**Slide 2:**

How do you feel about COVID-19?

Based on a study conducted by Mental Health America, when COVID-19 emerged as a clear and present public health threat, [most people felt the same range of emotions](https://www.mhanational.org/blog/it-imperative-act-swiftly-mitigate-effects-covid-19-mental-health). Maybe you feel bored, lonely, or even irritated at times.

**Slide 5:**

From the point of the first conducted study to understand user needs, it was evident that interviewing healthcare experts and general public yielded in multiple different desired functionalities. Hence, since the app was supposed to be built around the general public’s needs, we filtered out important attributes that were in consensus and had to be addressed. This allowed us to prioritize requirements and arrive at a defined MVP that would not go beyond to a scope creep.

**Slide 7:**

Whilst creating a prototype, to ensure that the design was meeting the needs of our users, the team first sketched a low-fidelity prototype.

Low-fidelity annotations allowed for a greater understanding of interactions.

Using Balsamic, a high-fidelity, semi-functioning prototype was created. This was presented to the class and received feedback. The feedback, in turn, allowed us to adjust the designs as part of the rapid prototyping cycle.

**Slide 8:**

Combination of new users and users that took part in previous research study proved to clarify different UX patterns. Helped us to come up with useful information to put on the dashboard page.

**Slide 11:**

As pointed out in the prototype demonstration, naming conventions were adjusted to better suit the description of the app and its contents. Additionally, it was prevalent from the user testing that functional features such as back buttons, various colors, and visual representations were missing. These were accordingly added.