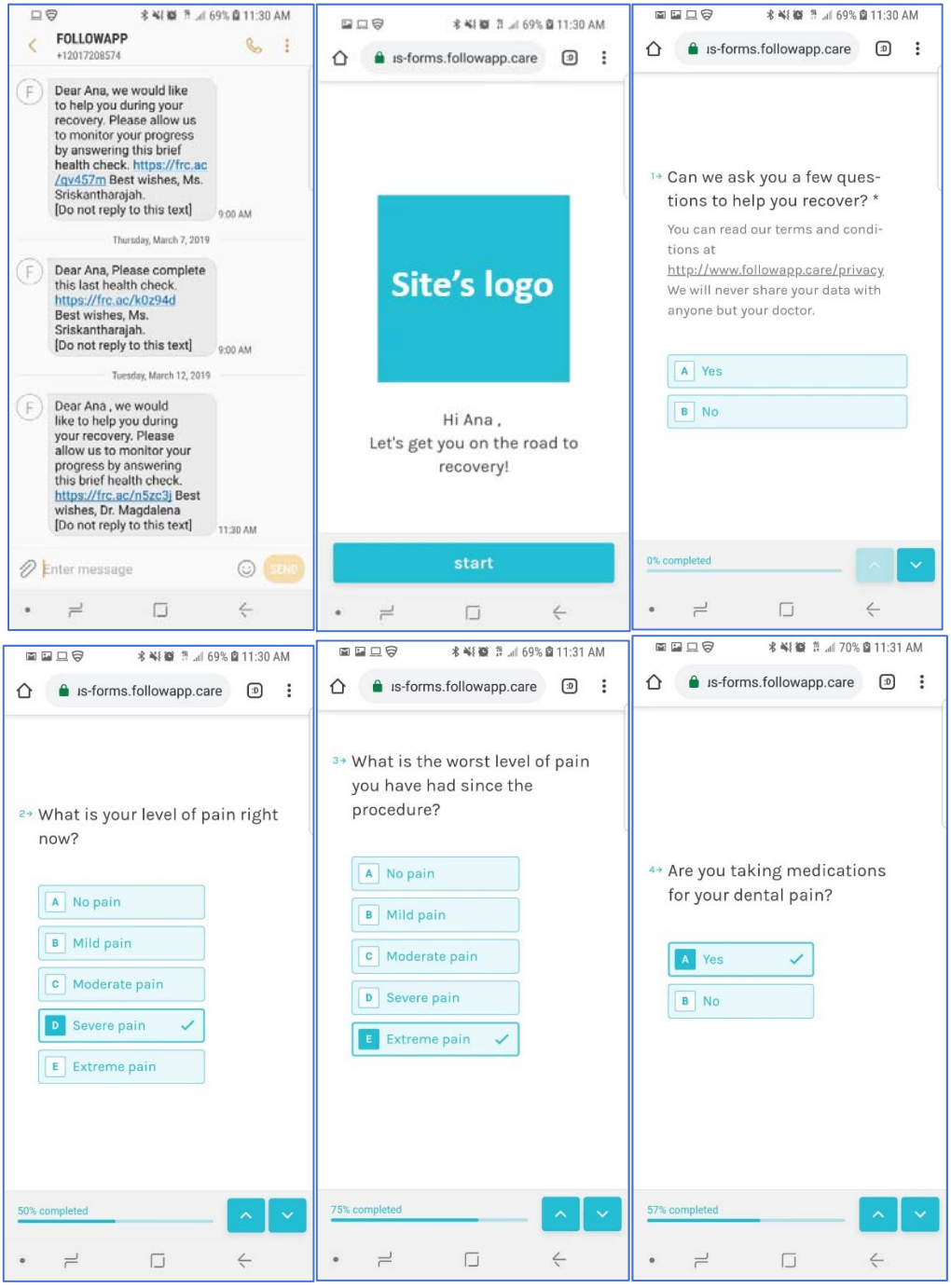
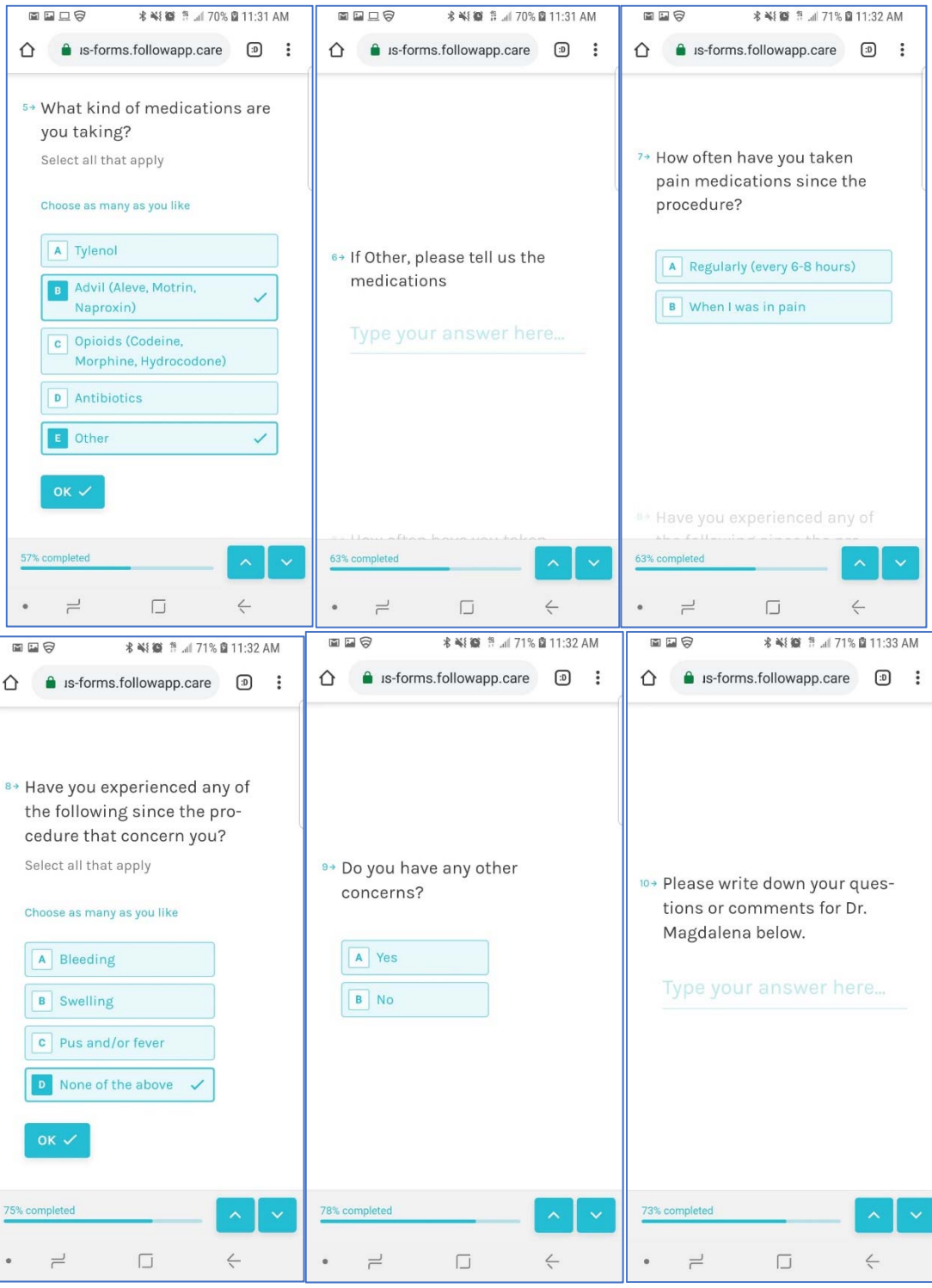
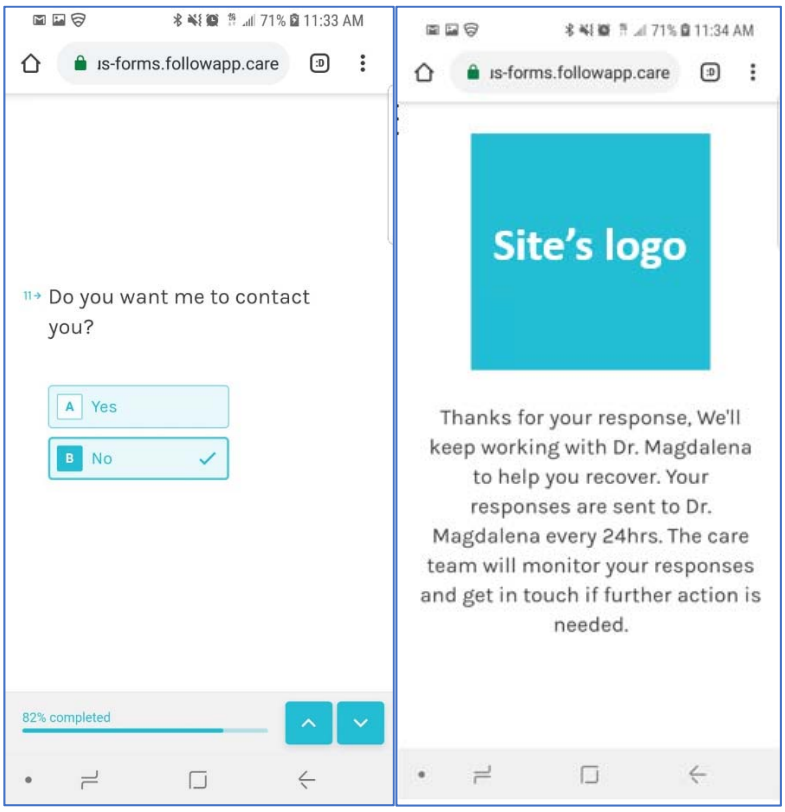
Appendix

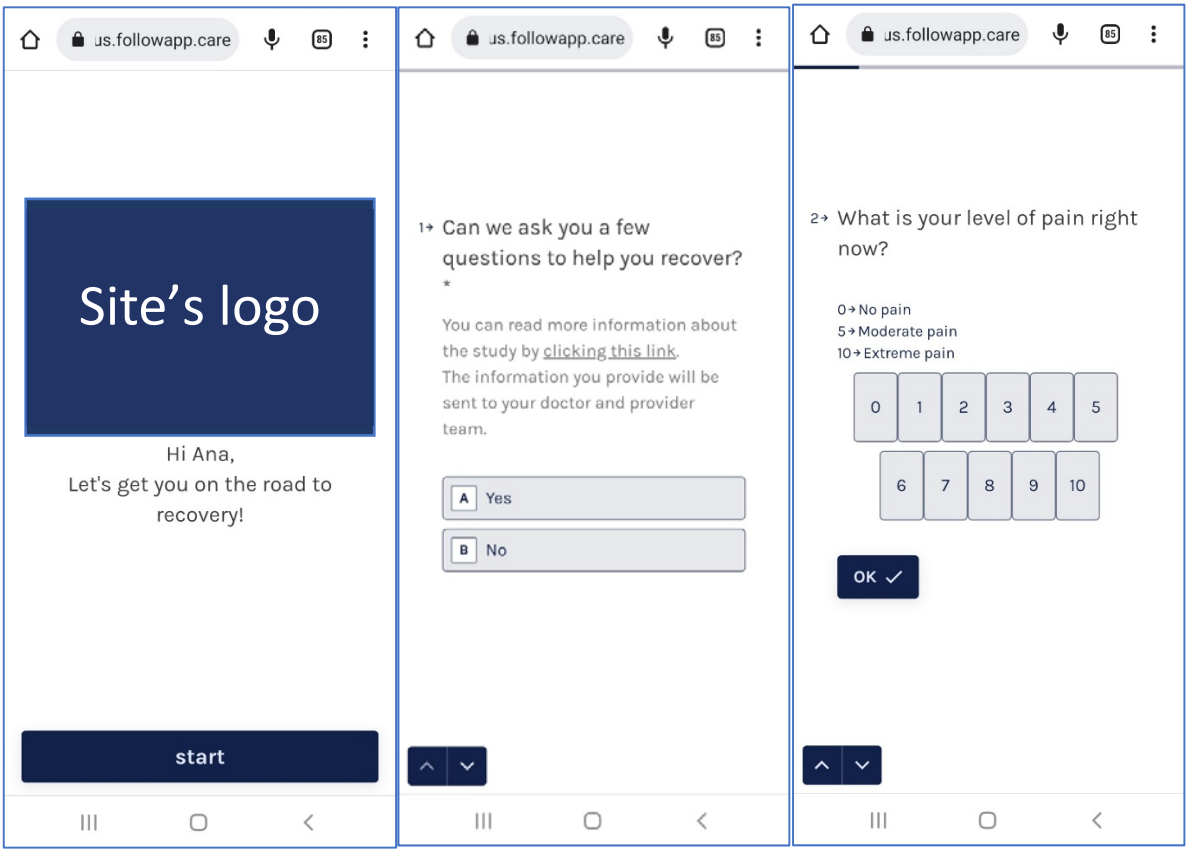
1.1. FollowApp Patient UI Screenshots - Before Re-design



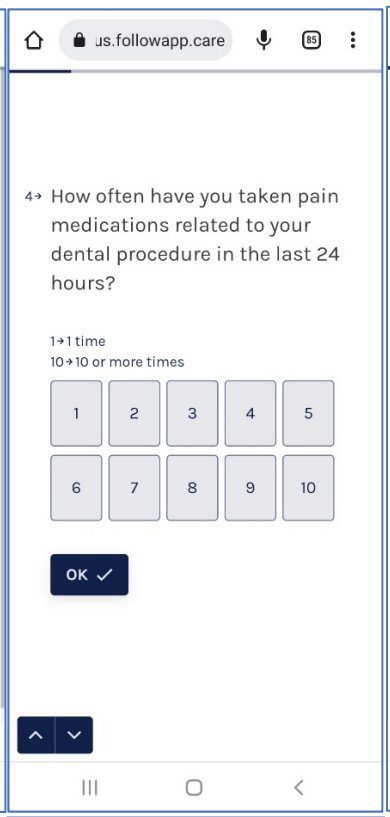

70% 11:31 AM
is-forms.followapp.care
5→ What kind of medications are you taking?
Select all that apply
Choose as many as you like
A Tylenol
B Advil (Aleve, Motrin, Naproxin)
C Opioids (Codeine, Morphine, Hydrocodone)
D Antibiotics
E Other
OK
57% completed
70% 11:31 AM
is-forms.followapp.care
6→ If Other, please tell us the medications
Type your answer here...
63% completed
71% 11:32 AM
is-forms.followapp.care
7→ How often have you taken pain medications since the procedure?
A Regularly (every 6-8 hours)
B When I was in pain
8→ Have you experienced any of
63% completed
71% 11:32 AM
is-forms.followapp.care
8→ Have you experienced any of the following since the procedure that concern you?
Select all that apply
Choose as many as you like
A Bleeding
B Swelling
C Pus and/or fever
D None of the above
OK
75% completed
71% 11:32 AM
is-forms.followapp.care
9→ Do you have any other concerns?
A Yes
B No
78% completed
71% 11:33 AM
is-forms.followapp.care
10→ Please write down your questions or comments for Dr. Magdalena below.
Type your answer here...
73% completed

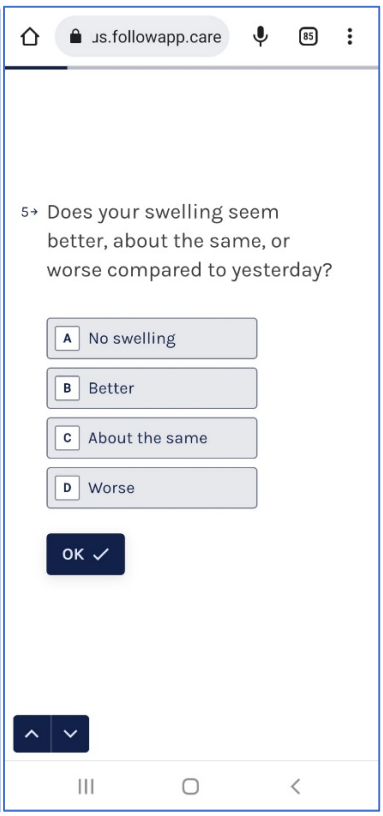

71% 11:33 AM
ıs-forms.followapp.care
11→ Do you want me to contact you?
A Yes
B No
82% completed
71% 11:34 AM
ıs-forms.followapp.care
Site's logo
Thanks for your response, We'll keep working with Dr. Magdalena to help you recover. Your responses are sent to Dr. Magdalena every 24hrs. The care team will monitor your responses and get in touch if further action is needed.

2. FollowApp Patient UI Screenshots After Re-design



us.followapp.care
3→ What medications have you taken related to your dental procedure in the last 24 hours?
Choose as many as you like
A None
B Acetaminophen (Tylenol)
C Ibuprofen (Advil, Aleve, Motrin, Naproxen)
D Opioids (Codeine, Hydrocodone, Oxycodone)
E Antibiotics (Amoxycillin, Penicillin, Clindamycin, Erythromycin)
F Other medications for dental pain


us.followapp.care
4→ How often have you taken pain medications related to your dental procedure in the last 24 hours?
1→1 time
10→10 or more times
1 2 3 4 5
6 7 8 9 10
OK


us.followapp.care
5→ Does your swelling seem better, about the same, or worse compared to yesterday?
A No swelling
B Better
C About the same
D Worse
OK

us.followapp.care
6→ Do you have any questions or concerns for Dr.White ?
A Yes
B No