e-Prescribing application Usability Test Report

LogiCoy eRx Version 1.1

Date of usability test: **May 15th, 2022 to June 9th, 2022**

Date of report prepared: **June 22nd, 2022**

Report prepared by LogiCoy eRx: **LogiCoy approached various medical workers and requested their participation in usability testing or LogiCoy eRx and collected the participant feedback.**

Report Prepared By: **Brandi Van Patton, brandi.vanpatton@logicoy.com**

Table of Contents

EXECUTIVE SUMMARY

A usability test of LogiCoy eRx V 1.1 for electronic prescribing was conducted between 15th May 2022 to June 9th, 2022, by Brandi Van Patton. The purpose of this test was to test and validate the usability of the current user interface, and provide evidence of usability in the e-Prescribing Under Test.

During the usability test, 11healthcare providers [including prescribers, nurse practitioners and others] matching the target demographic criteria served as participants and used the LogiCoy eRx in simulated, but representative tasks.

This study collected performance data on 6 tasks typically conducted on LogiCoy eRx:

1. Add new patient details to the LogiCoy eRx system

2. Search for the newly added patient to prescribe a new medication

3. Prescribe a new drug/medication to the newly searched patient (New Rx)

4. Cancel the prescription sent to a pharmacy

5. Add a new prescriber's favorite drug to the providers favorite drug list

6. Identify Rx change request from pharmacy

During the one-on-one usability test, each participant was greeted by the administrator and asked to review and sign an informed consent / release form. They were instructed that they could withdraw at any time. Participants did not have prior experience with the LogiCoy eRx.

The administrator introduced the test, and instructed participants to complete a series of tasks (given one at a time) using the EHRUT. During the testing, the administrator timed the test and, along with the data logger(s) recorded user performance data on paper and electronically. The administrator did not give the participant assistance in how to complete the task.

The following types of data were collected for each participant:

- Number of tasks successfully completed within the allotted time without assistance
- Time to complete the tasks
- Number and types of errors
- Path deviations
- Participant's verbalizations
- Participant satisfaction ratings of the system

All participant data was de-identified – no correspondence could be made between the identity of the participant to the data collected. Following the conclusion of the testing, participants were asked to complete a post-test questionnaire and were not compensated with any incentive as they volunteered to participate on our request. Various recommended metrics, in accordance with the examples set forth in the *NIST Guide to the Processes Approach for Improving the Usability of Electronic Health Records*, were used to evaluate the usability of the EHRUT. Following is a summary of the performance and rating data collected on the EHRUT.

Measure ==>	**N**	**Task Success**	**Path Deviation**	**Task Time**		**Errors**	**Task Ratings 5=Easy**
Task Description	#	Mean (SD)	Deviations (Observed / Optimal)	Mean (SD)	Deviations (Observed / Optimal)	Mean (SD)	Mean (SD)
Add new patient details to the LogiCoy eRx system	1	100%	4 / 4	3	17 / 12	0	4.3
Search for the newly added patient to prescribe a new medication	2	100%	2 / 2	2.3	7 / 5	0	5
Prescribe a new drug/medication to the newly searched patient (New Rx)	3	100%	7 / 7	28	55 / 40	0	4.2
Cancel the prescription sent to a pharmacy	4	100%	5 / 4	16	31 / 22	0	3.2
Add a new prescriber's favorite drug to the providers favorite drug list	5	100%	2 / 2	8.7	22 / 15	0	4.7
Identify Rx change request from pharmacy	6	100%	2 / 2	3.4	8 / 6	0	5

The results from the System Usability Scale scored the subjective satisfaction with the system based on performance with these tasks to be above average rating.

In addition to the performance data, the following qualitative observations were made:

- **Major findings**
    a. Most participants found difficulty in figuring out where to go to cancel the prescription
    b. Some prescribers do not want to see the drug manufacturer's information name while selecting the medication

- **Areas for improvement**

Provide easy means to cancel a prescription

Provide a greater number (maximum of six compound ingredient) of drugs to be prescribed in prescribing a compound drug

After adding a new patient, control to show the newly added patient in the recently patient list

Make allergies view mandatory instead of skipping to selecting a pharmacy

INTRODUCTION

The EHRUT tested for this study was **LogiCoy eRx Version 1.1** designed to assist prescribers in prescribing drugs to patients. The prescribers could be in Health care facilities, or prescribers with medical clinics. The EHRUT consists of a web application where medical workers (Doctors, Nurses, nurse practitioners etc.,) register themselves and use the system for electronic prescription instead of paper prescriptions. The usability testing attempted to represent realistic exercises and conditions.

The purpose of this study was to test and validate the usability of the current user interface and provide evidence of usability in the EHR Under Test (EHRUT). To this end, measures of effectiveness, efficiency, and user satisfaction, such as easy understanding of the task flow, time taken to complete the identified tasks were captured during the usability testing.

METHOD

PARTICIPANTS

A total of 11 participants were tested on the EHRUT(s). Participants in the test were Medical Doctor, Registered Nurse, Doctor of Pharmacy, Dentist, BSN, Dental Hygienist, Nurse practitioners, Pharmacy Technician. Participants were requested by LogiCoy to participate and then volunteered to participate and provide usability data. In addition, participants had no

direct connection to the development of or organization producing the EHRUT(s). Participants were not from the testing or supplier organization. Participants were given the opportunity to have the same orientation and level of training as the actual end users would have received.

For the test purposes, end-user characteristics were identified and translated into a recruitment screener used to solicit potential participants; Participant demographic data are collected as per the form enclosed in section Appendix.

Recruited participants had a mix of backgrounds and demographic characteristics conforming to the recruitment screener. The following is a table of participants by characteristics, including demographics, professional experience, computing experience and user needs for assistive technology. Participant names were replaced with Participant IDs so that an individual's data cannot be tied back to individual identities.

Sl No	Part ID	Gender	Age	Education	Occupation	Professional Experience	Computer Experience	Product Experience	Assistive Technology Needs
1	P1	M	20-29	Doctorate degree	Medical Resident - Neurological Surgery	12	120	36	None
2	P2	F	60-69	High school graduate,	Nurse	504	200	24	None
3	P3	F	30-39	Doctorate degree	Hospice Doctor - Hospice	180	300	180	None
4	P4	F	40-49	Bachelor's degree	Doctor of Pharmacy - Clinical Officer	240	300	240	None
5	P5	F	20-29	Bachelor's degree	Dentist	24	0	0	None
6	P6	F	30-39	Bachelor's degree	Doctor of Pharmacy - PMP Director	84	240	144	None
7	P7	F	50-59	Associate degree	Director of Nursing	360	180	180	None
8	P8	F	30-39	Associate degree	Dental hygienist	180	228	144	None
9	P9	F	50-59	Master's degree	Pediatrician - New born	420	240	120	None
10	P10	F	50-59	Master's degree	Nurse Practitioner - Geriatrics	360	180	120	None
11	ICPBR1	F	60-69	Associate degree	Pharmacy Technician - Geriatrics	144	144	48	None

A total number of 20 participants matching the demographics had agreed to participate but 11 of participants showed and participated in the usability test. 9 participants failed to show up for the study. Participants were scheduled for 120 minutes each. They were debriefed by the administrator(s) and data logger(s), and the systems were reset for proper test conditions. A spreadsheet was used to keep track of the participant schedule and included each participant's demographic characteristics as provided.

STUDY DESIGN

Overall, the objective of this test was to uncover areas where the application performed well – that is, effectively, efficiently, and with satisfaction – and areas where the application failed to meet the needs of the participants. The data from this test may serve as a baseline for future tests with an updated version of the same eRx system and/or comparison with other eRx systems provided the same tasks are used. In short, this testing serves as both a means to record or benchmark current usability, but also to identify areas where improvements must be made.

During the usability test, participants interacted with 1 eRx System. Each participant used the system in the same location and was provided with the same instructions. The system was evaluated for effectiveness, efficiency and satisfaction as defined by measures collected and analyzed for each participant:

1. Number of tasks successfully completed within the allotted time without assistance
2. Time to complete the tasks
3. Number and types of errors Path deviations
4. Participant's verbalizations (comments)
5. Participant satisfaction ratings of the system

TASKS

A set of tasks were constructed that would be realistic and representative of the kinds of activities a user will do with this eRx system, including:

- Add new patient details to the LogiCoy eRx system
- Search for the newly added patient to prescribe a new medication
- Prescribe a new drug/medication to the newly searched patient (New Rx)
- Cancel the prescription sent to a pharmacy
- Add a new prescriber's favorite drug to the providers favorite drug list
- Identify Rx change request from pharmacy

Tasks were selected based on their frequency of use, criticality of function, and those that may be most troublesome for users. Tasks should always be constructed considering the study objectives.

PROCEDURES

Upon arrival, participants were greeted; their identity was verified and matched with a name on the participant schedule. Participants were then assigned a participant ID. Each participant reviewed and gave an informed consent and release form (See Appendix 3). A representative from the test team witnessed the participant's consent.

To ensure that the test ran smoothly, two staff members participated in this test, the usability administrator, and the data logger. The usability testing staff conducting the test were experienced usability practitioners with 25 years with Masters in Pharmacy background.

The administrator moderated the session including administering instructions and tasks. The administrator also monitored task times, obtained post-task rating data, and took notes on participant comments. A second person served as the data logger and took notes on task success, path deviations, number and type of errors, and comments.

Participants were instructed to perform the tasks (see specific instructions below):

- As quickly as possible, making as few errors and deviations as possible.
- Without assistance, administrators were allowed to give immaterial guidance and clarification on tasks, but not instructions on use.
- Without using a think aloud technique.

For each task, the participants were given an electronic copy of the task. Task timing began once the administrator finished reading the question. The task time was stopped once the participant indicated they had successfully completed the task. Scoring is captured in individual moderator guide document. A moderator guide form is enclosed in the appendix.

Following the session, the administrator gave the participant the post-test questionnaire and thanked each individual for their participation.

Participants' demographic information, task success rate, time on task, errors, deviations, verbal

responses, and post-test questionnaire were recorded into a spreadsheet.

Participants were thanked for their time and compensated. Participants signed a receipt and acknowledgement form (See Appendix 6) indicating that they had received the compensation.

TEST LOCATION

In this instance, the testing was conducted virtually over a conference call with different participants at different schedules. The participants were asked to share their screen view and start the process. The observers and the data logger worked in the same session from a where they could see the participant's screen and listen to the audio of the session. To ensure that the environment was comfortable for users, noise levels were kept to a minimum. All the safety instruction and evacuation procedures were valid, in place, and visible to the participants.

TEST ENVIRONMENT

The eRx would typically be used in a healthcare office or facility. In this instance, the testing was conducted virtually over a conference call. For testing, the computers used by participants were Windows desktop and laptop systems and a few of them Mac OS. The participants used mouse and keyboard for interacting with the eRx system. The eRx system was accessed using Chrome internet browser, Firefox browsers at 100% visibility setup.

The application was set up by LogiCoy according to the documentation describing the system set-up and preparation. The application was running on Linux using a MySQL database on the same host. Technically, the system performance (i.e., response time) was representative of what actual users would experience in a field implementation. Additionally, participants were instructed not to change any of the default system settings (such as control of font size).

TEST FORMS AND TOOLS: During the usability test, various documents and instruments were used, including:

1. Informed Consent
2. Moderator's Guide
3. Post-test Questionnaire

The Moderator's Guide was devised to be able to capture required data.

The participant's interaction with the eRx was monitored by moderator and data logger with software running on the test machine and verbal comments were recorded in the spreadsheet. The test session was electronically transmitted to a nearby observation room where the data logger observed the test session.

PARTICIPANT INSTRUCTIONS: The administrator reads the following instructions aloud to each participant (Moderator guide for each participant are also uploaded to the portal):

Thank you for participating in this study. Your input is very important. Our session today will last about 120 minutes. During that time, you will use an instance of an electronic prescribing system. I will ask you to complete a few tasks using this system and answer some questions. You should complete the tasks as quickly as possible, making as few errors as possible. Please try to complete the tasks on your own following the instructions very closely. Please note that we are not testing you we are testing the system, therefore if you have difficulty all this means is that something needs to be improved in the system. I will be here in case you need specific help, but I am not able to instruct you or provide help in how to use the application.

Overall, we are interested in how easy (or how difficult) this system is to use, what in it would be useful to you, and how we could improve it. I did not have any involvement in its creation, so please be honest with your opinions. All the information that you provide will be kept confidential and your name will not be associated with your comments at any time. Should you feel it necessary you are able to withdraw at any time during the testing.

Following the procedural instructions, participants were shown the HER and as their first task, were given 30 minutes to explore the system and make comments. Once this task was complete, the administrator gave the following instructions:

For each task, I will read the description to you and say "Begin" At that point, please perform the tasks, and say "Done" once you believe you have successfully completed the task. I would like to request that you not *talk aloud or verbalize while you are doing the tasks. I will ask you your impressions about the task once you are done.*

Participants were then given the below 6 tasks to complete.

1. **Add new patient details to the LogiCoy eRx system**
2. **Search for the newly added patient to prescribe a new medication**
3. **Prescribe a new drug/medication to the newly searched patient (New Rx)**
4. **Cancel the prescription sent to a pharmacy**
5. **Add a new prescriber's favorite drug to the providers favorite drug list**
6. **Identify Rx change request from pharmacy**

USABILITY METRICS

The goal is for users to interact with the system effectively, efficiently, and with an acceptable level of satisfaction. To this end, metrics for effectiveness, efficiency and user satisfaction were captured during the usability testing. The goals of the test were to assess:

- Effectiveness of eRx by measuring participant success rates and errors
- Efficiency of eRx by measuring the average task time and path deviations
- Satisfaction with eRx by measuring ease of use ratings

DATA SCORING

The following table details how tasks were scored, errors evaluated, and the time data analyzed.

Measures	Rationale and Scoring
Effectiveness: Task Success	A task was counted as a "Success" if the participant was able to achieve the correct outcome, without assistance, within the time allotted on a per task basis. The total number of successes was calculated for each task and then divided by the total number of times that task was attempted. The results are provided as a percentage. Task times were recorded for successes. Observed task times divided by the optimal time for each task is a measure of optimal efficiency. Optimal task performance time, as benchmarked by expert performance under realistic conditions, is recorded when constructing tasks. Target task times used for task times in the Moderator's Guide must be operationally defined by taking multiple measures of optimal performance and multiplying by some factor [e.g., 1.25] that allows some time buffer because the participants are presumably not trained to expert performance. Thus, if expert, optimal performance on a task was [x] seconds then allotted task time performance was [x * 1.25] seconds. This ratio should be aggregated across tasks and reported with mean and variance scores.
Effectiveness: Task Failures	If the participant abandoned the task, did not reach the correct answer or performed it incorrectly, or reached the end of the allotted time before successful completion, the task was counted as an "Failures." No task times were taken for errors. The total number of errors was calculated for each task and then divided by the total number of times that task was attempted. Not all deviations would be counted as errors.[11] This should also be expressed as the mean number of failed tasks per participant. On a qualitative level, an enumeration of errors and error types should be collected.

Efficiency: Task Deviations	The participant's path (i.e., steps) through the application was recorded. Deviations occur if the participant, for example, went to a wrong screen, clicked on an incorrect menu item, followed an incorrect link, or interacted incorrectly with an on-screen control. This path was compared to the optimal path. The number of steps in the observed path is divided by the number of optimal steps to provide a ratio of path deviation.
	It is strongly recommended that task deviations be reported. Optimal paths (i.e., procedural steps) should be recorded when constructing tasks.
Efficiency: Task Time	Each task was timed from when the administrator said "Begin" until the participant said, "Done." If he or she failed to say "Done," the time was stopped when the participant stopped performing the task. Only task times for tasks that were successfully completed were included in the average task time analysis. Average time per task was calculated for each task. Variance measures (standard deviation and standard error) were also calculated.
Satisfaction: Task Rating	Participant's subjective impression of the ease of use of the application was measured by administering both a simple post-task question as well as a post-session questionnaire. After each task, the participant was asked to rate "Overall, this task was:" on a scale of 1 (Very Difficult) to 5 (Very Easy). These data are averaged across participants. [12] A common convention is that average ratings for systems judged easy to use should be 3.3 or above. To measure participants' confidence in and likeability of the [EHRUT] overall, the testing team administered the System Usability Scale (SUS) post-test questionnaire. Questions included, "I think I would like to use this system frequently," "I thought the system was easy to use," and "I would imagine that most people would learn to use this system very quickly." See full System Usability Score questionnaire in Appendix 5.[13]

DATA ANALYSIS AND REPORTING

The results of the usability test were calculated according to the methods specified in the Usability Metrics section above. Participants who failed to follow session and task instructions had their data excluded from the analyses.

The usability testing results for the EHRUT are detailed.

Study Design. The data should yield actionable results that, if corrected, yield material, positive impact on user performance.

Measure / Task	*N*	Task Suc-cess	Path Deviation	Task Time	Errors	Task Ratings 5=Easy

	#	Mean (SD)	Deviations (Observed / Optimal)	Mean (SD)	Deviations (Observed / Optimal)	Mean (SD)	Mean (SD)
Add new patient details to the LogiCoy eRx system	1	100%	4 / 4	3	17 / 12	0	4.3
Search for the newly added patient to prescribe a new medication	2	100%	2 / 2	2.3	7 / 5	0	5
Prescribe a new drug/medication to the newly searched patient (New Rx)	3	100%	7 / 7	28	55 / 40	0	4.2
Cancel the prescription sent to a pharmacy	4	100%	5 / 4	16	31 / 22	0	3.2
Add a new prescriber's favorite drug to the providers favorite drug list	5	100%	2 / 2	8.7	22 / 15	0	4.7
Identify Rx change request from pharmacy	6	100%	2 / 2	3.4	8 / 6	0	5

The results from the SUS (System Usability Scale) scored the subjective satisfaction with the system based on performance with these tasks to be 80 percent and above. Broadly interpreted, scores under 60 represent systems with poor usability; scores over 80 would be considered above average. The usability score was calculated to be 81.3 percent.

DISCUSSION OF THE FINDINGS

EFFECTIVENESS

Based on the results of the survey, participants found the electronic prescribing application easy to use and felt the steps were presented in a logical format. The initial task of adding a patient was completed with success with a task rating of 4.3 (maximum of 5). A task rating of 5 was assigned to the task of locating the patient in the system. The prescribing of a medication to the patient and transferring the Rx to the pharmacy (4.2) were also successful tasks for participants to complete. While cancelling the Rx in the application was not straightforward for participants, after coaching them, they found this step and performed it effectively (task rating of 3.2). Participants were able to add a medication or compound of their choice to the system with no issues (task rating of 4.7). Lastly, the participants were able to effectively identify the Change Rx request with the task rating of 5.

EFFICIENCY

Survey results showed that the electronic prescribing application was efficient for adding a patient to the system. This step was usually performed in 17 seconds. Searching for a patient in the system took longer as there were more clicks involved. Filling out the Rx and transmitting it to the pharmacy was the most involved task in the survey. On average, it took participants 55 seconds to complete but there were more steps involved than any other task. The task of deleting Adding a favorite medication depended on the selection of the participant. One participant chose to add a compound medication that made three components. While this did take more time, the average time to complete the task by other participants was 22. Lastly, identifying the Change Rx request took 8 seconds.

SATISFACTION

Overall, participants seemed satisfied with the product. For the usability questionnaire that was given to all participants, users agreed that the system was easy to use, that they caught on quickly and felt most people would do the same. They felt confident in using the system and liked the integrated functionality.

MAJOR FINDINGS

Each participant gave feedback on the tasks they were asked to perform. During this time, participants were able to express their compliments or concerns regarding the system. The points listed below are the major findings identified during the survey process:

- Most participants found the steps needed to cancel a prescription difficult.
- Many Participants shared that supplying the drug manufacturer information name when selecting the medication was not necessary and made drug selection more difficult.
- Participants liked the ability to cancel the prescription, citing that other electronic prescription providers did not have this functionality.

AREAS FOR IMPROVEMENT

After reviewing the comments and feedback given by the survey participants, the areas for improvement to the electronic prescribing software are as follows:

- Provide a straightforward process to cancel a prescription.
- Increase the number of medications that can be used in a compound drug.
- Once a new patient is added into the system, ensure that patient is also added to the prescriber's recently viewed patient list.
- Provide address validation when adding a new patient.
- Require a prescriber to view the allergy section instead of moving on to select a pharmacy.

APPENDICES

1. Demographic Form:

Home address: _____

Phone number: _____

Education Level: _____

Current Occupation: _____

Clinical Specialty: _____

Years of professional experience: _____

Years of general computer experience (person or professional): ___

Years of healthcare IT experience (EHR or pharmacy software): ___

Any experience with a Health IT product that used voice dictation: ___

2. Moderator Guide Form:

EHRUT Usability Test Moderator's Guide

Administrator: <Moderator Name>
Data Logger: <Data logger Name>
Date: <Date of conducting the test>
Participant No: <Participant Id>
Location: <Location / Location description the test was conducted>
Orientation (XX minutes)
Thank you for participating in this study. Our session today will last ***XX*** **minutes**. During that time you will take a look at an electronic health record system.

I will ask you to complete a few tasks using this system and answer some questions. We are interested in how easy (or how difficult) this system is to use, what in it would be useful to you, and how we could improve it. You will be asked to complete these tasks on your own trying to do them as quickly as possible with the fewest possible errors or deviations. Do not do anything more than asked. If you get lost or have difficulty, I cannot answer help you with anything to do with the system itself. Please save your detailed comments until the end of a task or the end of the session when we can discuss freely.

I did not have any involvement in its creation, so please be honest with your opinions.

The product you will be using today is *describe the state of the application, i.e., production version, early prototype, etc*. Some of the data may not make sense as it is placeholder data.
We are recording the audio and screenshots of our session today. All of the information that you provide will be kept confidential and your name will not be associated with your comments at any time.

Do you have any questions or concerns?

Preliminary Questions (xx minutes)

What is your job title / appointment? -

How long have you been working in this role? -

What are some of your main responsibilities? -

Tell me about your experience with electronic health records –

First impressions (xx minutes)

This is the application you will be working with. Have you heard of it?

If YES, comments: _____
If NO, comments: _____

Tell me what you know of the application?

_____

Show the participant LogiCoy eRx home page after first login
Ask: Please don't click on anything just yet. What do you notice? What are you able to do here? Please be specific
Notes / Comments:

Let the participant execute intended tasks:
Task 1: Task Description
Success or failure:
Easily completed:
Completed with difficulty or help:
Could not complete the task:
Task Time: xx
Optimal Path: <Optimal Task execution path>
Correct path was followed:
Minor deviations / Cycles: _____
Major deviations / Cycles: _____
General comments: _____
Observed errors / verbalizations: (Comments)

_____
_____
Task Rating: Overall, this task was ____
Show participant written scale: "Very Difficult" (1) to "Very Easy" (5)
Administrator / Notetaker Comments:

Repeat the above task section for every task identified for testing in EHRUT

Non-Disclosure Agreement

THIS AGREEMENT is entered into as of _ _, , between
("the Participant") and the testing organization *Test Company*
located at *Address*.

The Participant acknowledges his or her voluntary participation in today's usability study may bring the Participant into possession of Confidential Information. The term "Confidential Information" means all technical and commercial information of a proprietary or confidential nature which is disclosed by *Test Company*, or otherwise acquired by the Participant, in the course of today's study.

By way of illustration, but not limitation, Confidential Information includes trade secrets, processes, formulae, data, know-how, products, designs, drawings, computer aided design files and other computer files, computer software, ideas, improvements, inventions, training methods and materials, marketing techniques, plans, strategies, budgets, financial information, or forecasts.

Any information the Participant acquires relating to this product during this study is confidential and proprietary to *Test Company* and is being disclosed solely for the purposes of the Participant's participation in today's usability study. By signing this form, the Participant acknowledges that s/he will receive monetary compensation for feedback and will not disclose this confidential information obtained today to anyone else or any other organizations.
Participant's printed name:

Signature: **Date:** _____

Informed Consent

Test Company would like to thank you for participating in this study. The purpose of this study is to evaluate an electronic health records system. If you decide to participate, you will be asked to perform several tasks using the prototype and give your feedback. The study will last about *60* minutes. At the conclusion of the test, you will be compensated for your time.

Agreement

I understand and agree that as a voluntary participant in the present study conducted by *Test Company* I am free to withdraw consent or discontinue participation at any time. I understand and agree to participate in the study conducted and videotaped by the *Test Company*.

I understand and consent to the use and release of the videotape by *Test Company*. I understand that the information and videotape is for research purposes only and that my name and image will not be used for any purpose other than research. I relinquish any rights to the videotape and understand the videotape may be copied and used by *Test Company* without further permission.

I understand and agree that the purpose of this study is to make software applications more useful and usable in the future.

I understand and agree that the data collected from this study may be shared with outside of *Test Company* and *Test Company's* client. I understand and agree that data confidentiality is assured, because only de-identified data – i.e., identification numbers not names – will be used in analysis and reporting of the results.

I agree to immediately raise any concerns or areas of discomfort with the study administrator. I understand that I can leave at any time.

Please check one of the following:

- ☐ YES, I have read the above statement and agree to be a participant.
- ☐ NO, I choose not to participate in this study.

Signature:	**Date:**