Modified Enlight Suite

Start of Block: Welcome to Modified Enlight Tool

Introduction

Information sheet

Background: My name is Tan Yong Yu and I am a 4th year medical student in University College Cork.

Purpose of the Study: I am undertaking a research study entitled “An Evaluation of the Modified Enlight Suite (MES) in High, Low & Middle Income Country settings: A Mixed Methods Approach”. This project is being supervised by Dr John O’ Donoghue and Dr Patrick Henn from the Assert Centre in UCC.

What will the study involve? There are four phases to this project. 
Phase I involved a rapid review of the literature to identify current methodologies which can be used for mHealth app evaluation. 
Phase II employed Delphi study techniques to modify the Enlight Tool (an mHealth app evaluation tool) to increase its relevance for evaluating mHealth apps in low and middle-income settings.
Phase III involve conducting a focus group session after analysing the survey data of the modified Enlight tool in Mzuzu University, Malawi, University of Fort Hare’s, South Africa and University College Cork, Ireland.
Phase IV of the project will involve reliability testing of the modified Enlight tool in an mHealth app. Mean responses to each question and the distribution of spread of each answer will be assessed to identify whether each question in the tool is reliable.

Why have you been asked to take part? You have been asked to participate in this study as you are an healthcare professional or healthcare student and likely to use mHealth apps in daily practice. Participation is voluntary. If one wishes to withdraw from the study or discontinue after the data has been collected, they may freely do so. Please note: Your responses will be kept confidential.
What will happen to the information which you give? The information which you provide will be kept in a confidential manner and retained on a password encrypted computer along with the UCC NAS server. Data will be analyzed to identify the reliability of each question.

What will happen to the results? The results will be presented in thesis form. They will be seen by my supervisors (Dr. John O’ Donoghue & Dr. Patrick Henn), a second marker and the external examiner. The thesis may be read by and shared with future students. A presentation based on my study will be made to the School of Medicine in University College Cork and Malawian Ministry of Health. The study may be published in a research journal in the future.

What are the possible disadvantages of taking part? I don’t envisage any negative consequences for you in taking part.

Should you encounter any issues please feel free to contact the following contact points:

Ireland: Tan Yong Yu, 118104027@umail.ucc.ie
Malawi: Dr Griphin Baxter Chirambo gbchirambo@yahoo.co.uk
South Africa: Professor Liezel Cilliers LCilliers@ufh.ac.za

What if there is a problem? One can withdraw from the study even after signing the consent form.

By clicking "Next" you are providing informed consent to participate.
<table>
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<tr>
<th>Eligibility Criteria</th>
<th>Yes (1)</th>
<th>No (2)</th>
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<td>Do you have access to a working smartphone for the entire duration of the study? (1)</td>
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<td>Do you have at least 1 year of practical / clinical / professional experience? (2)</td>
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<td>Are you comfortable in operating in an English base mobile App? (3)</td>
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<td>Are you fluent in written and spoken English? (4)</td>
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<td>Does your working smartphone have the available capacity to download a specific mHealth app available in your country (5)</td>
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Introduction **Participant Information**
Your Participation is voluntary and you can withdraw at any time.
If you agree to participate, you will be asked to click a number on boxes indicating that you
aware of how your data will be used and stored.

**Will my information be kept confidential?** Yes. All information gather during this study will be
anonymous and cannot be linked to you. Only the researchers / statisticians will be able to
access the data.

**What will happen to the information I give?** The data will be kept confidential for the duration
of the study. It will be securely stored as a password-protected, encrypted computer file. On
completion, the data will be retained for a minimum of 10 years on UCC Microsoft OneDrive
folder securely and then destroyed.

**What will happen to the results?** The study will be submitted for publication in a peer-
reviewed medical/scientific journal.

**What are the possible disadvantages of taking part?** The research is simply to answer a
small number of questions on mHealth Apps. I don’t envisage any negative consequences for
you in taking part. Should you encounter any issues please feel free to contact your local
representative:

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Malawi: Dr Griphina Baxter Chirambo gbchirambo@yahoo.co.uk
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Who has reviewed this study? Approval has been given by the UCC Social Research Ethics
Committee.
Confirmation Please answer the following to understand how your data will be stored and collected.

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<thead>
<tr>
<th>Statement</th>
<th>Click to confirm (1)</th>
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<tr>
<td>I understand that my data will be collected and stored anonymously (1)</td>
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<td>I understand that I can withdraw at any time leaving this page (2)</td>
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<td>I understand that I can ask for my data to be withdrawn within 2 weeks of completing the study by emailing my local clinical lead. (3)</td>
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Page Break
Content
Before starting, please download & familiarise yourself with the mHealth app.

This survey is broken into 8 sections which are;
1) Demographics (5 questions)
2) Usability (7 questions)
3) Visual Design (3 questions)
4) User Engagement (5 questions)
5) Content (5 questions)
6) Therapeutic Persuasiveness (6 questions)
7) Therapeutic Alliance (3 questions)
8) General Subjective Evaluation (3 questions)

Should you experience any difficulties during the survey or have any additional questions, please do not hesitate to contact your local clinical lead:

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Many thanks for your participation.

End of Block: Welcome to Modified Enlight Tool

Start of Block: Demographics

Demographics Demographics (5 Questions)

[Section 1/8]
Q1 What age range do you fall into?
- 18-24 (1)
- 25-34 (2)
- 35-44 (3)
- 45-54 (4)
- 55-64 (5)
- 65+ (6)

Q2 Which race/ethnicity best describes you? (Please choose only one)
- American Indian or Alaskan Native (1)
- Asian / Pacific Islander (2)
- Black or African American (3)
- Hispanic (4)
- White / Caucasian (5)
- Multiple ethnicity / Others (please specify) (6)

Q3 Are you a healthcare student or healthcare professional
- Healthcare Student (1)
- Healthcare Professional (2)
Q4 Have you used the app before? *Note: please familiarise yourself with the app before proceeding with the survey.*

- Yes (1)
- No (2)

Q5 How many mHealth (mobile health) apps have you used as part of your work this year?

________________________________________________________________

Page Break
Usability Usability (7 Questions)

Assesses the ease of learning how to use the app and the ease of utilizing it properly.

Note: Slow speed of operation should be reflected in all items.

[Section 2/8]

Q6 Navigation. Is it easy/natural/intuitive to navigate through the app?
Note: Pay attention to how easy it is to (a) move from one location to another (if needed), and (b) move backwards.

- Very poor. It is very difficult to move from one place to another. Many features are, therefore, not easily accessible when needed. (1)
- Poor. It is difficult to move from one place to another, making some features somewhat hard to reach when needed. (2)
- Fair. Navigation is okay, but not smooth. (3)
- Good. It is simple/natural to navigate through the app flow (but not ideal). (4)
- Very good. It is very clear how to navigate through the app and to access every desired / relevant location when needed. (5)
Q7

**Learnability.** How easy is it to learn how to use the app at first? Is it self-explanatory/intuitive?

Note: Consider complexity. Some apps are very complex and so might only score a maximum of 4.

- Very poor. It takes too much time to learn how to use the app. (1)
- Poor. It takes a considerable amount of time to learn how to use the app. Only highly motivated users will take the time to learn it OR supplementary support is needed. (2)
- Fair. Users can learn how to use the app without additional support. Only a few of the important features require a considerable amount of time to learn. (3)
- Good. Learning to use the app is easy (but not ideal). Appropriate explanations appear if needed. None of the important features require a considerable amount of time to learn. (4)
- Very good. Learning to use the app is very easy, natural, and intuitive. (5)

Q8 **Ease of Use.** How easy is it to use the app? Does the user need to exert minimal effort to activate the desired features?

- Very poor. The user has to exert a lot of effort that would have been unnecessary had the app been better designed. (1)
- Poor. Utilizing key parts of the app demands effort from the end user. (2)
- Fair. Utilizing some parts of the app demands effort from the end user. (3)
- Good. Utilization could have been made more effortless by better designing one (not major) feature. (4)
- Very good. The design best minimizes the effort required from the user. (5)
Q9 **Timeliness.** How accurately/fast do the app features (functions) and components (buttons/menus) work?

- Very Poor. App is broken; no/insufficient/inaccurate response (e.g. crashes/bugs/broken features, etc.) (1)
- Poor. Some functions work, but lagging or contains major technical problems (2)
- Fair. App works overall. Some technical problems need fixing, or is slow at times (3)
- Good. Mostly functional with minor/negligible problems (4)
- Very Good. Perfect/timely response; no technical bugs found, or contains a ‘loading time left’ indicator (if relevant) (5)

Q10 **Errors:** Were errors (such as stalling, crashing, failing to save information or app connectivity issues) encountered whilst using the app?

- Very Poor. A couple of major errors were encountered. As a result it is highly likely that the app would be deleted. (1)
- Poor. A couple of minor errors (e.g. 3) were encountered. Only highly motivated users would likely continue to use the app. (2)
- Fair. Some minor errors (e.g. 3)
- Good. Very few minor errors (e.g. 1) were encountered. This error does not have a significant impact on the use of the app. (4)
- Very Good. No errors were encountered. (5)
Q11 Understandability. To what degree would the average person be able to understand the information contained within this app?

- Very poor. The information within this app is written in an excessively difficult manner - Medical Jargon is evident. (1)
- Poor. Some medical jargon is present. (2)
- Fair. The information within the app is relatively easy to comprehend, however a certain degree of doubt is present. (3)
- Good. Most of the Information within this app is readily understandable to the average user. (4)
- Very Good. Information within this app is explained in everyday terms - All information within this app would be understood by the average user. (5)

Q12 Access. Are you guaranteed access to the app at any time?

- Very Poor. The app does not facilitate an offline mode. (1)
- Poor. The app does facilitate an offline mode, albeit with extremely limited functionalities. (2)
- Fair. The app does facilitate an offline mode, albeit with limited functionalities. (3)
- Good. Comprehensive features are available in offline mode. Manual syncing only. (4)
- Very Good. Comprehensive features are available in offline mode. Syncing occurs automatically when back online. (5)
Visual Design **Visual Design (3 Questions)**

*Assess the look and feel of the APP, and it's visual quality*

[Section 3/8]

Q13 **Aesthetics.** Is the interface design of the app attractive and appealing to its target audience? Does the app have a harmonious look and feel (including colors and fonts)?

- Not attractive at all. The choice of colors/fonts/background is very poor. (1)
- Not attractive. The choice of colors/fonts/background does not make sense; however, some things are still adequately designed. (2)
- Fair. The interface design makes some sense, but it is not attractive. (3)
- Attractive. Most parts of the interface design are attractive but could be improved. (4)
- Very attractive. The interface design is well thought-out, and the app has a harmonious look and feel. (5)
Q14 **Layout.** Does the app appear well-organized? Relate to: structure (e.g., pattern, consistency); how well it displays (only necessary) elements on screen; and whether important information is clear and stands out.

- **Very poor.** The basic layout is completely wrong and disorganized. Frames don’t fit the screen, and important parts are not featured. (1)

- **Poor.** The basic layout is poor and disorganized, but some aspects are adequate. (2)

- **Fair.** For the most part, relevant elements appear on the screen and more important aspects are featured. However, there are still some issues with the app’s structure and organization. (3)

- **Good.** In addition to ensuring the relevance and salience of key aspects, the app is also structured and organized. (4)

- **Very good.** The app is very well structured and organized. Elements are displayed appropriately. (5)

Q15 **Size.** Are the sizes of fonts/buttons/menus appropriate (for the target audience)? Can the size be changed if needed?

- **Very poor.** All fonts/features are inappropriately sized. Things do not fit the screen (navigation / scrolling is needed) for no apparent reason. (1)

- **Poor.** The main fonts/features are inappropriately sized. (2)

- **Fair.** There is at least one key place where the size is wrong. (3)

- **Good.** Most of the fonts/buttons/menus are appropriately sized, but there is at least one place where the size is wrong. (4)

- **Very good.** All fonts/buttons/menus are appropriately sized and well thought-out. (5)
User Engagement **User Engagament (5 Questions)**

Assesses the extent to which App’s design attract users to utilize it

[Section 4/8]

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Q16 **Content Presentation.** Is the content presented in an engaging/interesting way (e.g., contains the right mix of video/audio/text/graphics)?

- Very poor. The content is poorly presented throughout. For example, there is often text where narration would be more appropriate. (1)
- Poor. For the most part, the content is presented poorly, but some areas of presentation are adequate. (2)
- Fair. Some major areas are presented appropriately (e.g., via text or audio), but better ways to present the content are still needed. (3)
- Good. Content is delivered through an appropriate combination of features, but could be improved. (4)
- Very good. The content is presented in an engaging/interesting way. (5)
Q17 Interactive. Does the app include high-quality interactive features (which enable user input and reaction)?

- Very poor. There are no interactive features. (1)
- Poor. There are few interactive features, or the interactive features are of poor quality. (2)
- Fair. There are interactive features, but they are of mediocre quality. (3)
- Good. The app presents a good interactive experience (but there is room for improvement). (4)
- Very good. The app presents a high-quality interactive experience. (5)
- N/A – The app is not (highly) interactive, and so this is not an appropriate way to examine such a program, for example, a trigger-based intervention. (6)

Q18 Not Irritating. Does the app avoid irritation in the user’s experience (e.g., by controlling notifications/alerts/sounds or avoiding irritating colors/fonts/sounds/expressions)? Note: Consider pop-up advertisements.

- Very poor. It is annoying and irritating to utilize the app. (1)
- Poor. Some of the app’s key features are irritating. (2)
- Fair. There are some irritating features. (3)
- Good. For the most part, the app is not irritating, and users are able to modify any irritating aspects. (4)
- Very good. The app is not at all irritating, and, if relevant, users are given the opportunity to control potentially irritating aspects at the outset in order to avoid an irritating experience. (5)
- N/A – The app is not irritating, and this is not an appropriate way to examine such a program. For example, an app is very lean (e.g., absent of reminders that it should have) and therefore does not have the potential to be irritating (i.e., giving it a high score would inappropriately skew the results). (6)
Q19 **Targeted/Tailored/Personalized.** Are the features tailored to the usage context of the target group? If necessary, does the app enable the customization/personalization (e.g., personalized goals/action items, online diary that maintains personal notes, choice of which content to receive)?

- **Very poor.** The app does not have any targeted/tailored/personalized features.  (1)
- **Poor.** The app includes a few targeted/tailored/personalized features.  (2)
- **Fair.** The app incorporates a fair amount of targeting/tailoring/personalization.  (3)
- **Good.** The app mostly provides a tailored/personalized experience based on users’ needs.  (4)
- **Very good.** The app is very well designed in terms of offering the user a targeted/tailored/personalized experience.  (5)

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Q20 **Captivating.** Does utilizing the app engage the user’s curiosity and interest (i.e., attract users to use it as needed)?

- **Very poor.** The app is extremely boring and not desirable to use.  (1)
- **Poor.** For the most part, the app features are boring, but there are some positives.  (2)
- **Fair.** The app is neither boring, nor captivating.  (3)
- **Good.** The app is interesting to use.  (4)
- **Very good.** The app is highly attractive and engages the user’s curiosity, excitement, and interest.  (5)
Content **Content (5 Questions)**

Assesses the content provided or learned while using the app.

*Note: As features (e.g. games) are a way of delivering information, the content conveyed within them should be examined.*

[Section 5/8]

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Q21 **Evidence-Based Content.** Is the information provided accurate? Are there evidence-based techniques relevant for achieving the desired clinical aim of the app?

- Very poor. The features/content do not reflect any evidence-based principles in this field.
  (1)

- Poor. The presentation of evidence-based techniques is sparse OR the app content is not very accurate.  (2)

- Fair. There is some presentation of evidence-based techniques, and the content is mostly accurate.  (3)

- Good. The app content is accurate and reflects evidence-based techniques (but is still not ideal).  (4)

- Very good. The app content is accurate and based on sound evidence-based principles relevant to the clinical aim.  (5)
Q22 **Quality of Information Provision.** Is the information provided clearly for the target audience? Note: Users’ age and cognitive and emotional abilities should be taken into account.

- Very poor. None of the information is provided clearly for the target audience. (1)
- Poor. Some of the information is provided clearly. (2)
- Fair. The information is provided in a clear way but could be better. (3)
- Good. The information is provided clearly for the target audience, but still not ideal. (4)
- Very good. The information is provided in the most-clear way possible for the target audience. (5)

Q23 **Complete and Concise.** Is there sufficient information throughout the app without any omissions, over-explanations, or irrelevant data?

- Very poor. There is too much content that does not allow the user to grasp the relevant information, OR there is almost no content. (1)
- Poor. There is a great deal of content that interferes with the relevant information, OR the content is sparse. (2)
- Fair. There is some superfluous information, OR there are some omissions. (3)
- Good. The information is complete, but not concise enough, OR the information is concise, but not entirely complete. (4)
- Very good. The content is as complete and concise as it can be. (5)
Q24 **Clarity about the app's purpose.** Is there sufficient and accurate information about the target audience, the clinical aim (e.g., potential outcomes), and appropriate ways to utilize the app (e.g., adjunct, standalone)? Notes: Includes who should not use it; could be described in distribution channels such as app stores.

- Very poor. There is no information at all about the app's purpose. / Information is either inappropriate or inaccurate. (1)
- Poor. There is little information or poor accuracy. (2)
- Fair. There are some explanations as to the app's purpose, however these are often insufficient. (3)
- Good. The app explains who should use the program, what its purpose is, and how it should be utilized, but some information is still lacking. (4)
- Very good. The app provides a thorough explanation of who should use the program, what its purpose is, and how it should be utilized. (5)

Q25 **Cultural appropriateness:** Does the app convey a message in a manner appropriate for its target audience? Note: Users age, Cognitive and Emotional Abilities should be taken into account.

- Very Poor. None of the information is appropriate for the apps target audience. A cultural match is not evident. (1)
- Poor. Some of the information is appropriate for its target audience. Some images / examples are not be suitable. (2)
- Fair. The information within the app could be more appropriate for its target audience. A fair degree of cultural match is evident. (3)
- Good. The information within the app is appropriate for its target audience, but not still ideal. Some images / examples could be improved. (4)
- Very Good. The information within the app is appropriate for its target audience. (5)
Therapeutic Persuade

Therapeutic Persuasiveness (6 Questions)

Assesses the extent to which the app is designed to encourage users to make positive behavior changes OR to maintain positive aspects of their life.

Note: Factors of social support (e.g., influence, facilitation, cooperation, recognition) should be taken into account while rating.

[Section 6/8]

Q26
Call to Action. Does the app easily set up measurable and relevant therapeutic activities and inspire/encourage/motivate users to complete them?
Notes: Includes sending out prompts if appropriate; does the user have to take part in the goal setting for the desired action(s) to be relevant/agreeable in this app? If so, rate accordingly.

- Very Poor. Action items are vague, implied, hidden, or non-existent. (1)
- Poor. Some action items exist, but the app doesn't motivate users at all. (2)
- Fair. There are some relevant/targeted action items, and there is some degree of inspiration/encouragement/motivation. (3)
- Good. For the most part, there are relevant/targeted action items and the app stimulates/inspires/motivates users to meet their goals. (4)
- Very good. The desired therapeutic activities are well targeted, and the app clearly stimulates/inspires/motivates users to complete the activities. (5)
Q27 Therapeutic Rationale and Pathway. Is the therapeutic pathway clear? Is it clear how working through each action item provided by the app should lead to the desired therapeutic outcome(s)? Note: This should also be considered from the user’s perspective.

- Very poor. Users are asked to engage in activities without the therapeutic pathway being defined. The relationship between the activities and the desired outcome does not make sense. (1)

- Poor. While the relationship between the activities and therapeutic progress is understood, it is not clear how the app design and the way the action items are provided should lead to the desired therapeutic outcome. (2)

- Fair. It is somewhat clear how the app design and the way the action items are provided should lead to the desired therapeutic outcome. (3)

- Good. It is clear how the App design and the way the action items are provided should lead to the desired therapeutic outcome (but still not ideal). (4)

- Very good. It is very clear how the app design and the way the action items are provided should lead to the desired therapeutic outcome. (5)

Q28 Rewards. Does the app recognize desirable achievements and provide appropriate recognition?

Note: This includes documentation of "therapeutic investments," i.e., beneficial work done by the user that is documented in the app in a way that makes users want to stay committed to this pathway (e.g., acquiring points/badges for beneficial activities and showing them on a community board).

- Very poor. The app does not reward users at all. (1)

- Poor. The app uses rewards sparsely/inappropriately. (2)

- Fair. The frequency/appropriateness of rewards is only average. (3)

- Good. The app pays attention to desirable achievements. There are rewards most of the time, but they are not ideal (e.g., the same rewards are used all the time, too many rewards, or rewards not creative/accurate enough). (4)

- Very good. The app does a very good job acknowledging when users reach desirable achievements and rewarding them appropriately/creatively/accurately. (5)
Q29 Real Data-Driven/Adaptive Content. Is the app content influenced by the end user’s state and/or achievements? Examples: Content becomes available when the user is ready (i.e., has made appropriate progress); app content changes based on the user’s real behaviour/success/failures. Note: The user’s state does not have to rely on self-assessment; other methods could include passive sensing and clinicians’ input.

- Very poor. The user’s progress is not monitored, and content is available regardless of the user’s state. (1)
- Poor. The user’s progress is not well monitored, and content mostly disregards the user’s state. (2)
- Fair. The user’s progress is monitored but not in a way that has a strong impact on app content, OR the app is adaptive, but not based on an accurate evaluation of the user’s state. (3)
- Good. The app appropriately monitors the user’s state and relies somewhat on the user’s progress to determine content. (4)
- Very good. The app adapts well to the user’s state/progress by changing its available content accordingly. (5)

Q30 Ongoing Feedback. Does the app provide appropriate ongoing feedback on the user’s state?

- Very poor. The app does not provide any feedback. (1)
- Poor. The app provides minimal feedback, for example, only after enrolment and taking baseline measurements. (2)
- Fair. Feedback is embedded within the app (e.g., graphs of outcome measures, calorie intake), but not in a way that provides users with a good understanding of their state. (3)
- Good. Feedback is embedded within the app, mainly in a way that provides users with an understanding of their state (e.g., via clear verbal explanation). (4)
- Very good. Feedback is embedded within the app with salient, accurate, and appropriate regard to the user’s current state. (5)
Q31 **Expectations and Relevance.** Does the app convincingly advocate for intervention’s relevance, and explain the intervention framework and the general expectations of the user? Note: Advocating entails relating to one’s own state, difficulties in making/sustaining a change, motivation and consequences for using it.

- Very poor. There is no explanation of the app’s relevance and its expectations of the user. (1)
- Poor. The app offers only limited explanation of its relevance and expectations of the user. (2)
- Fair. The app offers an adequate explanation of its relevance and expectations of the user. (3)
- Good. The app advocates for its relevance, and explains the framework and general expectations appropriately (but it could be improved). (4)
- Very good. The app effectively advocates for its relevance, and explains the framework and general expectations. (5)
- N/A – The app does not explain its expectations/relevance, but this is not an appropriate way to examine such a program. For example, the targeting of an App makes it irrelevant to set up expectations. (6)
Therapeutic Alliance

Therapeutic Alliance (3 Questions)

Assesses the ability of the app to create an alliance with the user in order to effect a beneficial change.

Note: Factors of social support (e.g., influence, facilitation, cooperation, recognition) should be taken into account while rating.

[Section 7/8]

Q32

Acceptance and Support. Does the app make an effort to show that it understands and empathizes with the user; genuinely cares for the user; and relates to the user in a positive fashion?

Note: The app is not a person so this should be done appropriately within the limits of the medium.

- Very poor. There is no positive regard for OR effort to understand the user’s perspective. (1)
- Poor. There is only a minimal gesture to demonstrate understanding/caring for the user’s perspective. (2)
- Fair. In general, there is positive regard and care for the user (some degree of outreach is needed to receive 3). (3)
- Good. The app is designed to provide users with feelings of basic acceptance and support. (4)
- Very good. The app proactively shows users that they are accepted and supported as a salient aspect of the App. (5)
Q33 Positive Therapeutic Expectations. Does the app encourage users to expect beneficial outcomes from utilizing the program and to rely upon it in the medical context? Note: Consider how well the app instills confidence in users that they are in “good hands” (projecting trustworthiness and professionalism through tone, narrative, convincing presentation, reliable “look and feel”, and meeting people’s exact needs at the right time).

- Very poor. The app does not instil confidence in users that they will benefit from the program. No professionalism/trustworthiness is conveyed. (1)
- Poor. The app instills minimal confidence in the user and conveys limited professionalism/trustworthiness. (2)
- Fair. The app instills some confidence in the user and conveys some professionalism/trustworthiness. (3)
- Good. The app instills a good degree of confidence in the user and conveys a good degree of professionalism/trustworthiness, but something is still missing. (4)
- Very good. The app effectively instills confidence in users that they will benefit from the program through professionalism and trustworthiness. (5)
Q34 Relatability. Does the app offer a good representation of a human factor that is easily relatable within the therapeutic context/process? Examples include a professional who directs the user throughout the program; a peer who was in a similar situation and is now better (e.g., fitness); a vivid virtual character who leads the user; a community of people working together for change. Notes: A community of people NOT “working” to positively support each other does not count; even text messages could create such projections through language, sender’s identity, and responsiveness.

- Very poor. There is no relatable human factor.  
- Poor. Some representation of a human factor exists, but it is not really therapeutic or easily relatable.  
- Fair. There is a representation of a positive human factor, but no effort is made to communicate with the user on a personal level. The human factor seems somewhat distant from the user.  
- Good. There is a representation of a human factor that users can relate to throughout the therapeutic process. However, users might not be able to relate to this factor in an ideal way.  
- Very good. The representation of a human factor is salient throughout the therapeutic process; for example, users are potentially able to become really familiar with this human factor (e.g., professional character) or feel they are part of a community.

General Evaluation

General Subjectives Evaluation of the app's Potential (3 Questions)

Examines the app’s general potential to benefit its target audience based on rater’s subjective evaluation. Question Title

[Section 8/8]
Q35 **Appropriate Features to Meet the Clinical Aim.** Are the apps features sufficient enough to meet its potential therapeutic goals?

- Not at all. (1)
- Mostly not. (2)
- To some extent. (3)
- Appropriate. (4)
- Very appropriate. (5)

Q36 **Right Mix of Ability and Motivation.** Is the target audience able and motivated to utilize the app as much as needed to reach the potential therapeutic aim?

Note: A change is created when people are able and motivated enough to make the change. If the change is easy, motivation doesn’t have to be as high, and vice versa.

- Not the right mix at all. (1)
- Mostly not the right mix. (2)
- To some extent. (3)
- Good mix. (4)
- Excellent mix. (5)
Q37 I like the app.

- Do not like it at all. (1)
- Do not really like it. (2)
- Like it to some extent (3)
- Like the app. (4)
- Like the app very much. (5)

End of Block: Demographics