BEDHEAD

R&D Survey Findings Report

Executive Summary

The survey provides a focused early evidence base for the BEDHEAD pacing journal. The sample is highly relevant: 39 of 40 respondents reported a long-term health condition, while 37 of 40 need to pace or limit activity to avoid worsening symptoms. The central insight is not that respondents want another tracker; many already track, but inconsistently or with friction. The strongest barriers were forgetting, tracking anxiety, screen fatigue, uncertainty about what to track, and brain fog. This supports a design centred on low effort, guided, visually clear, and emotionally gentle tracking.

- 39/40 respondents reported a long-term health condition
- 37/40 need to pace or limit activity at least sometimes
- 20 respondents track inconsistently
- 25 respondents: forgetting / inconsistency = top tracking barrier
- 22 respondents: too much writing would make a journal unusable
- 39/40 interested in future prototype testing

The survey validates several core design choices: icon-based tracking, guided prompts, simple daily logs, AM/PM reflections, medication tracking, emotional support, charting, and accessible physical design. It cautions strongly against writing overload, excessive fields, bulk, decorative layouts, clinical tone, and productivity pressure.

Cross-Finding Synthesis

The 12 survey findings cluster into four interconnected design principles. Understanding how they reinforce each other is more actionable than treating each in isolation.

- **Reduce cognitive load**

Findings 3, 5 & 8 converge: forgetting (62%), tracking anxiety (45%), brain fog (28%), and too much writing (55%) all point to the same root problem. The journal must work when capacity is at its lowest

- **Design for bad days first**

Findings 6 & 7 show 40% of users prefer when-needed or bad-day-only engagement. If the system only works when users are consistent, it fails the people who need it most.

- **Be a bridge, not a boss**

Findings 4 & 9: users want to communicate with clinicians (50%), avoid crashes (50%), and understand patterns (60%) — but deeply reject productivity pressure (38%) and patronising tone (32%).

- **Earn trust, do not demand compliance**

Findings 10 & 11 connect cost (40%), privacy (40%), and emotional burden (22%) as adoption barriers. Positioning as a one-time physical purchase directly addresses subscription cost and privacy concerns.

FINDING 1: *The sample is highly relevant*

The sample is not a generic wellness audience. 39 of 40 respondents reported a long-term health condition. The condition mix is broad: autoimmune, neurological, gastrointestinal, arthritis/musculoskeletal, chronic migraine, and mental health conditions all well represented. This supports a cross-condition framing rather than a narrow diagnosis-specific launch.

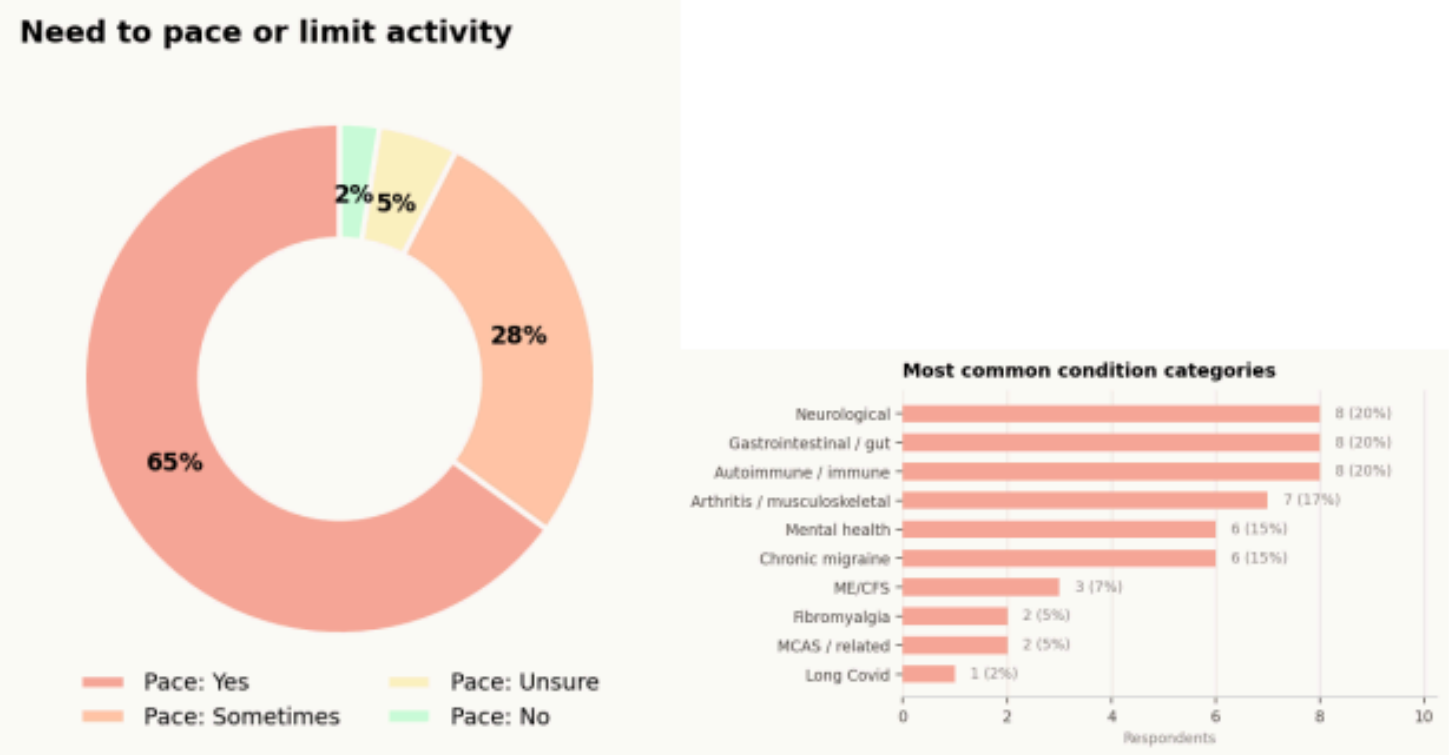

Figure 1. Pacing need (donut) and condition categories (bar).

Metric	Count	Share
Respondents	40	100%
Long-term health condition (yes)	39	98%
Need to pace (yes or sometimes)	37	92%
Severe or very severe activity tolerance	10	25%
Interested in prototype testing	39	98%

Finding 2: *Respondents already track, but existing tracking is fragile*

The survey shows a market already attempting to track but struggling to maintain it. Inconsistent tracking was the most common current method (50%). Digital tracking (48%) leads paper tracking (28%). Only 5% do not track at all.

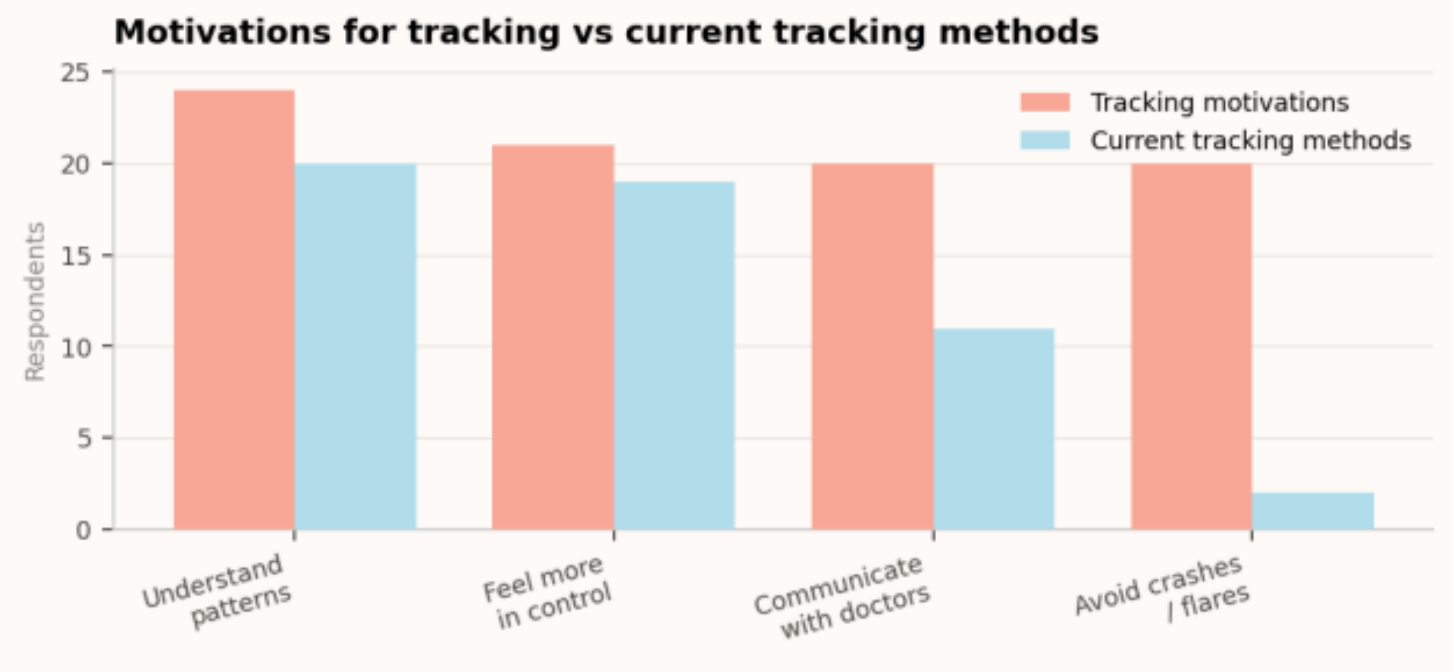

Figure 2. Top tracking motivations (salmon) vs current tracking method counts (blue).

BEDHEAD does not need to argue that tracking matters as the market already agrees. The stronger promise is making tracking sustainable and easier to interpret.

Finding 3: *The main failure point is consistency under load*

The leading barrier was forgetting or inconsistency (62%). But the profile extends beyond memory: tracking anxiety (45%), screen fatigue (28%), brain fog (28%), and not knowing what to track (28%) form a cluster pointing to combined cognitive and emotional load. Notably, 8 respondents reported issues arising from tools being designed for healthy users.

Design implications:

- Reduce writing burden: this is a fatigue & brain-fog issue
- Use prompts that tell users what is relevant, remove guesswork
- Allow missed days without breaking the system
- Make data review gentle, contextual, and optional
- Design for use in flare states, not only ideal engagement moments

Findings 4 & 5: *Desired features & usability requirements*

Desired features map closely onto the current BEDHEAD design direction. The heatmap below shows how the top features score across four usability dimensions, synthesised from survey responses.

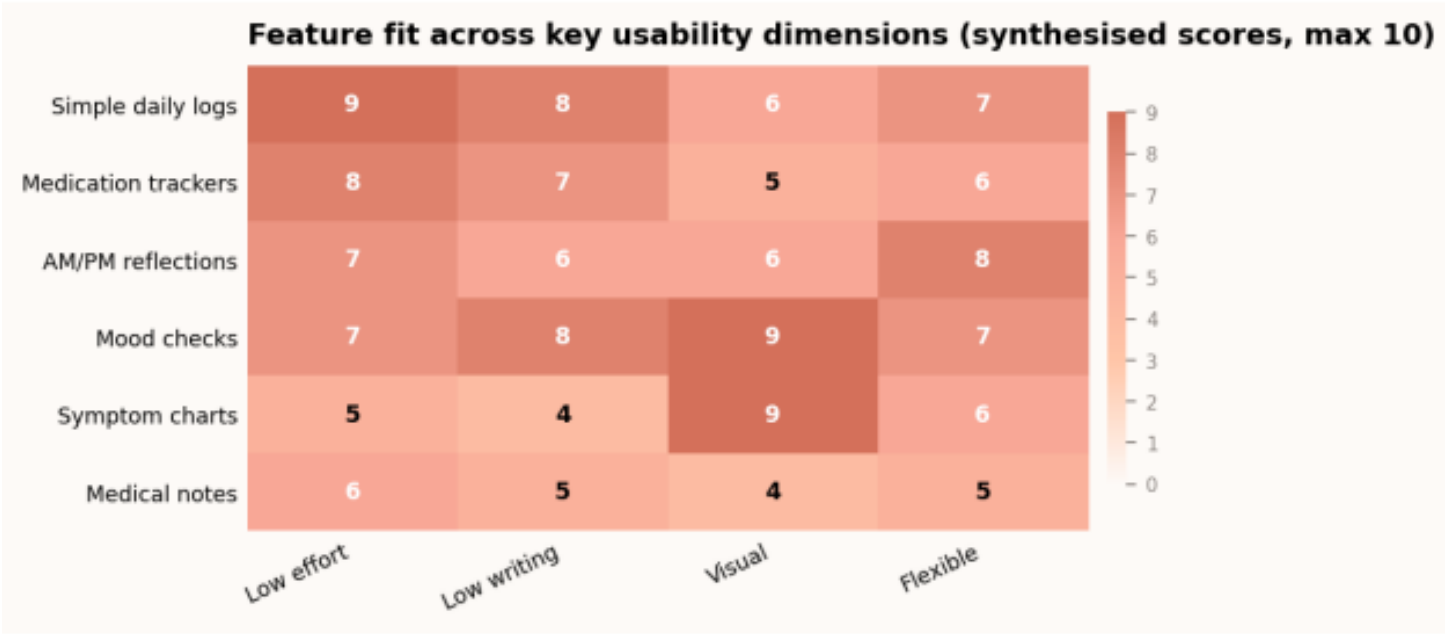

Figure 4. Heatmap of top requested features against usability dimensions.

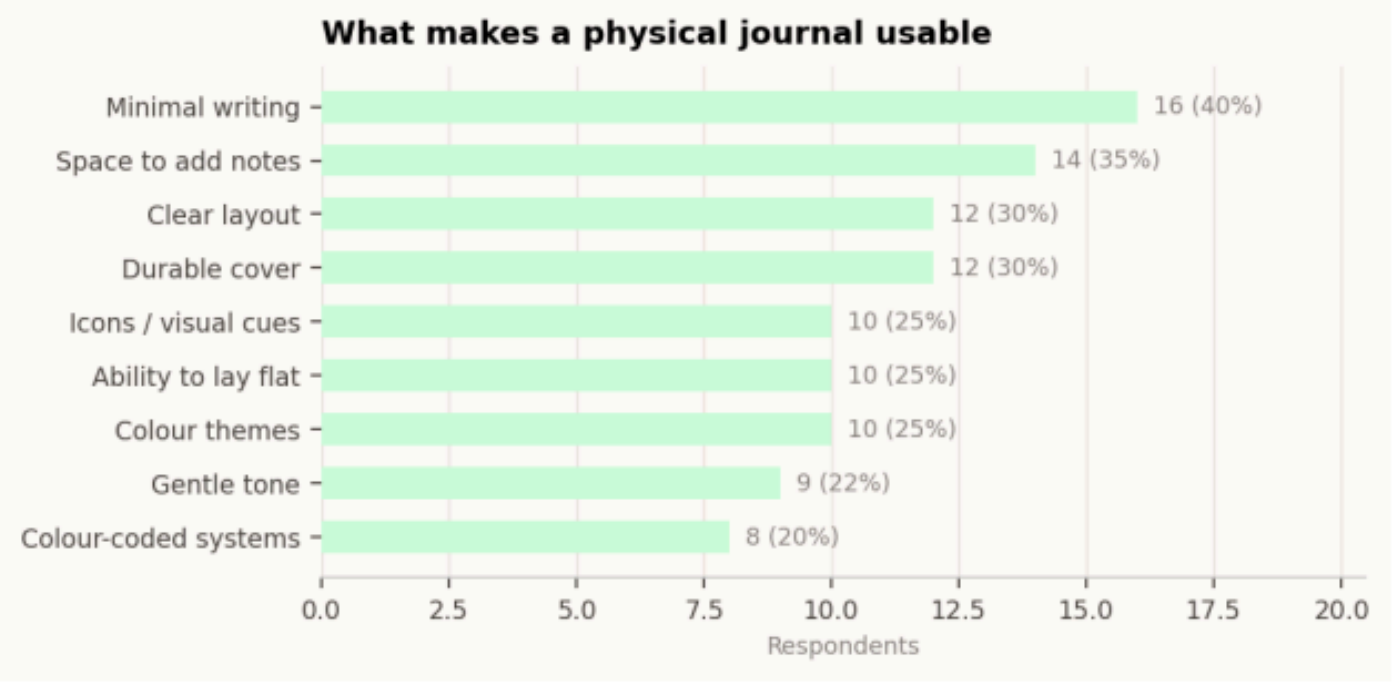

Figure 5. Physical usability factors, by frequency.

The data suggests people are more likely to consistently engage with a system that prioritises simplicity, flexibility, and readability over feature complexity.

Finding 6: *Engagement should be flexible, not rigid*

Preferred engagement was spread: once daily (32%), twice daily (28%), when-needed (18%), bad-day-only (15%). 40% preferred non-scheduled use, making flexibility a structural requirement.

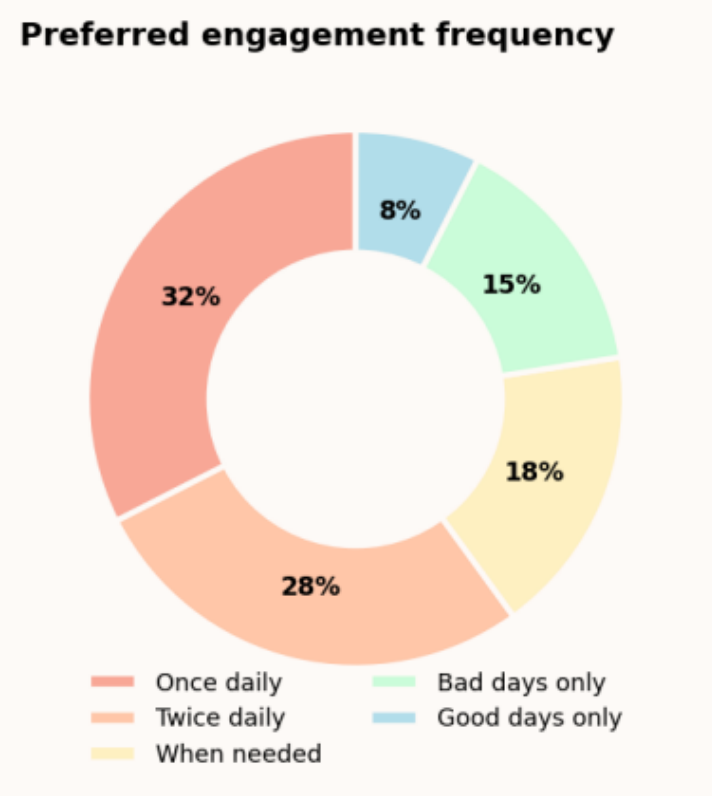

Figure 6. Preferred engagement frequency — donut chart.

BEDHEAD can present AM/PM as the ideal rhythm while clearly allowing adaptive use.

Implying daily completion is required for success is the strongest design risk here.

Finding 7: *Format Preferences Are Split, But Portability Matters*

No single format dominated. Classic bound book and portable/light tied at 12 (30%). Three-month duration had six selections vs just one for six months suggesting modular or shorter volumes may suit the user group better.

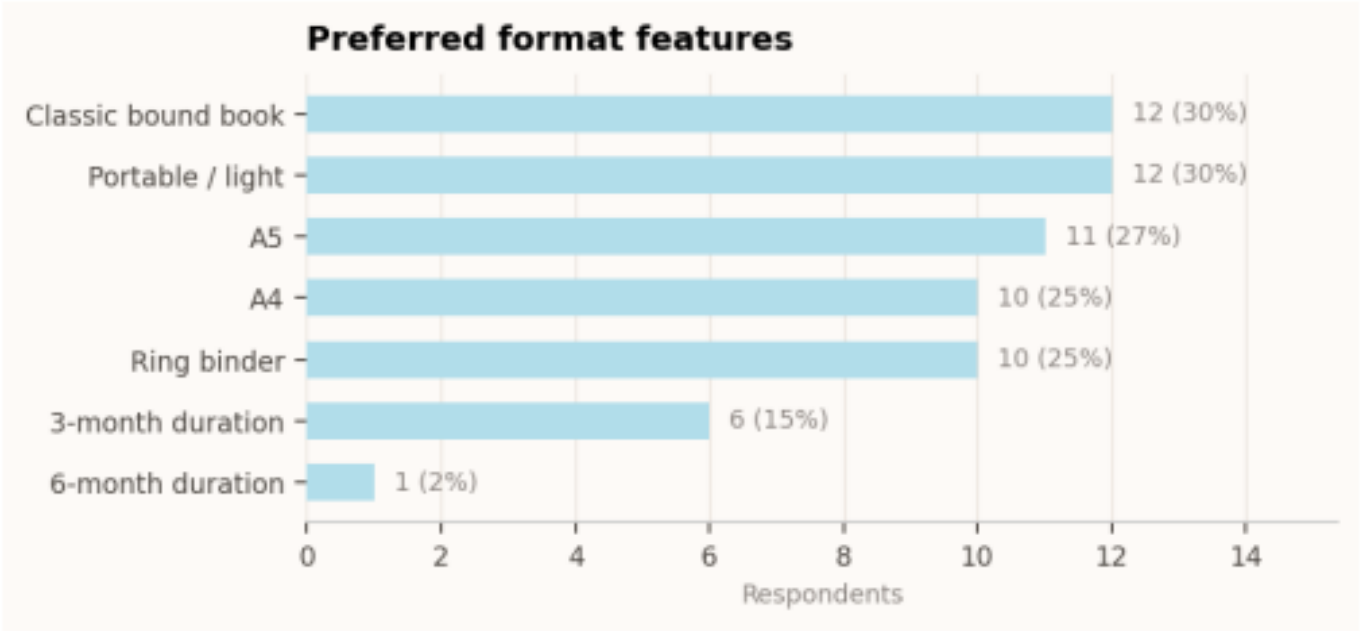

Figure 7. Format preferences.

Finding 8: *The biggest usability risks*

The clearest unusability triggers interact directly with fatigue, pain, brain fog, and emotional burden.

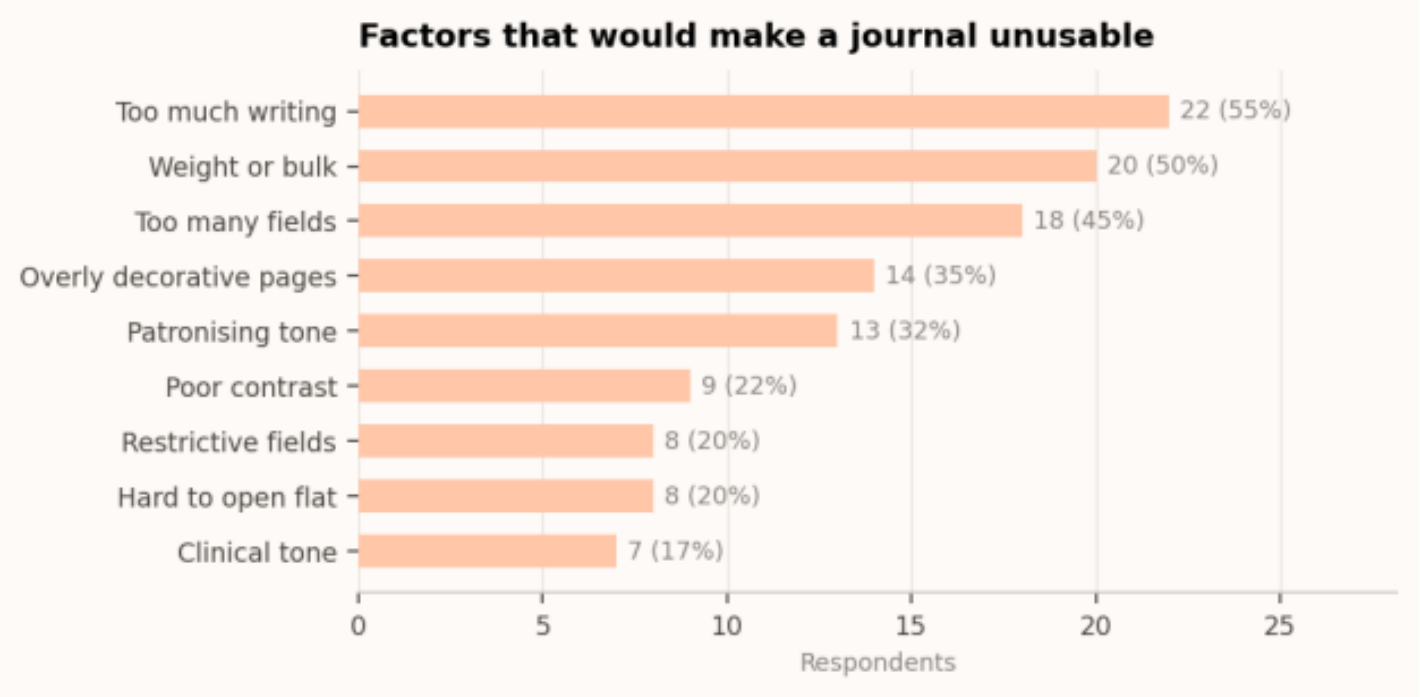

Figure 8. Unusability factors, by frequency.

Finding 9: *Digital tools are convenient, not preferred*

Respondents use digital tools for practical reasons: reminders (48%), phone availability (48%), ease of typing (45%) - not deep preference. This supports BEDHEAD's hybrid journal-and-website approach.

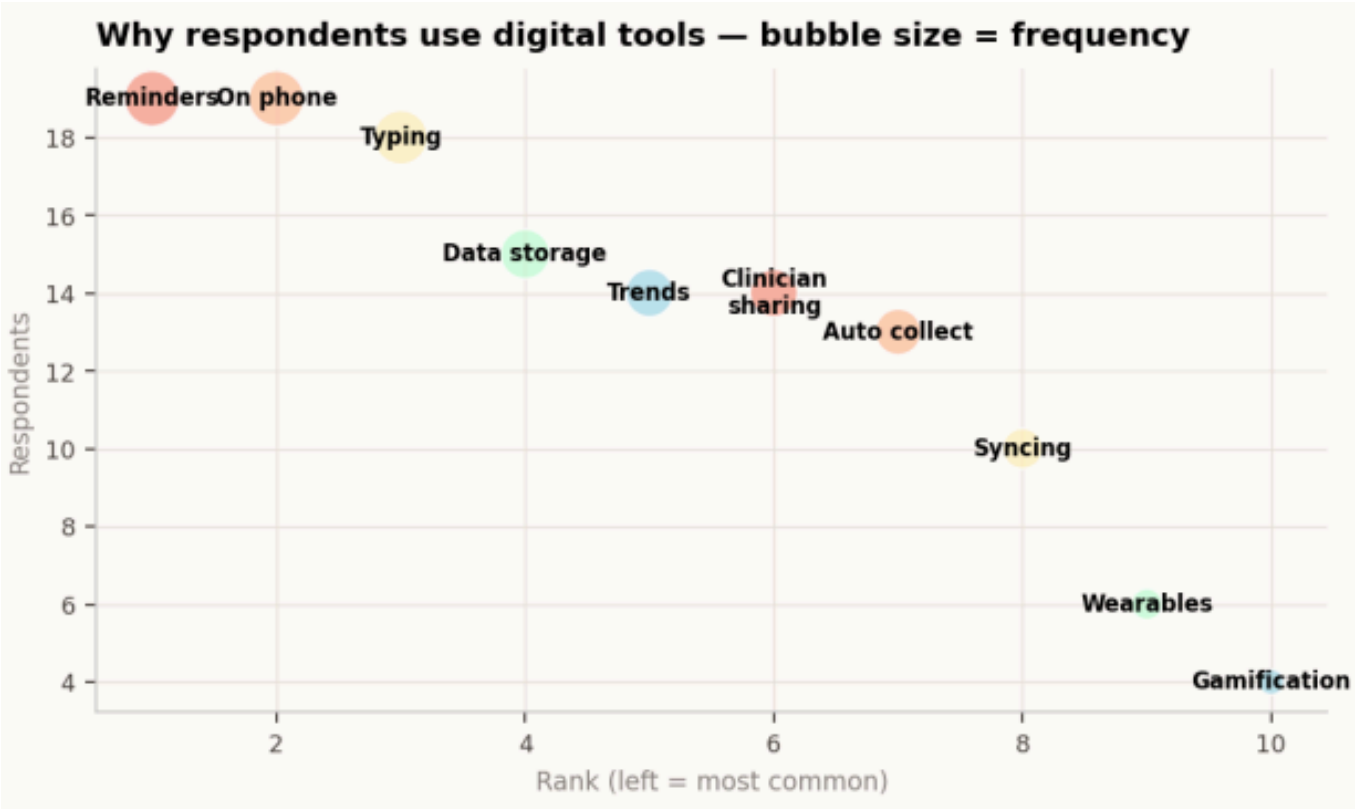

Figure 9. Reasons for using digital health tools — bubble chart.

Findings 10 & 11: *Adoption risks and willingness to pay*

Privacy and cost tied as top concerns (40% each), followed by productivity pressure (38%). On spend: 29/40 already pay something monthly for health tools, most commonly €5–10/month. This positions BEDHEAD as a compelling one-time alternative to ongoing app subscriptions.

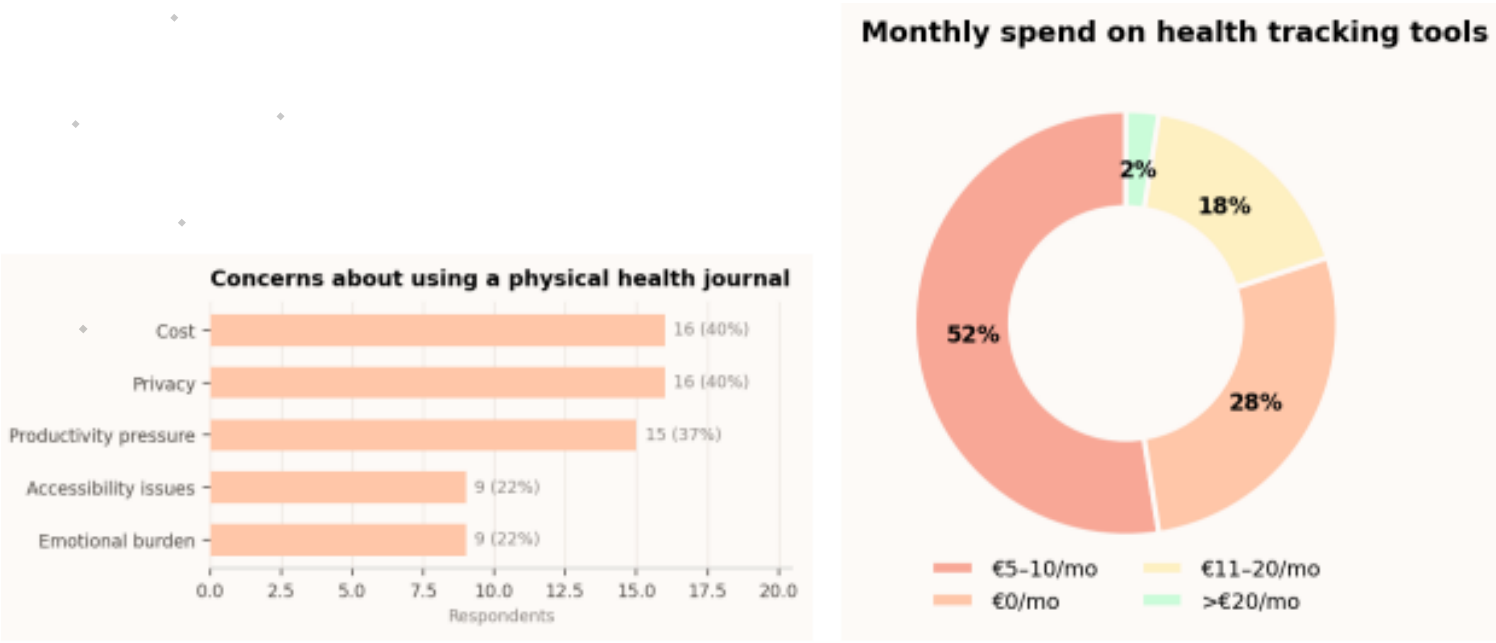

Figure 10. Adoption concerns (left) and current monthly spend (right).

Framing as support tool (not compliance tool) directly addresses the top three concerns.

One-time purchase positioning speaks to the 40% with cost concerns and subscription aversion

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Finding 12: *Prototype testing interest is very strong*

(98%) expressed interest in testing future prototypes. This is the strongest validation signal in the survey as it reflects willingness to engage beyond the survey itself. A beta testing pathway should be treated as a near-term priority.

This respondent pool is ready to test: page layouts, wording, format, engagement frequency, and usability during low-capacity periods.

Beta pathway should be activated as the immediate next R&D step.

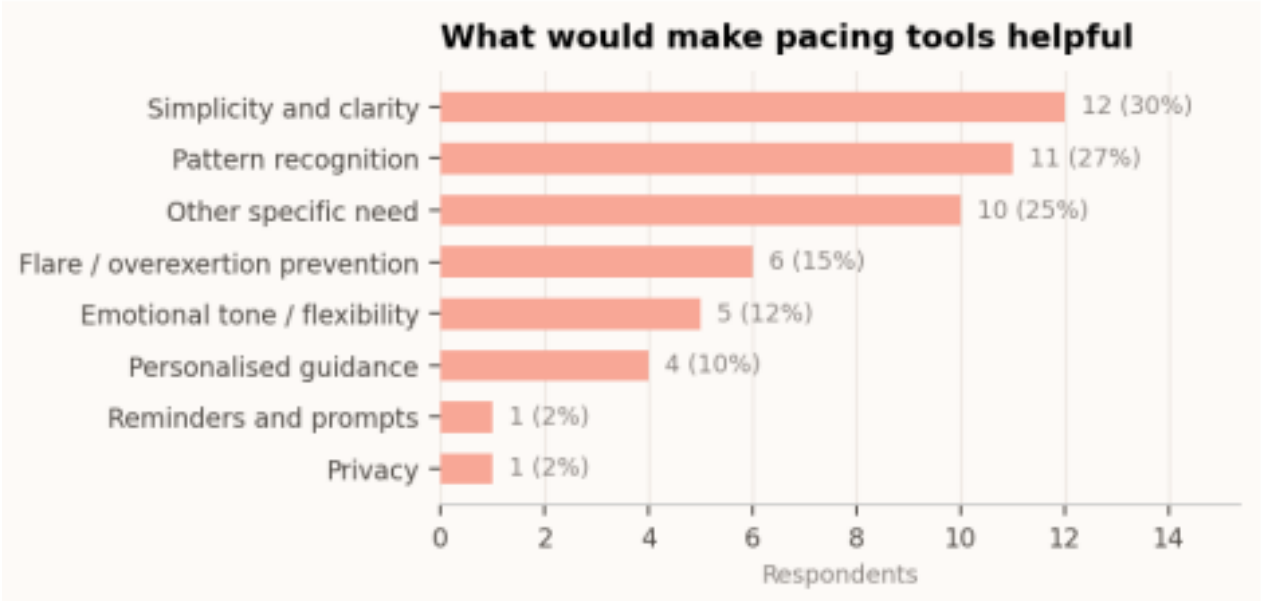
Prioritised Design Recommendations

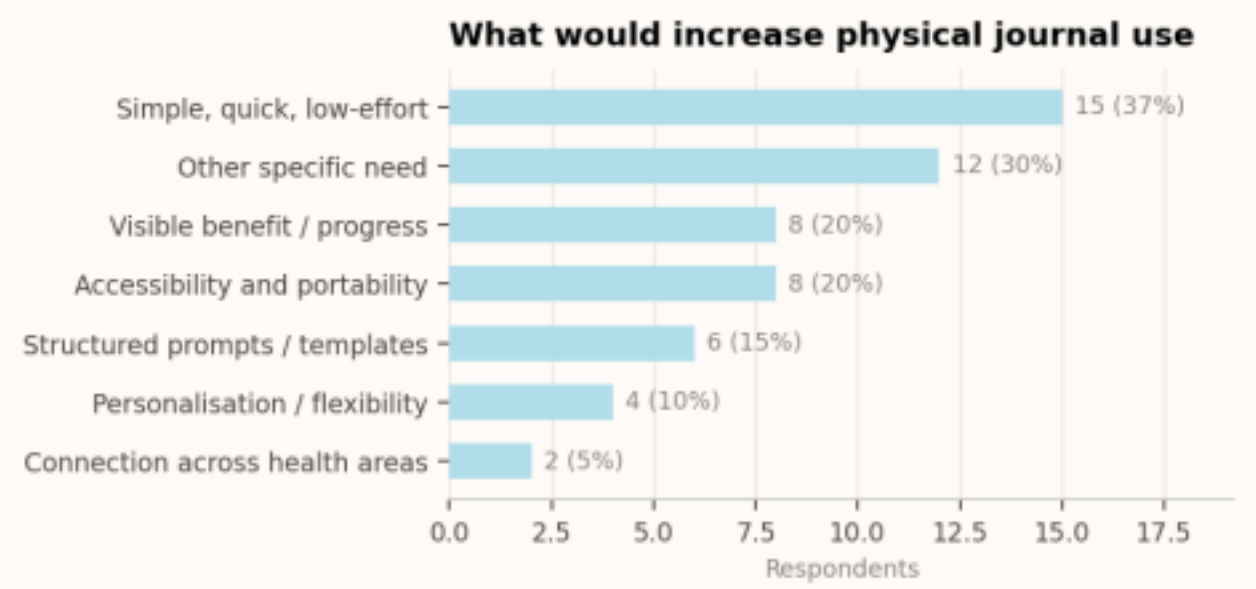
Recommendations derived from survey findings, ranked by strength of evidence and design impact.

Design principle	Survey evidence	Priority
Low-effort daily entry (icon-based, minimal writing)	22/40: too much writing = unusable 16/40: minimal writing = top usability factor	**Critical**
Flexible engagement (no mandatory streaks)	16/40 prefer when-needed / bad-day-only 25/40: forgetting = top barrier	**Critical**
Portable, light format (A5, lay-flat, durable cover)	20/40: weight or bulk = unusability factor 12/40: portability matters most	**High**
AM/PM reflections (optional not obligatory)	21/40 want AM/PM reflections 11/40 prefer once-daily or ad-hoc	**High**
Medication + appointment tracking	21/40 want medication trackers 16/40 want medical appointment notes	**High**
Gentle tone, no productivity framing	15/40: productivity pressure is a concern 13/40: patronising tone = unusability	**High**
Pattern charts (opt-in)	16/40 want symptom-activity charts 18/40: tracking anxiety is a barrier	**Medium**
Privacy-forward positioning	16/40: privacy is a top concern Paper-first = no data sharing by default	**Medium**
Hybrid digital companion	19/40: reminders key reason to use digital 14/40: clinician sharing valued	**Medium**

Open Response Analysis

Two open text questions were thematically coded from the survey data. They reinforce the quantitative findings, respondents repeatedly asked for simplicity, pattern recognition, low effort, and emotional flexibility.





Theme	Example Response
Simplicity	"If it were less confusing, easier to understand, and gave clear, simple guidance on what to do and when to rest."
Pattern recognition	"Be simple and easy to use, give clear time guidance, track progress visually."
Personalised guidance	"It needs to move beyond simple step-counting and become an intelligent, personalised energy management system."
Low-effort use	"It is cheap to acquire and simple to manage."
Visible benefit	"If it were simple to use, not time-consuming, had clear prompts, and showed how tracking actually helps."
Emotional flexibility	"Break big tasks into smaller steps, adjust automatically, encourage balance."

Conclusion

The survey supports BEDHEAD as a health management and pacing support product, not a general wellness planner. Respondents wanted practical functions: logs, medication tracking, charts, appointment notes, pattern recognition, and clear guidance — while strongly rejecting excessive writing, bulk, patronising tone, and productivity pressure

The survey provides strong early validation for BEDHEAD. Respondents do not simply need more tracking. They need tracking that survives fatigue, brain fog, emotional burden, inconsistency, privacy concerns, and the fear of being pushed back into productivity logic.

BEDHEAD is most strongly supported where it acts as a low-pressure structure: easy to begin, easy to return to, useful for pattern recognition, and respectful of fluctuating capacity