), such as fatigue, brain fog, anxiety, and headaches [2]. Women with LC often report changes in their periods, and research suggests a link between ovarian hormone production and the aforementioned outcomes [3]. Newson et al. (2021) [3] also found that 70% of women suspected that some of their LC symptoms could be a result of either perimenopause or menopause, yet most had never been asked about their menstrual health by a healthcare professional. The uncertainty stemming from this symptom overlap means that perimenopausal women may be misdiagnosed with LC or vice versa, resulting in inappropriate treatment that fails to address the debilitating physical and mental health conditions.

Consequently, we aimed to develop a health management application that assists women in identifying whether they are experiencing PM, LC, or both. 'PAUSE' aims to help women better understand their health, connect with others with shared experiences, and enable symptom tracking to provide physicians with accurate health data for diagnosis.

To identify the characteristics of our target users, we conducted a literature review and examined personal accounts of women experiencing PM and LC [7, 8]. Research findings from personal stories were collated in a shared Miro affinity diagram and followed by bottom-up analysis, where each researcher created codes relating to symptoms, goals, pain points and needs (appendix A). These codes were used to form overarching themes that informed the development of three user personas representing women of varying ages, lifestyles, and professional backgrounds (figures 2, 3, 4). The user persona development was supplemented with detailed user scenarios outlining the context and motivation for using our eHealth application (figure 5, 6, 7). User personas guided the creation of an initial set of user requirements. These were mapped across an evaluation matrix based on their feasibility, desirability, and impact on users' health (figure 1).

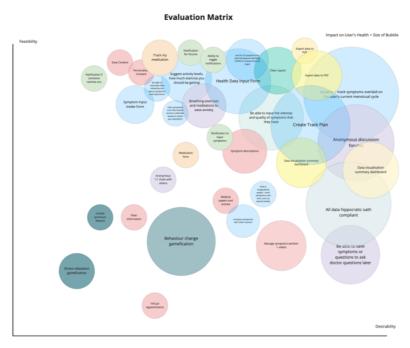


Figure 1: Evaluation Matrix of initial user requirements



Figure 2: User persona 'Sasha', a married medical professional career woman



Figure 3: User persona 'Abigail', a lonely divorced single mother



Figure 4: User persona 'Michel', a health anxious mother with a teenage child

THE "BUSY CAREER" USER

Sacha is a busy neurosurgeon working at Great Ormond
Street Hospital in the pediatric neurosurgery ward. She is
extremely dedicated and date-driven. She is married but
has no kids, and barely gets to sepre dire with her
parther due to her busy schedule. Due to the extremely
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CRITERIA FOR SUCCESS



STORY

Sasha started using PAUSE just over three months ago, recognising that she needed to track her symptoms over an extended period of time for the resultant data to be informative for her and her GP. One morning when she has scheduled a day off work, she wakes up and finds that her period has started - her fourth since beginning use of the app. She decides that it is time to discuss her symptoms with her GP, and books in an appointment for the next day.

During the day, she experiences a resurgence in fatigue and brain fog, having not felt either symptoms significantly over the past two weeks. She also slept particularly poorly, waking up in the middle of the night. At the end of the day, PAUSE reminds her to log her symptoms. She opens up the app where she is automatically logged in. On the Insights tab, her perimenopause match displays 75%, a value she notices has been steadily increasing over the past few month. She navigates into the Log Data tab to indicate that her fatigue and brain fog has been Very Intense and Intense respectively, in addition to other symptoms such as her poor siese. She follows this by pressing the Log Period Start button, also under the Symptoms button, indicating the spotting as intense. When returning to the Insights tab, she notices that her perimenopause match has increased to 77%.

The next day, she opens up the app again, and after toggling the Symptom Insights visualisation to the 'monthy' setting, selects the symptoms that she has found the most difficulty with over the past three months brain fog, latique, vaginal dyness, and poor sleep. She then uses the **Export Data** function to generate a comprehensive PDF document with this graph, which has saves to her phone. Letter that day at her of Pappointment whilst discussing her situation, she is able to illustrate her point much more effectively by showing this visualisation. Her GP spots that many of her symptoms seem to coincide with the latter part of her lusted phase, indicating that they most likely stem from perimenopause. Whilst not entirely ruling out long COVID, the GP recommends her to a specialist, and prescribes influid again medication splicat for women going through menopause.

The clarify Sasha gets from this meeting makes her feet that a burden has been lifted off of her shoulders, and she feels optimistic that with the help of her GP and specialist, she can now start on the road back towards her normal life.

Figure 5: Background and user scenario for 'Sasha'

THE "ISOLATED" USER

Abigail is a 56-year-old single mother who divorced 5 years ago. She ravely communicates with her children and doesn't get along well with them. She is introverted, has a small social circle and likes to be alone. After her divorce, she has been suffering from intense mod swings and suffers from anxiety and depression, waking up 2-3 times during the night. She also notices other symptoms such as muscle aches and extreme fatigue, which she had thought were normal symptoms up menopause. However, she suspects that some symptoms were caused by Long Covid but is unsure and no one encourages her to search for more information about the causes of her symptoms. Abigail is a 50-year-old single mother who divorced 5

Whilst Abigait has several specific needs (eg, symptoms tracking, resources on long COVID), her largest underlying motivation is to feel mentionalty and socialty more stable during a confusing and difficult time period. Thus, the app will need to provide general and accessible educational resources regarding long COVID, access to community support, and basic symptom tracking. A broader- and perhaps more important- success criterion, however, is that the app must create a sense of comfort and calm for her as she deals with the symptoms.



Whilst searching up articles on menopause and long COVID, Abigail comes across mentions of the PAUSE app. Feeling particularly mentally and physical unwell, she decides to give it downloading it onto her phone. Although initially apprehensive, she finds the onboarding experience quick and reassuring. She is particularly comforted by the comprehensive nature of COVID and perimenopause data input, which lists many of the symptoms that she herself has been going through. She is pleasantly surprised by the app's Integrate Menstrual Data vexternal app function. After doing this, she begins to explore the app's main functions.

She next decides to enter the Explore tab, where suggested Courses are displayed. She decides to give the "Tackling Insomnia" course a try, given its relevance to her own symptoms. Upon completing one of the lessons, she receives a pop-up notification congratulating her, including a gift of 168 points. She sees these points updated on her progress bar, and this feedback gives her a warm sense of a chilevement that she is taking steps to improve her own situation. Militals going through the course, she received a notification that "marageorge" has replied to her direct message. Navigating back to the Connect, and then the Friends tab, she reads the reply, where the user enthusiastically son updated its to find another woman of her age going through he situation. Altigal spends the next few minutes conversing with this woman, and even this bride conversation makes her feel significantly less alone.

Figure 6: Background and user scenario for 'Abigail'

THE "HEALTH-ANXIOUS" USER

Michel is a married mother of one who is used to leading a highly health-conscious lifestyle. As a yoga practitioner, much of her physical and mental health is linked with having a keen understanding of her mind and body. After contracting COVID a year ago, she has been suffering from what her 6F states are the typical symptoms of long COVID, such as mood changes. However, she has also noticed coinciding changes to her menstrual cycle and cramping. The uncertainty in her health only exacerbates the anxiety and panic attacks she goes through, and she desires to seek clarity in this aspect of her life.



Michel has been using PAUSE for just over a week, and has already been finding the comprehensive tracking functionality of the app very useful. At the start of every day, PAUSE is the first app that she opens. On the Insights Page, her Symptom Score provides an immediate reminder on managing her symptoms throughout the day, on this particular moming, a simple Take it easy today, "message is displayed. Users can choose to log their symptoms at any point in the day, For Michels, she prefers to do so in the moming, After logging the intensity of her usual symptoms, such as fatigue, shortness of breath, and migraines, she then uses the Add Symptom button, as she has just started experiencing hot flashes as of the day before.

Michel has also made taking courses in the Explore > Learn tab a part of her morning routine. In particular, she is determined to complete all the courses under the Perimenopause section given that this was the primary reason she started using the app. After spending 15 minutes to complete the "Nutrition and Supplements for Perimenopause" course, she receives a feedbac notification that she has progressed to Level 5, which made her feel accomplished. The gamification of 'earning' badges encourages her to continue engaging in the educational resources community features. She feels that hearing other people's stories and engaging with others going through this niche issue helps her learn more about symptoms that she had previously be confused and stressed out by.

The following morning after logging her symptoms again - including the recent intensity of hot flashes - she notices that her **Perimenopause match** has reached 75%. For her, this is enough mpetus for her to book an appointment with her GP to investigate this matter. Whereas before she felt refluctant to take action, given her own anxiety regarding her uncertainty, the app has now involve the recent part of the prevention of the state of the prevention of the



User Requirements:

To formulate user requirements for PAUSE, we explored several health behaviour and digital intervention theories [4]. The Persuasive System Design model best matched the aims of our application, and it outlines how design and communication elements of software can be best structured to cultivate the adoption and maintenance of desired behaviours, including ones related to health [5]. The model emphasises four design features to illustrate how conceptual principles translate into software requirements:

- Primary task support (supporting an intervention's primary goals)
- Dialogue support (feedback through virtual support techniques)
- Social support (leveraging social and normative influences to facilitate observing/learning from others and permit cooperation in achieving behaviour change goals).
- System credibility support (providing credible information to users that demonstrates competence and expertise)

Ultimately, we developed a final set of user requirements that best meet the aims of PAUSE:

- 1. A detailed yet user-friendly symptom, activity, nutrition, and menstrual cycle tracking tool.
- 2. Clear data visualisation of the user's health progress that can be exported and shared.
- 3. Personalized and customisable notifications that encourage the user to regularly input health data.
- 4. A community feature that allows users to interact and connect with other women with similar lived experiences.
- 5. Educational resources retrieved from validated empirical sources that are provided in an interactive and accessible format.

Design Rationale:

The design process commenced with the development of low-fidelity wireframes through a Crazy 8s sprint (appendix B). Through dot voting, we narrowed our scope to the wireframes that we considered to best fit our user requirements, followed by the creation of mid-fidelity versions of our selected screens (appendix C). These were then iterated based on the system design features proposed by the Persuasive System Design model, adapted from [6].

PAUSE Features:

Primary Task Support:

Self-monitoring: Users can log, update, and monitor their activity, nutrition and symptoms related to PM and LC, and indicate the severity and add personal notes (figure 8, 9).

Personalisation:

- Users can customise which symptoms they want to track and view in their health progress report (figure 8).
- Users can customise when and what type of notifications they want to receive.
- Users have a personalised 'For You' explore page with custom educational content (figure 10).
- Users have a personalised profile page containing all their health data (figure 11).

Reduction: Detailed symptom tracking is made easy through reminders and simple data entry tools, providing visual and data-based feedback for users to download and share with their healthcare provider to assist in a more accurate diagnosis.



Figure 8: Symptom progress insights



Figure 9: Data logging page.

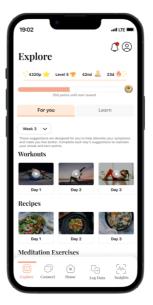


Figure 10: Personalized explore page

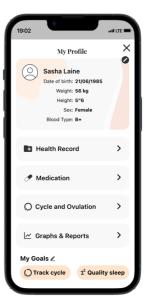


Figure 11: Personal health profile

Dialogue Support:

Rewards: Users can accumulate points and gain badges for logging their symptoms consistently, for completing courses and for engaging in community forums, and then use their points to grow their virtual garden (figure 13,14).

Reminders: Users receive scheduled notifications to ensure they log all their symptoms and menstrual cycle changes consistently (figure 12).

Suggestion: The app provides suggestions for activities that could help alleviate symptoms (figure 10).

Liking: The application was designed to have an appealing and sleek colour scheme for women.

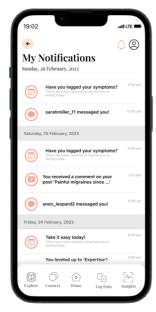


Figure 12: Notifications hub. Figure 13: Virtual garden.



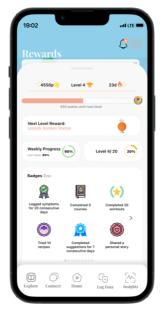


Figure 14: User progress and rewards dashboard

Social Support:

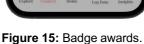
Social comparison: Users can compare their level of engagement to other users by seeing which badges they have won (figure 15).

Normative influence: The app provides a platform for women experiencing similar health conditions/symptoms of PM and LC, creating a community for sharing advice and personal stories.

Cooperation: The 'connect' feature provides a hub for cooperation where women can post questions, blogs or stories about their health experiences and enter discussions (figure 16, 17).

Recognition: Public recognition is implemented through the badge rewards system, where users can observe others' levels of engagement (figure 15).





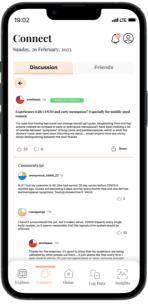


Figure 16: Community feature



Figure 17: Direct messaging feature

System Credibility Support:

Trustworthiness: The app provides evidence-based information from peer-reviewed resources. Onboarding includes validated questionnaires for symptom status with long covid [9] and perimenopause [10] (figure 18-21).

Expertise: All information is sourced from relevant medical experts (figure 19).

Verifiability: Information is verifiable through external resources and referenced within the application for users to check.

Surface credibility: The app has a credible, professional look and feel.

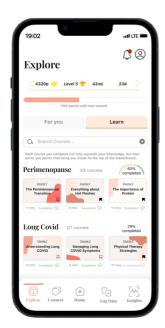


Figure 18: Educational courses.

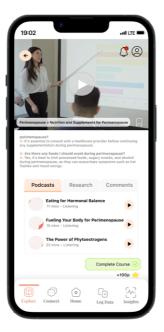


Figure 19: Educational content.

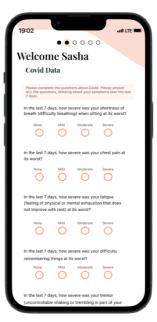


Figure 20: long COVID questionnaire.



Figure 21: perimenopause questionnaire.

User Testing:

Aims

We employed a user-testing approach guided by the Persuasive System Design Model (PSDM), with a particular focus on ensuring high usability and user-friendliness of our product – PAUSE. As such, we aimed to obtain detailed feedback that guided refinements in the product, enabling more effective primary task, social, dialogue, and system credibility support.

Methods

We observed 8 female participants aged 22-50 and solicited feedback on onboarding, logging symptoms, community engagement, discovering resources, and evaluating insights (appendix D). Participants provided informed consent (appendix E, F). We evaluated the interactive elements and user experience with a high-fidelity prototype, and identified issues related to the app's heuristics [11], assigning a severity score of 1-5: 1 indicating mildly time-consuming issues, and 5 indicating issues preventing task completion (appendix G). Positive usability features were also noted.

Findings

Participants provided feedback that text and button sizes should be increased for easy navigation, and actions should be more intuitive. We updated our mockups to reflect these changes (more details in appendix H).

Primary Task Support - Log Symptoms

Logging symptoms should be easy and frictionless. Thus, we made deletion more intuitive and reduced the number of clicks in logging a new symptom.

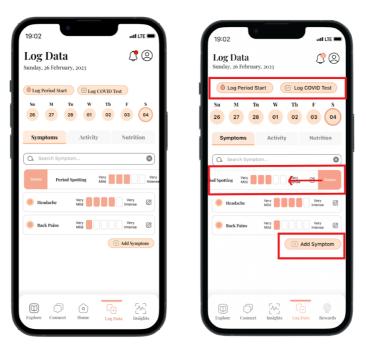


Figure 22.1: Initial (left) and redesigned (right) symptom tracking

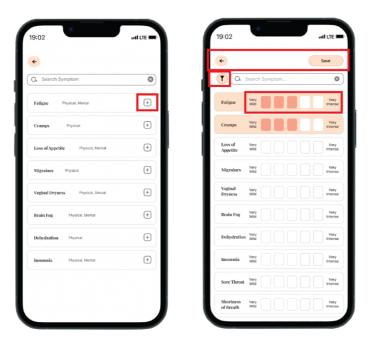


Figure 22.2: Initial (left) and redesigned (right) 'Add Symptom' screen

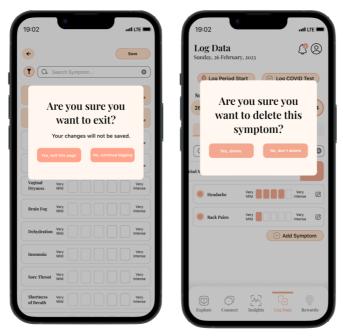


Figure 22.3: Added confirmation to prevent user error upon exit and deletion

Primary Task Support - Insights

'Log Symptoms' was added to the Insights page for users to easily update their symptom data.

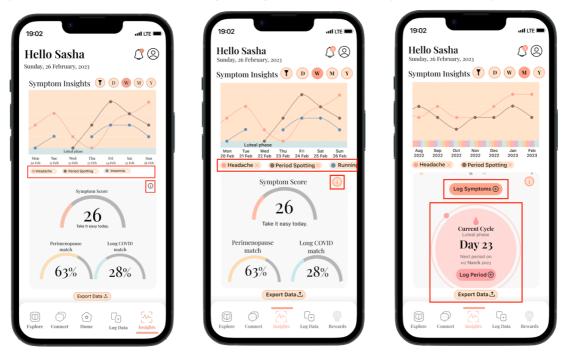


Figure 23.1: Initial (left) and redesigned (middle, right) insights screen.

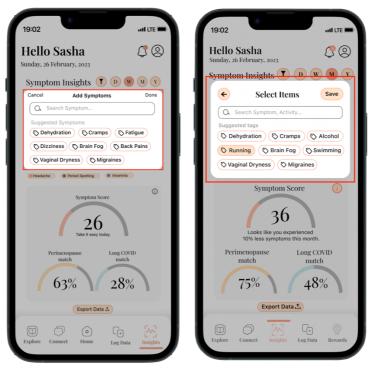


Figure 23.2: Initial (left) and redesigned (right) insights filter

Social Support

'Connect' allows users to engage with others through discussions and direct messaging. To promote a safe environment, participants suggested to anonymise all users, remove easy sharing, and have a privacy setting restricting chats from 'Friends'. Furthermore, 'Levels' were made visible so others can identify users' engagement and removed footer for single articles so users can read it better.

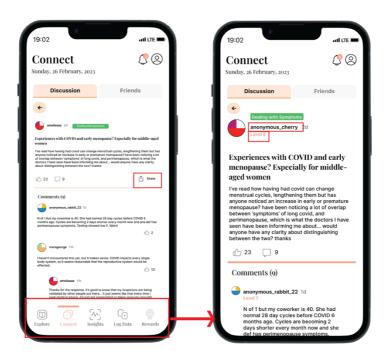


Figure 24.1: Initial (left) and redesigned (right) discussion page



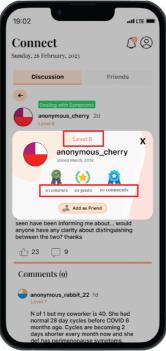


Figure 24.2: Initial (left) and redesigned (right) user profile window

Points and Rewards

A pop-up notification was added to inform users of task completion and the points earned. This is expected to encourage users to engage more actively.

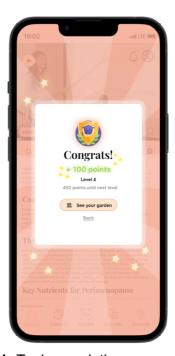


Figure 25.1: Task completion pop-up notification

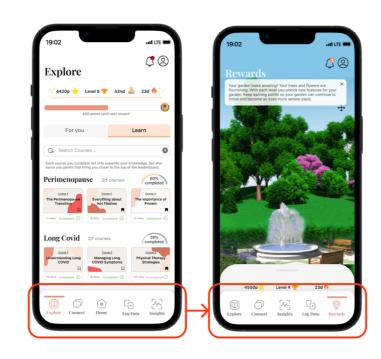


Figure 25.2: Included a new section in the footer for viewing rewards.

Dialogue Support

Participants liked the notifications feature deeming it helpful. Six participants found the Garden feature redundant and were sufficiently motivated by badges and levels.

System Credibility Support

Participants agreed that the 'Research Papers' on 'Explore' provided immediate credibility to the information provided. Two participants suggested that having clinical experts as 'verified' users would further increase their trust.

DISCUSSION

We could not recruit participants navigating long COVID and/or perimenopause due to time limitations. To obtain more representative user insights, a group of participants from our target population is necessary for further testing. To better understand user retention and long-term behavior change, future work should include a diary study. Additionally, an empirical study could determine the most effective gamification feature to encourage usage.

Our application values user privacy and data protection and will comply with GDPR regulations, provide two-factor authentication, and offer transparent information on how user data is being used and stored. Pause allows users to export and share data with their GP, but users retain control over what they share. Clinicians can integrate this information into the patient portal as an attachment for a comprehensive overview of their patient's health.

REFERENCES

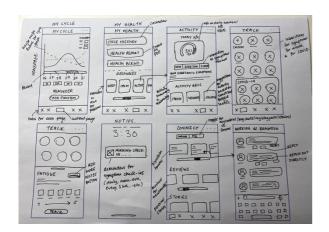
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Appendix A: Affinity Mapping for user persona development



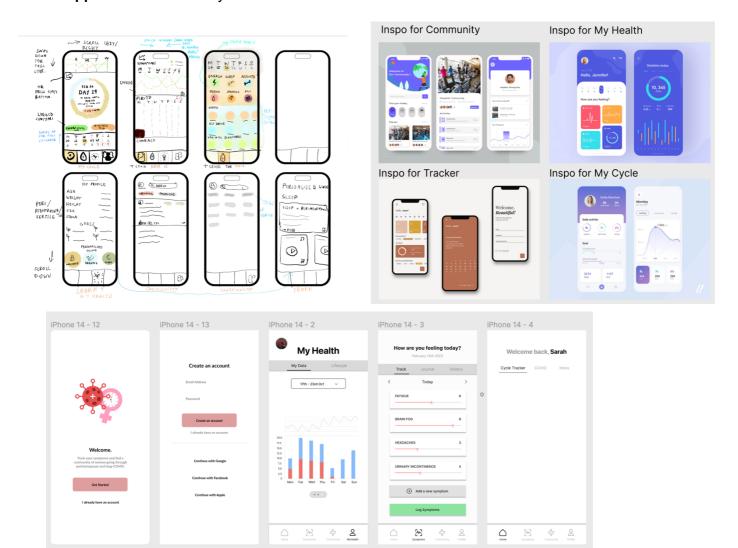
Appendix B: Crazy 8s low-fidelity wireframes







Appendix C: Mid-fidelity wireframes



Appendix D: User testing task script provided to all user testers

User testing tasks

Ask participants to do the following user testing tasks based off the following user requirements:

- Detailed, yet user friendly symptom and menstrual cycle tracking
- Personalised notifications and reminders to encourage users to input symptoms as well as manage physical and mental health
- Educational resources retrieved from validated scientific sources as well as first-hand personal stories
- Community feature allowing users to interact and connect with other women with similar lived experiences
- Gamification

Our aim for this user test is to evaluate how effective Pause is in providing the four pillars of support outlined in the persuasive system design model.

The tasks are delineated below in a step-by-step format. After each section, conduct a short semi-structured interview to gain insights on the participant's thoughts and feelings in regards to the task. We have outlined example questions to ask that directly relate to our aim.

Usability - Onboarding

☐ Fill out	your i	informa	ation
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Sample questions:

- How comfortable did you feel filling out the onboarding?
- Did you find it easy to fill out?

Scenario - Track Symptoms

Access the application through notification on home screen
Search for Period Spotting in search bar to search your currently logged symptoms left over from yesterday
'X' out of your search to return to the original list of three symptoms: Period Spotting , Headache , and Back Pains
Delete the symptom Period Spotting because you realised that you may have your period rather than just spotting. This will be useful knowledge later.
You have a major headache today. Worse than yesterday. Update your intensity level for Headache to Level 5 .
You are experiencing Fatigue and Cramps. Please add these symptoms to your log.
Log intensity for Fatigue to Level 2 .
Log intensity for Cramps to Level 1 .
As we mentioned, you realise you weren't spotting but rather you started your period/menstruation a few days ago. Uh oh, irregular periods are a hallmark of perimenopause. To track your menstrual patterns, please log the start of your cycle .
It began a few days ago so please click the date arrow back.
Log your period flow to Level 2

Sample questions:

- Do you think this would be easy to do every day?
- Do you feel that the notification was helpful?
- Did you feel supported by the app in achieving this task?

00000	Navigate to "For You" page in Explore tab Go to the Learn Tab Access Perimenopause Course 4 on "Nutrition and supplements for perimenopause" Watch the educational video and skim through the resource information. Navigate to the "Research" resources Record that you have completed the course. Congrats! Navigate to Your Garden Explore your virtual garden and Rewards page
Sample	questions:
•	Did the garden provide motivation for you to engage with the application? How credible and trustworthy was the information provided by the app? Did you feel the Explore page was personalised to you?
Scenar	io - Community feature
	Go to your Notifications You have a message! Click on ameliaaa's message to you Chat with ameliaaa. Once she responds, go to the community Discussion. You want to learn more about others who have Experience with early menopause, especially for middle-aged women Read the thread regarding this topic and submit a comment View the author of the thread's profile Message the author of the thread directly Right! You just chatted with her :) Go back to the discussion forum Write your own post and submit Go back to discussion, and filter to your posts to see your post
Sample	questions:
•	Did you feel that you trust this user's story? What would make it more or less credible? Did you enjoy being able to see the user's badges and levels in their profile? Would this motivate you? How safe and/or comfortable did you feel posting in the community page? How safe and/or comfortable did you feel directly messaging another user? How do you feel about having this sort of community interaction?
<u>Scenar</u>	<u>io - Insights</u>
	Navigate to Insights tab. Look at your " weekly " insights instead of "monthly". Look at your symptom insights for the symptoms " Headaches " only the past week.

 You can also look at more information on what your symptom score means by clicking the information icon
Add the activity "running" into your insights graph.
Export health data
Sample questions:
 Did the data visualisation help you understand your symptoms and what is going on in your body better? Did you find it useful? Do you know what you would do with this information?
<u>Usability - My profile</u>
☐ Navigate to "My Profile" icon ☐ Check your "Health record"
General Questions
Which screen(s) do you think are not intuitive to you, and why?
Name one thing you would like to change about the app (e.g., add or delete)?
Which feature of the app did you value the most? Why?
Any additional feedback

Appendix E: Information Sheet

UCL INTERACTION CENTRE

RESEARCH•CONSULTANCY•SEMINARS•COURSES



Information sheet

UCLIC Research Ethics Committee Approval ID Number:

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Title of Study: Designing an app for Human Factors for Digital Health

Department: UCLIC

Researcher(s): Monika Sikorska (<u>ucju172@ucl.ac.uk</u>) Arthur Chan (<u>ucjuchc@ucl.ac.uk</u>) Jade Lam (<u>cheuk.lam.22@ucl.ac.uk</u>) Ioanna Lazaridou (<u>ucjulaz@ucl.ac.uk</u>) Tianhui He (<u>tianhui.he.22@ucl.ac.uk</u>)

Jennifer Higa (jennifer.higa.22@ucl.ac.uk)

Principal Researcher: Aneesha Singh (aneesha.singh@ucl.ac.uk)

This study has been approved by the UCLIC Research Ethics Committee: Project ID number:

UCLIC 2023 002 Teaching HF4DH

1. Invitation Paragraph

You are being invited to take part in my user study. Before you decided it is important for you to understand why this study is being done and what participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

2. What is the project's purpose?

The aim of this project is to understand the user experience of an app designed to address a health condition. In this project specifically, we will be looking at perimenopause and long covid.

3. Why have I been chosen?

You have been invited to participate because you are:

- Aged 18 or over
- Able to communicate effectively in English, and do not consider yourself to be a vulnerable adult.
- Able to give informed consent.

4. Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. You can withdraw at any time without giving a reason. If you decide to withdraw you will be asked what you wish to happen to the data you have provided up that point. Note that it will not be possible to withdraw your data once the interview is completed as it will not be possible to identify the anonymised transcript.

5. What will happen to me if I take part?

You will be invited to participate in an interview, in which you will be invited to use a prototype app that has been designed to support an aspect of a health condition. In this case the app is for tracking perimenopause and long covid symptoms and providing health management advice to users experiencing symptoms related to these conditions. You will be asked questions during and after your use of the app. This study will take a maximum of 30 minutes. You will not be asked to download any app to your phone or create a user profile or register with your personal details.

6. Will I be recorded and how will the recorded media be used?

With your permission, the interview will be audio recorded. Transcriptions of the audio recording will be used for analysis. The audio recordings will be deleted once they have been transcribed and any identifying information will be removed during transcription. Anonymised transcripts will be shared with other members of my team so that we can improve the design of the app. Please note that despite the data being anonymous, we cannot guarantee that people cannot be recognized from quotes given the limited the size and type of participants (i.e., from the same module).

7. What are the possible disadvantages and risks of taking part?

No disadvantages or risks of taking part have been identified. In the unlikely event that participating causes you any distress, you are free to withdraw, and to discuss concerns with the researcher or the Principal Investigator.

8. What are the possible benefits of taking part?

While there are no immediate benefits to you from taking part, we hope that you will find the study interesting and that it will help you to reflect on how you find information.

9. What if something goes wrong?

If you have any concerns with the conduct of this study, please raise them in the first instance with Professor Aneesha Singh (aneesha.singh@ucl.ac.uk). If your concerns are not addressed to your satisfaction then you may contact the Chair of the UCL Research Ethics Committee – ethics@ucl.ac.uk

10. Will my taking part in this project be kept confidential?

All the information that we collect will be anonymised. You will not be identifiable in any ensuing report. However, please note that despite the data being anonymous, we cannot guarantee that people cannot be recognized from quotes given the limited the size and type of participants (i.e., from the same module).

11. What will happen to the results of the research project?

This study is for my Human Factors for Digital Health coursework, and the findings will be reported in my coursework report, and the reports of some of my fellow students.

16. Contact for further information

Contact details for me and my tutor are provided at the top of this sheet; feel free to contact either of us if you have queries or concerns.

Thank you for reading this information sheet and for considering taking part in this study.

User testing tasks

Ask participants to do the following user testing tasks based off the following user requirements:

UCL INTERACTION CENTRE

RESEARCH•CONSULTANCY•SEMINARS•COURSES



CONSENT FORM FOR QUALITATIVE STUDY IN INTERACTION SCIENCE

Please complete this form after reading the Information Sheet or listening to an explanation of the study.

Title of Study: Designing an app for Human Factors for Digital Health

Department: UCLIC

Researcher(s): Monika Sikorska (<u>ucju172@ucl.ac.uk</u>) Arthur Chan (<u>ucjuchc@ucl.ac.uk</u>) Jade Lam (<u>cheuk.lam.22@ucl.ac.uk</u>) <u>Lazaridou</u> (<u>ucjulaz@ucl.ac.uk</u>) <u>Tianhui</u> He (<u>tianhui.he.22@ucl.ac.uk</u>)

Jennifer Higa (iennifer.higa.22@ucl.ac.uk)

Principal Researcher: Angesha Singh (aneesha.singh@ucl.ac.uk)

This study has been approved by the UCLIC Research Ethics Committee: Project ID number:

UCLIC_2023_002_Teaching_HF4DH

Thank you for considering taking part in this study. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the student before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to.

I confirm that I understand that by ticking each box below I am consenting to this element of the study. I understand that unticked boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for certain elements, I may be deemed ineligible for the study.

щ,	not giving coi	isont for certain elements, i may be decined ineligible for the study.	
			Tick
	1.	I confirm that I have read and understood the Information Sheet for the above study. I	
		have had an opportunity to consider the information and what will be expected of me	ľ
		and to ask questions which have been answered to my satisfaction. I agree to take part	
		in an evaluation of the study, consisting of I agree to take part in an evaluation of the	
		study, consisting of a usability study, think aloud protocol and interview.	
	2.	I understand that data will be anonymised.	
	3.	I understand that all data gathered in this study will be stored anonymously and	
		securely. It will not be possible to identify me in the transcription or any report.	
	4.	I understand that my information may be subject to review by responsible individuals	
		from the University for monitoring and audit purposes.	
	5.	I understand the direct/indirect benefits of participating.	
	6.	I understand that I will not benefit financially from this study or from any possible	
		outcome it may result in in the future.	
	7.	I consent to my interview being audio recorded and understand that the recording will be	
		encrypted and stored securely, then destroyed following transcription.	
	8.	I confirm that I understand the inclusion criteria as detailed in the Information Sheet and	
		explained to me by the researcher and that I fall under the inclusion criteria.	
	9.	I am aware of who I should contact if I wish to lodge a complaint.	

Please give verbal confirmation that you consent to participate.

Appendix G: Table of features mapped onto heuristics from the heuristic evaluation

Heuristic	Issues Identified	Severity	Redesign Solutions	Features Users Value
Visibility of system status	After a user finished a task, they were not notified through a pop-up regarding the completion of the task and the points earned. The text was not always legible and easy to read.	2	Implemented pop-up notifications to inform users of task completion and the corresponding points earned (Figure 25.1), while also increasing the font size for improved readability.	The progress bar incorporated into the onboarding process assists users in comprehending the total number of steps involved.
Match between system and real world	n/a	n/a	n/a	The commonly recognized icons and terminology are easily comprehensible.
Jser control and freedom	Issue with the log symptoms form, users were unable to exit the form without saving symptoms. The data were saved automatically, leaving them with no option to exit. Buttons' size was small and not always easy to click on.	4	A back button has been added to each screen for better navigation, and a "Done" button has been placed at the top right corner of forms to allow users to easily save their data after logging in (Figure 22.2). Additionally, the buttons' size has been increased to improve usability.	The option to post anonymously gives users more control over their interactions.
Consistency and standards	The cancel buttons lack consistency, with some placed on the left and others on the right. Certain pop-ups feature a cancel button, while others present a back button.	n/a	Ensure consistency in the placement of the 'Back' and 'Cancel' buttons throughout the screens.	Consistency in tabs, headings, colours and texts.
rror Prevention	User accidentally deleted a symptom. There was no friction when exiting screens without saving.	5	Implemented confirmation dialog (Figure 22.3).	n/a

Heuristic	Issues Identified	Severity	Redesign Solutions	Features Users Value
Recognition rather than recall	Users had difficulty locating their rewards and badges, which were located in their profile.	5	Added a rewards screen to the footer for convenient accessibility (Figure 25.2).	Clear and concise headings for screens and sections within the app, accompanied by easily recognizable icons for optimal usability.
Flexibility and efficiency of use	n/a	n/a	n/a	Flexibility to choose which symptoms/ activities to track, enabling customisation of the info displayed when monitoring symptoms. Search bar allows for quick location of the necessary information.
Aesthetic and minimalist design	n/a	n/a	n/a	Colour palette, design and visual cues help users easily complete tasks.
Help users recognize, diagnose, and recover from errors	n/a	n/a	n/a	n/a
Help and documentation	Users have expressed a need to be informed about the meaning of symptom score, perimenopause score, and long-covid score.	4	Made the information button more intuitive to find (<i>Figure 23.1</i>).	FAQ section, research papers/podcasts for courses to better support what and why PAUSE suggests to users. Users appreciated the app-walkthrough option on the onboarding process.

Appendix H: Table of the user testing findings and resulting redesign

Screen	Design Feature	Feedback / Issue detected	Redesign
Log Data	Deleting symptom	Swipe right to delete action was not intuitive to participants	Users can swipe left to delete symptom (Figure 22.1)
	Adding symptom	'+' button to add symptom was hard to click	Users can add symptom by clicking on the symptom bar (Figure 22.2)
	Exit 'log symptom' page without clicking save	No feedback was provided in regards to whether symptoms were logged or not	Pop-up informing users that no data will be logged if they choose to exit (Figure 22.3)
Explore	Rewards garden	Users found it redundant and gimmicky	Need future studies to evaluate a more effective rewards system
Insights	Filtering items under insights graph	Buttons were too small to click	Increased button sizes (Figure 23.1,
	Learning information about insight scores	Participants struggle to find related information on insight scores	Made information button more intuitive and visible (<i>Figure 23.1</i>)
	Log data through insights page	Lacks 'log symptom' button for users to easily navigate to 'log data screen'	Added 'Log Symptoms' button (Figure 23.1)
Connect	Username displayed on discussion forum	Participants desired full anonymity for all users	Anonymised username (Figure 24.1)
	Direct message	Some participants wanted to be reached out by 'friends' only on direct message (DM)	Added privacy settings where users can choose only 'friends' for DMs (Figure 24.2)
	Badges on user profile	Participants were unsure of the significance of each badge on other users' profiles.	Added text to explain badges and increase a11y (Figure 24.2)
All	N/A	Texts were too small to read	Increased font sizes for all screens
	Pop up windows	Inconsistent 'Back' and 'Save' buttons	Uniform 'Back' and 'Save' buttons