

Medication management habits

21 completed records | 4 incomplete | question-level samples vary

75%

15 / 20 respondents

Tie doses to a daily activity

70%

14 / 20 respondents

Recall whether a dose was taken

65%

13 / 20 respondents

Forgot at least one dose in 30 days

95%

19 / 20 respondents

Refill when supply looks low

Daily routines carry the system

Meals, waking and bedtime are the dominant anchors. A design that fits these routines is a stronger hypothesis than replacing them with a new workflow.

Disruption exposes friction

Seven of 14 difficulty responses describe timing, forgetting or tracking problems. Five describe refill logistics; one describes a bulky organizer and one reports ease.

Averages hide different experiences

Dose-confidence median is 9/10 (n=15), refill-difficulty median is 1/10 (n=19 numeric), and effort median is 24/100 (n=15). These are different scales and cannot be compared as raw scores.

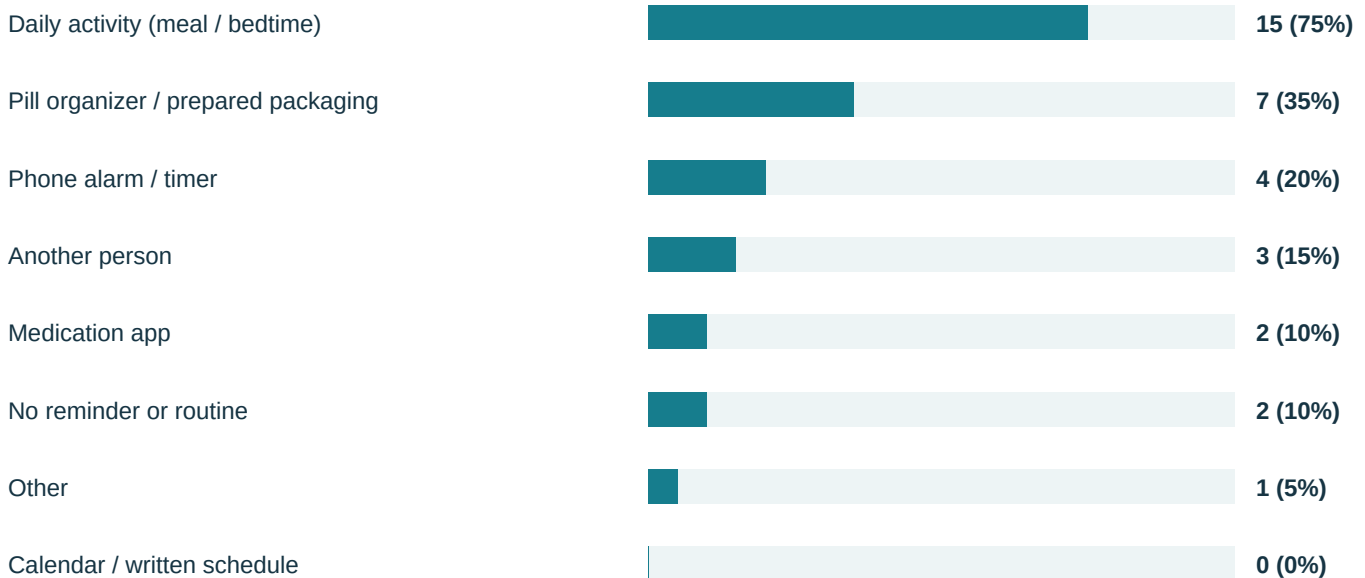
Exploratory convenience sample, dominated by social media recruitment. Percentages describe this sample only. No causal or clinical conclusions are supported.

Routines lead; apps are uncommon

Multi-select questions: respondents may choose several methods, so percentages can exceed 100%.

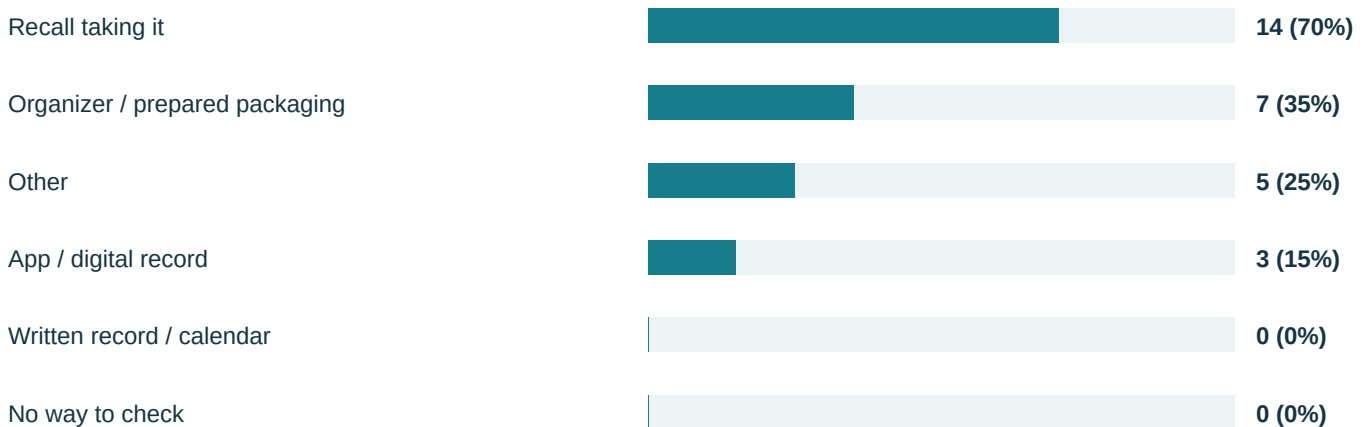
How people remember medication

Answered n=20 | count and percentage of respondents



How people check whether a dose was taken

Answered n=20 | count and percentage of respondents

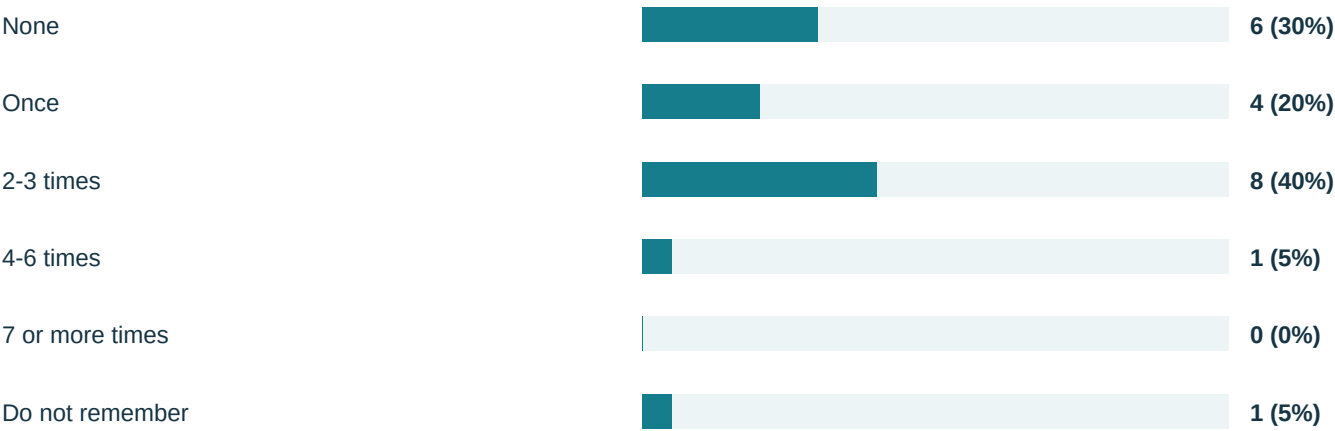


Interpretation: everyday cues and physical organization already do substantial work. Test quick, optional dose confirmation that complements those habits. Low current app use is not proof of low future interest.

Forgetting is common in this sample

Forgotten scheduled doses in the past 30 days

Answered n=20 | count and percentage of respondents



13 of 20 report at least one forgotten dose

65% selected a positive frequency. Six reported none and one could not recall. The 65% denominator includes the respondent who could not recall; it does not assume an exact count of missed doses.

Responses after a missed dose vary

The 19 written answers describe taking a dose later, skipping it or waiting for the next scheduled dose, and checking instructions. One answer describes doubling a dose. These are self-reported behaviours, not recommended actions.

Design opportunity: support the decision boundary

Test a clear missed-dose state and access to the person's existing prescription instructions or pharmacist contact. Avoid inferring a universal rescheduling or dosing rule from this survey.

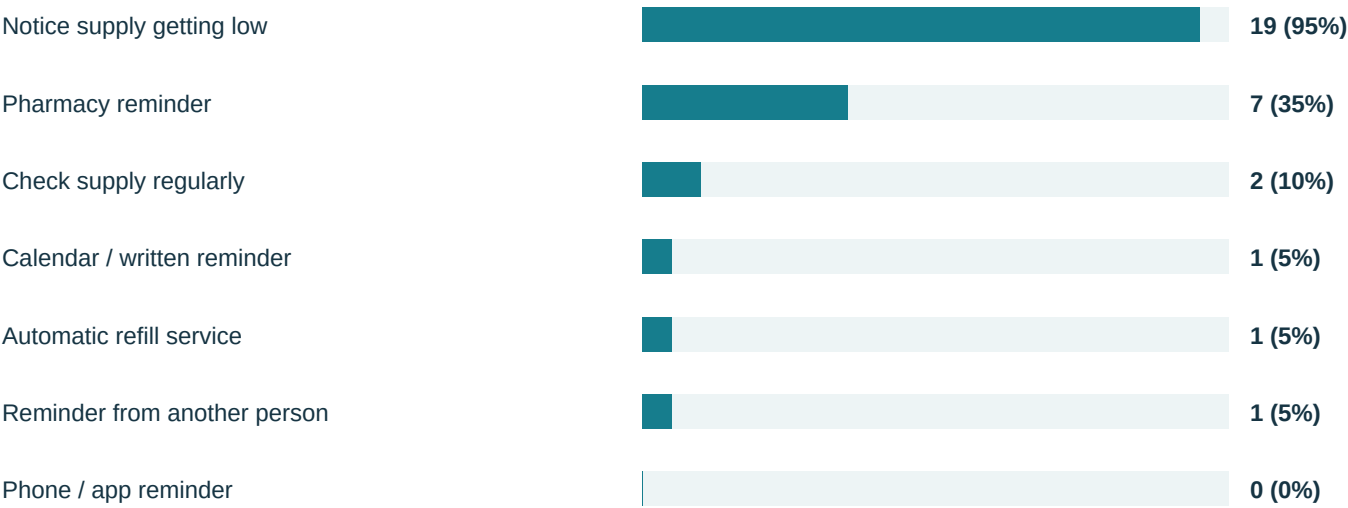
No participant-level cross-tabulation was performed. High overall confidence and reported forgetting occur in the same sample, but this does not establish that the same respondents reported both.

Refills are mostly triggered by low supply

Multi-select results show overlapping methods rather than exclusive groups.

What prompts a refill

Answered n=20 | count and percentage of respondents



Refill effort is uneven

Median difficulty is 1/10; mean 2.37/10; observed range 0-9 (19 numeric answers). Twenty answered the question: one response is nonnumeric / not applicable. Several written comments describe unsynchronized refill dates or pharmacy availability.

Support from others is present but not universal

12/21 (57%) selected no current help; 5/21 (24%) reminders; 4/21 (19%) checking doses; 3/21 (14%) arranging or collecting refills; 1/21 (5%) other. Multiple selections prevent calculating a unique helped-person count from totals alone.

Test refill lead-time alerts and a view of separate refill dates. Start with user-entered information and evaluate accuracy and effort; the data do not demonstrate demand for pharmacy integration.

Common pain points

Q15: 14 written answers. Each answer assigned one primary category by a single analyst.

Primary difficulty themes

Answered n=14 | count and percentage of respondents



Timing and routines - 7 / 14

Comments describe changed work or school schedules, midday doses, falling asleep before the planned dose, food-related timing constraints and fragmented tracking. This suggests testing flexible reminders and a visible record of recent actions.

Refill logistics - 5 / 14

Comments describe monthly replenishment, multiple refill dates that do not align and pharmacy closure. A shared refill overview is a useful prototype hypothesis; it is not yet a validated requirement.

Travel and changed routines - supporting context

In Q9 (18 answers), six explicitly mention using or bringing a pill organizer. Other answers describe carrying extras, placing medication beside an essential item, asking a partner, writing a task or maintaining the usual routine. One says a changed schedule improves attention.

Counts apply to Q15 only, not all 21 completed respondents. Theme coding is interpretive and has not been independently reviewed. Paraphrases are used to avoid publishing sensitive medication details.

Who answered, and what was measured

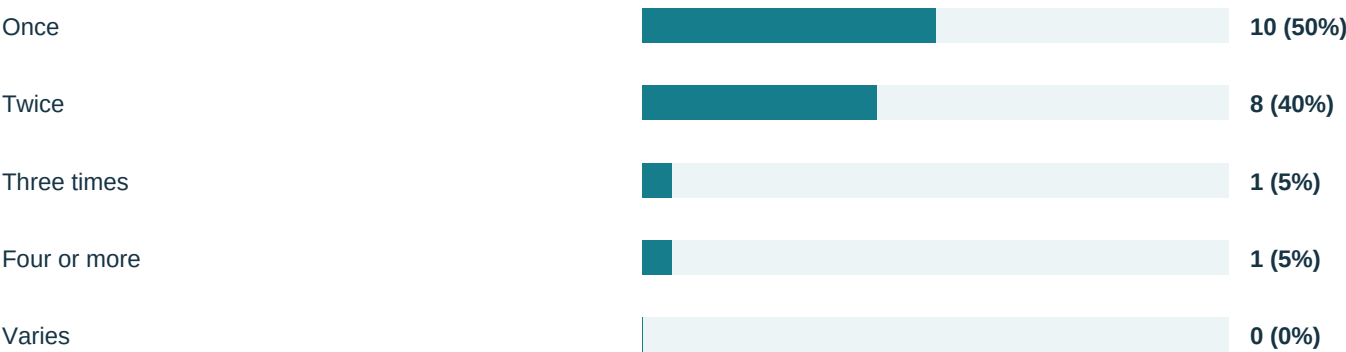
Number of recurring medications

Answered n=20 | count and percentage of respondents



Daily medication times

Answered n=20 | count and percentage of respondents



Confidence, refill difficulty and overall effort

Confidence: n=15, mean 8.27, median 9, range 4-10 on 0-10. Refill difficulty: numeric n=19, mean 2.37, median 1, range 0-9 on 0-10. Overall effort: n=15, mean 30.53, median 24, range 0-79 on 0-100. The effort scale maximum was verified in the editor.

Information sources

11/20 (55%) first consult prescription labels or packaging; 5/20 (25%) a prescribing clinician; 2/20 (10%) a leaflet; 2/20 (10%) online search. Pharmacist was omitted from the offered choices, limiting interpretation.

Evidence limits and design priorities

Sample accounting

Verified account totals: 77 accesses, 25 response records, 21 completed and 4 in progress. All 25 records answered Yes to the four eligibility/consent questions. The four incomplete views contained screening answers only, so research-question summaries use completed answers. Preview confirmation 026945D8 was absent from the response list; other undisclosed tests cannot be ruled out.

Recruitment and missing answers

19/21 source answers (90%) indicate social media; one survey-research community and one friends/family. This convenience sample is not representative of Canada. Research items were optional: n=20 for Q1, Q2, Q3, Q5, Q7, Q10, Q11; Q4 and Q6 n=19; Q9 n=18; Q8 and Q14 n=15; Q15 n=14; Q13 and Q16 n=21. Q12: 20 total, 19 numeric. Missing answers are not treated as zero or no difficulty.

Priority 1: fit habits and make recent actions visible

Prototype routine-based reminders plus a quick dose-history check. Validate whether people can confidently answer "Did I take it?" without introducing more work. Measure task success, uncertainty and logging burden.

Priority 2: make refill dates and lead times visible

Prototype a refill overview showing separate dates and supply estimates. Test whether people recognize an upcoming refill early enough and can correct inaccurate estimates.

Priority 3: test changing routines and portable use

Test travel, an unexpected overnight stay and a busy midday schedule. Include people using physical organizers and people who currently use no app. Validate the support-person flow separately.

Operational follow-up

The initial 25-record capacity is occupied, including four incomplete records; do not assume four more participants can enter. Trial expiry last verified as October 24. Manual 90-day deletion also applies to working copies: earliest post-launch deadline is January 8, 2027. No public dashboard, raw-answer upload or results email was created for this report.

Source: signed-in SimpleSurvey Responses list, question summary report (20 sections), four incomplete respondent views, and scale editors; accessed October 13, 2026. A CSV export attempt was blocked by Chrome, so no respondent-level correlations or duplicate audit beyond visible records were performed.