

FYP Pre-Survey Form

London MET ID: 23056662

Student Name: Jesika Raut

Project Title: Smart AI Period Tracker

Description: The purpose of this survey is to collect user insights related to menstrual health tracking and digital healthcare support. The findings will contribute to the design of the FemiCare system as part of an academic project.

1. Have you ever used a period or cycle-tracking app before?

- ☐ Yes
- ☐ No

2. How do you currently keep track of your period?

- ☐ Using an app
- ☐ Writing a Notebook
- ☐ I don't track
- ☐ Other:

3. How important is it for you to know your upcoming period dates correctly?

- ☐ 1 (Not Important)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 (Very Important)

3. What do you want to know more about your body or cycle?

- ☐ Mood Changes
- ☐ Cramps or Symptoms
- ☐ Sleep or Stress
- ☐ Food/Heath Tips

4. How often do you experience severe period pain (cramps)?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Every Cycle

5. How comfortable are you sharing your health information with an app kept safe?

- ☐ 1 (Not Comfortable)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 (Very Comfortable)

6. How helpful would daily tips about your body be for you?

- ☐ 1 (Not Helpful)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 (Very Helpful)

7. How confident are you about your menstrual hygiene practices?

- ☐ 1 (Not Confident)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 (Very Confident)

8. Did you receive proper period education when growing up?

- ☐ Yes, From School
- ☐ Yes, From Family
- ☐ Yes, From Online Resources
- ☐ No

9. Are you aware of early warning signs of a menstrual disorder?

- ☐ Yes
- ☐ No
- ☐ Somewhat

10. Have you ever consulted a gynecologist for menstrual issues?

- ☐ Yes
- ☐ No
- ☐ I want to but haven't

11. What stops you from seeking medical advice?

- ☐ Too Expensive
- ☐ Lack of Awareness
- ☐ Lack of Time
- ☐ Shyness/Stigma
- ☐ No access to doctors
- ☐ I don't feel it's necessary

12. Would you like to chat with a doctor directly through the app?

- ☐ Yes
- ☐ No
- ☐ Maybe

13. What type of consultation do you prefer?

- ☐ Live Chat
- ☐ Video Chat
- ☐ Audio Call
- ☐ Prescription-Only
- ☐ Health advice and lifestyle suggestions

14. Do you have any additional comments, suggestions, or feedback you would like to share with us?

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Participant Details & Signature

Name _____

Contact _____

Address _____

Date ____ / ____ / ____

Signature _____