Software Development – User Interface Mock-Ups for Depression Study

|  |  |  |
| --- | --- | --- |
| **MOCK-UP OF DEPRESSION INTRO PAGE** | | |
|  | | |
|  | | |
| **MyPreferences** | | |
|  |  |  |
| **[INSERT LOGO HERE?]** | | |
|  | **a** |  |
|  | **BEGIN SURVEY** |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MOCK-UP OF DEPRESSION INSTRUCTIONS** | | | | |
| **INSTRUCTIONS:**  This survey is interested in what YOU would be most willing to accept as part of YOUR treatment. We are asking you how you would feel if you were offered a treatment for depression that has certain characteristics, side effects, or problems.  For example, although medications are often helpful, they can also have side effects that you might not enjoy. Therapy may also be helpful but it requires a commitment of time, might involve homework assignments, and often involves discussion of personal things in your life. | | | | |
|  | 🡨 **BACK** |  | **NEXT** 🡪 |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MOCK-UP OF DEPRESSION BEST-WORST SURVEY** | | | | | | | | | | |
| Choose the characteristic below that you would be **MOST** willing to accept and the characteristic that you would be **LEAST** willing to accept as part of your treatment. | | | | | | | | | | |
| Please select one of each in the boxes below: | | | | | | | | | | |
|  |  | | | |  | |  |  | |  |
|  |  | | | | | **MOST** |  | **LEAST** | |  |
|  | Therapy that involves regularly meeting with a therapist | | | | |  |  |  | |  |
|  |  |
|  | Medication that causes headaches | | | | |  |  |  | |  |
|  |  |
|  | Therapy that ends after several months | | | | | ✔ |  |  | |  |
|  |  |
|  | Medication that causes seizures | | | | |  |  | **X** | |  |
|  |  |
|  |  | | | |  | |  |  | |  |
|  |  | | | |  | |  |  | |  |
|  | **[ 1 / 13 ]** | | | | | | | | |  |
|  |  | | | |  | |  |  | |  |
|  | |  |  |  | | | | |  | |
|  | | 🡨 **BACK** |  | **NEXT** 🡪 | | | | |  | |
|  | |  |  |  | | | | |  | |

\*Only one option should be possible for “Most” and “Least”

\*Patients should not be able to click “next” until they have selected a “Most” and “Least” desired attribute.

\*Include option to enlarge/zoom in on text, if possible

\*Wrap text for long attributes

|  |  |  |
| --- | --- | --- |
| **MOCK-UP OF DEPRESSION THANK YOU PAGE** | | |
|  | | |
| Thank you!  A report will now be sent to your treatment provider for discussion. | | |
|  |  |  |
|  | | |
|  |  |  |
|  |  |  |
|  |  |  |

**SAMPLE DEPRESSION TREATMENT OUTPUT FOR CLINICIANS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Client Treatment Preferences Report | | | | |  |  |  |  |  |
|  |  | |  | |  | **Top 2 Treatment Options:** | | |
|  | **Client Initials:** | | | GAIA |  |  | 1. | Psychotherapy |
|  | **Client ID:** | | | 001 |  |  | 2. | Escitalopram |
|  | **Date of Assessment:** | | | 09/12/18 |  |  |  |  |
|  |  | | |  |  |  |  |  |
|  |  | | |  |  | **Top 3 “Most Willing to Accept” Attributes:** | | |
|  |  | |  | |  |  | 1. | talking about very personal details of my life, including talking about my relationships with other people |
|  |  | |  | |  |  | 2. | you to feel tired during the day |
|  |  | |  | |  |  | 3. | having homework assignments from my therapist that focus on my thoughts and activities |
|  | |  | | | | | | |

**APPENDIX I: DEPRESSION TREATMENT ATTRIBUTES**

|  |
| --- |
| 1. Medication that causes headaches |
| 1. Medication that causes a sexual problem |
| 1. Medication that makes me feel tired during the day |
| 1. Medication that causes moderate weight gain |
| 1. Medication that causes nausea |
| 1. Medication that causes diarrhea |
| 1. Medication that causes dry mouth |
| 1. Medication that causes constipation |
| 1. Medication that causes blurred vision |
| 1. Medication that negatively affects blood pressure |
| 1. Medication that causes seizures |
| 1. Medication that causes a heart-related side effect |
| 1. Therapy that involves meeting regularly with a therapist |
| 1. Therapy that involves having homework assignments from my therapist |
| 1. Therapy that involves talking about very personal details of my life |
| 1. Medication that helps me with my sleep problems |
| 1. Therapy that ends after several months |

\*\*Attribute “works quickly (within 3 weeks) to help me with some of my symptoms” was dropped after the original Preferences study because the judges’ ratings showed no variability across treatments (i.e., consistent data showing differences in 3-week efficacy across treatments was not available in the literature).

\*\*In the survey for the original Preferences study, words in the attribute that were not a part of the stem appeared in all caps (e.g. “medication that causes NAUSEA”).

|  |
| --- |
| 1. Aripiprazole |
| 2. Olanzapine |
| 3. Quetiapine |
| 4. Mirtazapine |
| 5. Fluoxetine |
| 6. Paroxetine |
| 7. Citalopram |
| 8. Escitalopram |
| 9. Sertraline |
| 10. Duloxetine |
| 11. Venlafaxine |
| 12. Desvenlafaxine |
| 13. Bupropion |
| 14. Psychotherapy |

**APPENDIX II: TREATMENT OPTIONS FOR DEPRESSION**