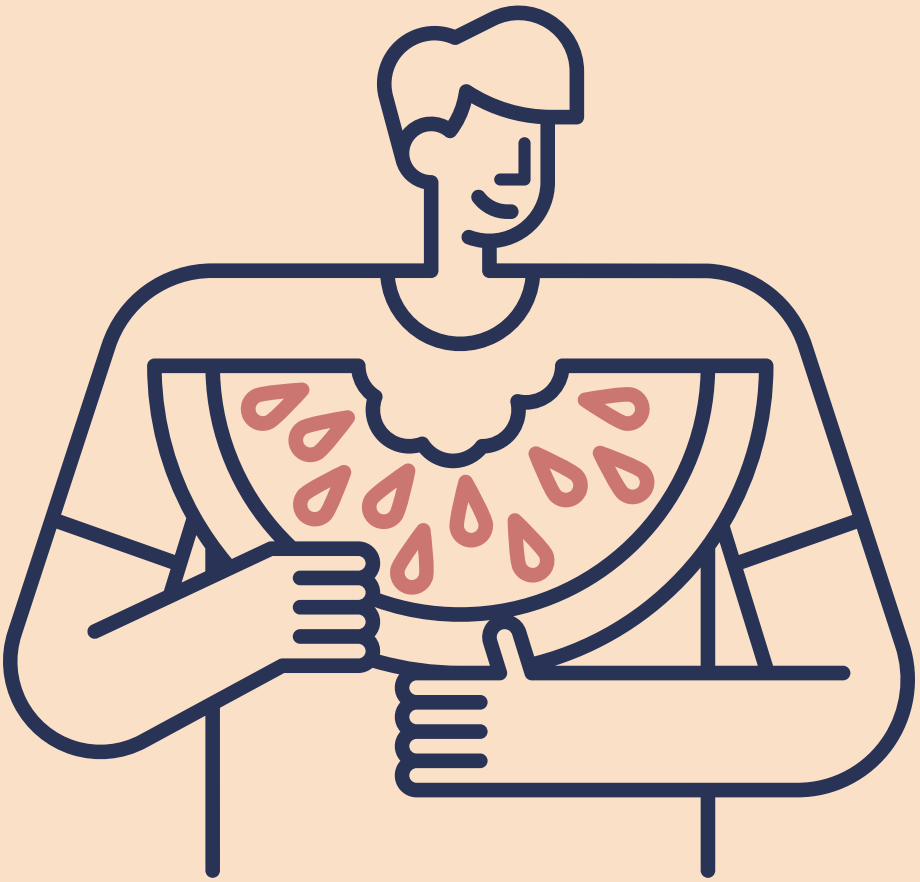
Redesign fEATback

to sooner reach adolescents with eating problems



Master Thesis

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Master Thesis
Design for Interaction
Industrial Design Engineering
Delft University of Technology

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Redesign fEATback to sooner reach adolescents with eating problems

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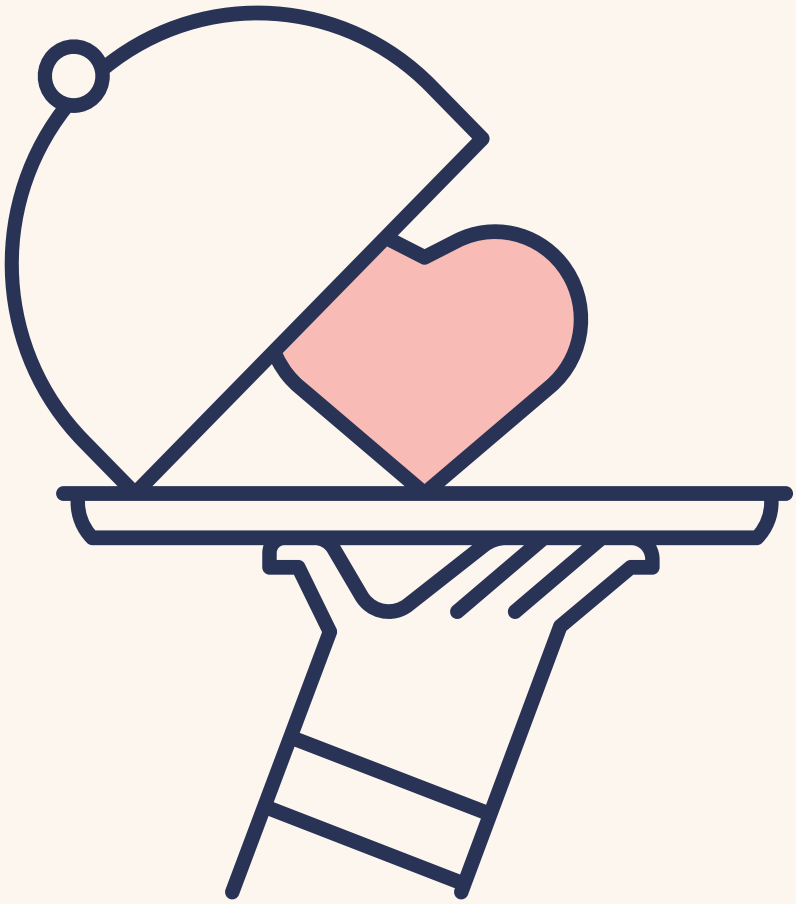
Cattapat from Noun Project

"Every time you decide that your **body** is worthy of **love** and **acceptance** you reclaim your right to live a full life **now**, instead of after you've changed xyz about how you look."

-

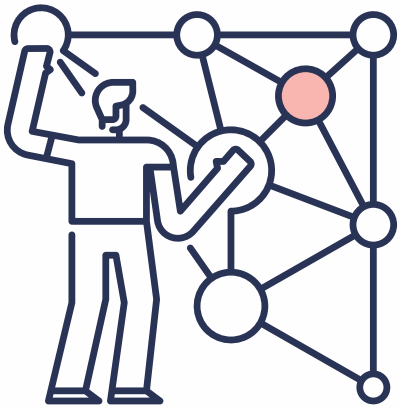
Megan Jayne Crabbe - 2023



Executive summary

Featback

Featback is an online self-help program for people with eating problems. Someone has an eating disorder (ED) when their whole life revolves around food and body image (Saha et al., 2022). Featback is developed by GGZ Rivierduinen Eetstoornissen Ursula. It has proven to be effective in reducing ED symptoms (Aardoom et al., 2016a; Rohrbach et al., 2022). For eight weeks, users have to answer four questions per week. Based on these questions, they receive one of 1250 handwritten personal messages. Even though Featback is effective, not many people use it.



Project goal & target group

Make Featback appeal to more adolescents who are struggling with a developing eating problem or eating disorder.

The target group is adolescents, as most people develop their eating disorder as a teen. It takes years before people seek help (de la Rie et al., 2008). However, the sooner someone gets help, the better the chance of recovery (Zipfel & et al., 2015). So, more adolescents must find Featback at the beginning of their eating problems.

Research

Research questions are created to achieve the project goal. These are answered by using contextmapping and literature research.

People do not recognise an ED because of stigmas, denial and poor mental health literacy. Many believe only thin, young, white girls have EDs (Romano & Lipson, 2019). People with an ED do not recognise themselves in this image. Not even when they are extremely underweight. Additionally, people of all sizes, genders and ages can suffer from an ED.

Design goal

Because it is found that people do not recognise an ED and thus are not looking for (online)help, the design must improve mental health literacy. The design goal is:

Create a website that helps adolescents who are developing an eating disorder improve their mental health literacy regarding eating disorders, to increase self-awareness, so that they will seek help sooner.

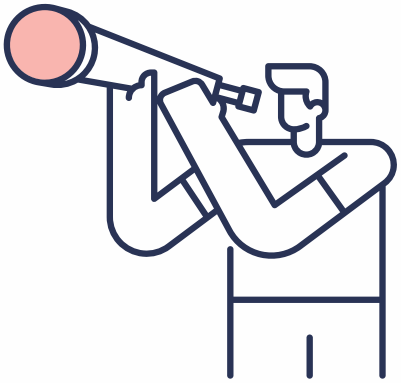


Image 1: One of the stories.

The redesign

In **phase 1: Mental health literacy**, users are educated on eating problems. They get presented with stories of situations related to eating problems (see image 1). They are asked to judge these stories; this creates distance between the user and the story and creates an interactive experience.

In **Phase 2: Recognition**, users can do a self-test to create recognition for their eating problems. The self-test results guide them to **Phase 3: Help**.

In phase 3, users can make use of the online help. They can directly start with week one of the eight-week program without creating an account. In this way, users can experience the interaction without committing, lowering the threshold to use Featback.

The redesign is evaluated with ED patients and experts.

Conclusion

The redesign helps young people understand eating problem symptoms better and stimulates them to seek help. People with an ED feel seen by the website and can reflect on their own behaviour using the stories.

The redesign must use other platforms like TikTok, Instagram, and Proud2Bme to attract people to the website.

Finding help is hard for people with EDs; they need encouragement to do so. They often do not believe they deserve help. A safe space like fEATback can lower this threshold.

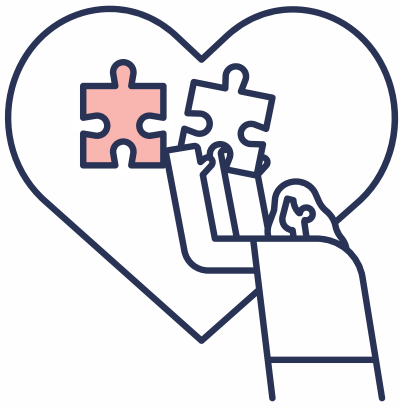


Table of content

1. Project introduction *Why Featback should*

In this chapter you learn more about why this project was done, the project setup, how Featback works and why there is a need for Featback to be redesigned.

d be redesigned

1.1 Project introduction

The context

Eating disorders

Eating disorders are a severe problem (Dingemans & et al., 2016; Mento et al., 2021). Someone suffers from an eating disorder if their whole life is negatively impacted by thinking about food and their body (APA, 2013). The most common eating disorders are Anorexia nervosa, bulimia nervosa, Binge Eating Disorder (BED), and Other Specified Feeding or Eating Disorder (OSFED).

2% of young Dutch women suffer from anorexia nervosa or bulimia nervosa (NVvP, n.d.). During their lifetime, more than 4% of women and more than 1% of men suffer from an eating disorder (ED) (van Eeden et al., 2021). It takes most people 3.6 years to recognise they have an eating disorder; it takes 4.2 to 6.3 years before people seek treatment (de la Rie et al., 2008). However, research shows that the sooner an eating disorder gets treated, the better the chance of recovery (Zipfel & et al., 2015).

Featback

Featback is an online self-help program for people with eating problems or disorders. E-health has proven to be effective in treating mental illnesses (Christensen et al., 2011; Rohrbach et al., 2022). Featback is developed by GGZ Rivierduinen Eetstoornissen Ursula in collaboration with the University of Heidelberg (DE). Participants of Featback have to sign up on the website (www.featback.nl). After completing a self-test, they receive a weekly e-mail with a link to a questionnaire. The questionnaire consists of four questions based on the DSM-5 criteria for eating disorders. After completing the questionnaire, they receive one of 1250 unique handwritten messages. The messages are written in a supportive and enforcing way and aim to make users aware of the severity of their eating problems, provide psychoeducation, and stimulate help-seeking behaviours (Rohrbach et al., 2019). Featback has proven to be effective in reducing ED symptoms (Aardoom et al., 2016a; Rohrbach et al., 2022). See section 1.3 to get a complete overview of Featback.

The target group

Most people develop their ED between 15 and 17 (Mantilla & Birgegård, 2015). Recently, more girls have developed anorexia before the age of 15 (van Eeden et al., 2021) Because most people develop their eating disorder when they are young, the target group of this project will be adolescents with developing eating problems or an eating disorder. Jaworska and Macqueen (2015) defined adolescence as the period when people transition from child to adult. Typical, this is between 12 and 25. The participants in the research for this project were all between 18 and 25.

The stakeholders

The parties involved are GGZ Rivierduinen Eetstoornissen Ursula and the TU Delft. GGZ Rivierduinen Eetstoornissen Ursula has developed Featback and will be responsible for continuing Featback after this graduation project. They are the stakeholder with the most interest in Featback reaching more people.

Adolescents with an eating disorder are essential stakeholders, too, because they are the intended users. People in the support network of adolescents, like parents, friends, teachers and doctors, can also be considered stakeholders as they want them to have a swift recovery.

The problem definition

Featback is proven to be effective ((Aardoom et al., 2016a; Rohrbach et al., 2022). However, not many adolescents with eating problems sign up to use it. The sign-up procedure is not appealing, and the overall interaction is not engaging. These are barriers that stop people from using Featback. A complete overview of the interaction with Featback, as it is now, can be read in section 1.3.

Aside from the barriers specific to Featback, adolescents may feel hesitant to use e-health. One barrier may be that they believe in-person therapy to be more effective. Another barrier is that people feel reluctant to seek professional help, for example, because they feel shame or don't want to lose control. Additionally, an eating disorder is ego-syntonic. The barriers adolescents feel to using e-health, and specifically, Featback, will be identified in this project.

Ego-syntonic thoughts are consistent with one's self-image, values, and goals.
(Davis et al., 2019)

The project goal

Make Featback appeal to more adolescents who are struggling with a developing eating problem or eating disorder.

This project aims to discover how adolescents with an eating disorder interact with e-health and how they can be reached. There are moments when they could benefit from a form of e-health over regular therapy. One reason is that there are long waiting lists at most GGZ clinics.

On the road to developing and discovering you have an eating disorder, there are multiple moments where there is an opportunity for Featback to help those who need it. During this project, these moments are identified. Based on this, a redesign is developed.

It is essential to understand the world from the perspective of teenagers to know how they want to interact with e-health. How Featback is offered should be reconsidered. In addition, how people want to interact with Featback needs to be investigated. Examples of new interactions could be that Featback gets more intertwined with people's daily lives or that there are game-like elements incorporated in Featback.

1.2 Project setup

This project went through four phases: defining the project scope, research, design and evaluation of the redesign. In Figure 1, an overview of the entire project setup is given. For each step, the corresponding chapter in this report is identified.

Project scope

Before the project started, the project scope was defined. This was done to ensure that the project was manageable within the time frame and that all parties would understand the desired outcomes well. **Section 1.1 Project introduction** outlines the entire project scope.

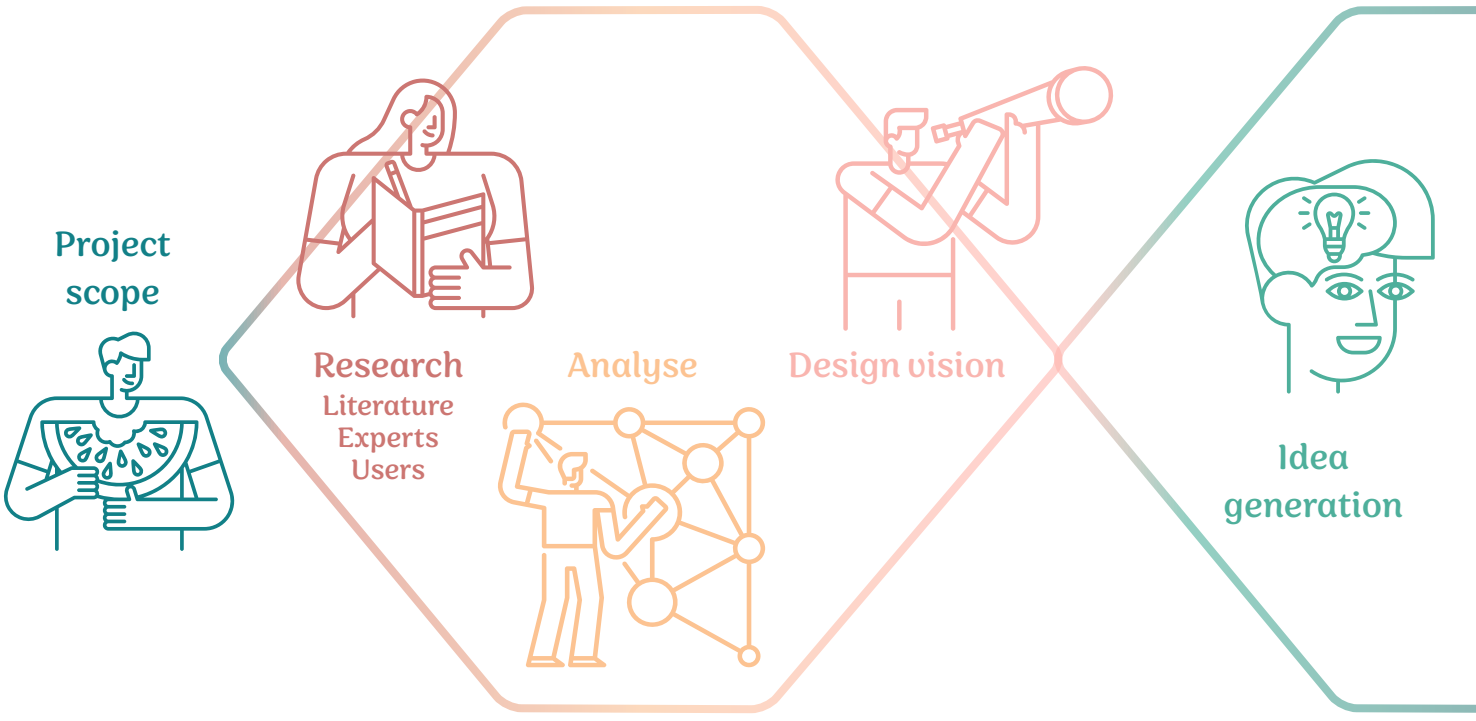
Section 1.3 Introduction to Featback outlines the interaction with Featback before the project started.

Research

Before designing, it is essential to understand the context and the users. Therefore, the research consisted of a combination of literature research, user research and the consultation of experts. Read more about the research methods in Chapter 2. Research approach.

These results were analysed using clustering. The research findings can be found in Chapter 3. Research Results.

Next, the design vision, requirements and goal were defined. The main focus of the redesign is improving mental health literacy. Read more about this in Chapter 4. Design vision.



Design

The ideation phase started after formulating the design vision. Multiple ideas and concept directions were created while using different generative methods. The process and ideas are discussed in Chapter 5. Ideation.

In Chapter 6. Redesign: fEATback, the redesign of fEATback is explained thoroughly. The redesign offers users insight into disordered eating behaviours by using storytelling. Users can judge the behaviours of others. It lets them reflect on their behaviour by giving information and offering a self-test. The last step of the design is that users can work on their eating problems by enrolling in the e-health program.

Evaluation

To validate the redesign a evaluation method was setup and the redesign was evaluated with adolescents with an eating disorder as well as experts. The evaluation plan and the outcomes of the evaluation can all be read in Chapter 7. Evaluation and recommendations

Conclusion

In Chapter 8. Conclusion and reflection the discussion and conclusion of the project can be read. Additionally future recommendations for fEATback are outlined.

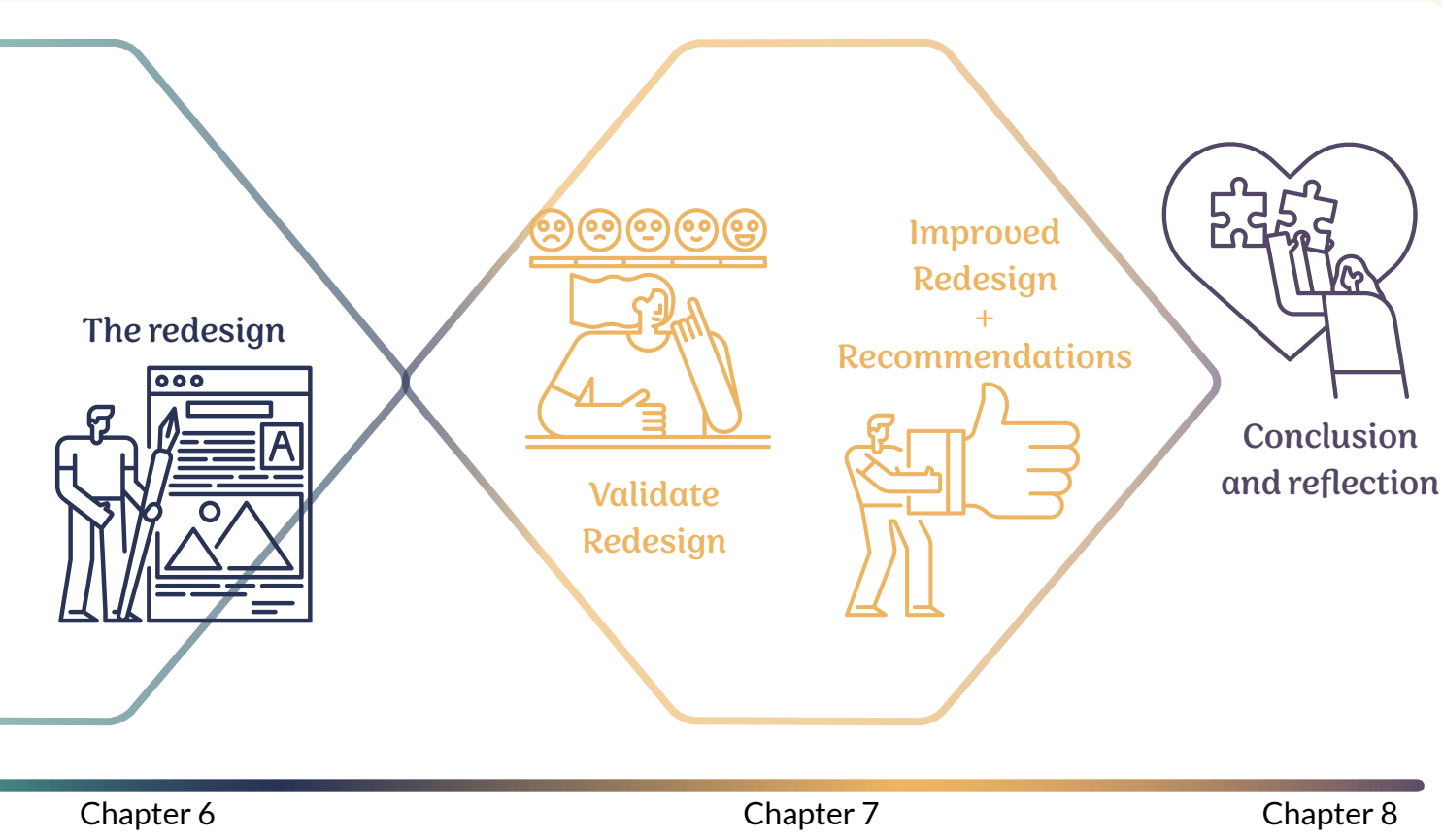
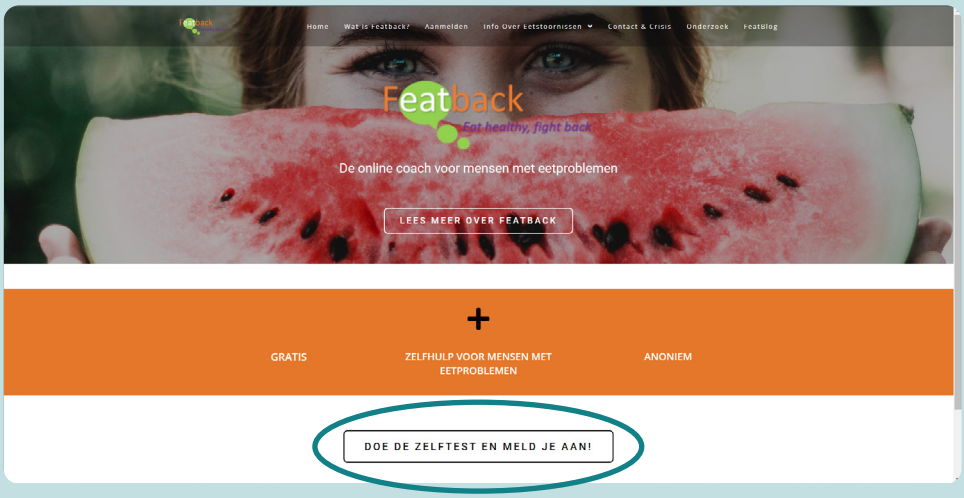


Figure 1: The project setup

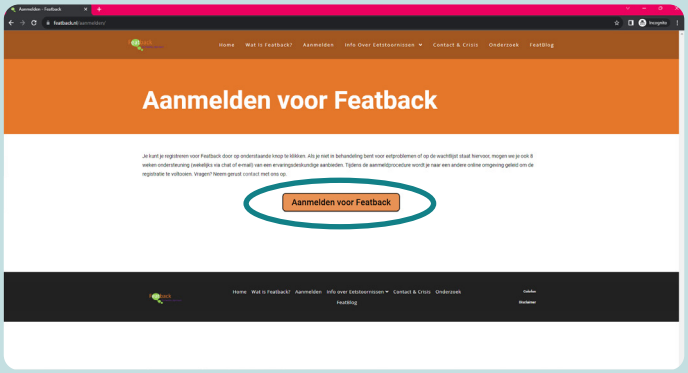
1.3 Introduction to Featback

As mentioned before, the project aims to make Featback appeal to more adolescents struggling with a developing eating problem or eating disorder. To reach this goal, it is important to understand how Featback works now. This section provides an overview of the main interaction with Featback is provided.



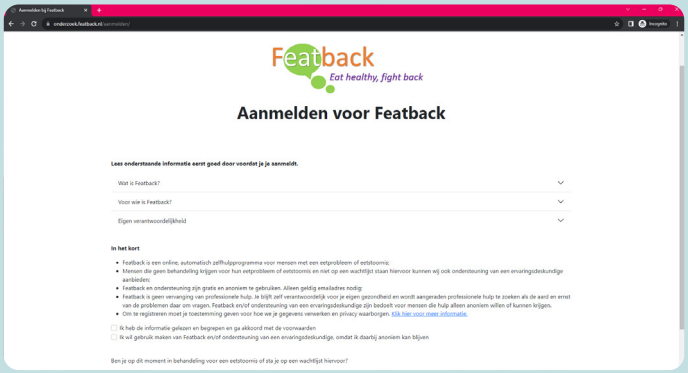
1. Featback homepage

When you click on the "*take the self-test and sign up*"-button you go to the next screen.



2. Sign up for Featback

A short introduction to Featback and a button to sign up.

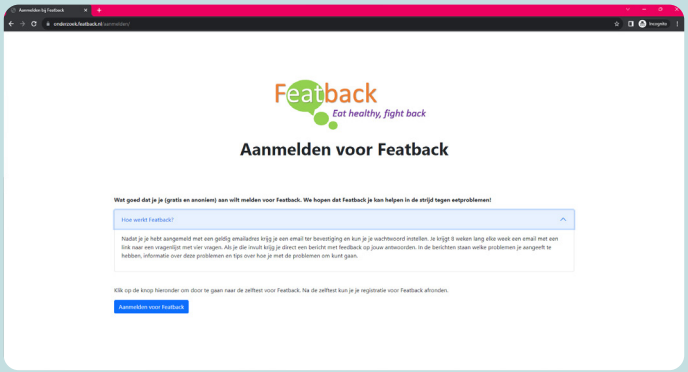


3 Sign up for Featback

More information about Featback. You are asked to give consent and if you are currently receiving therapy.

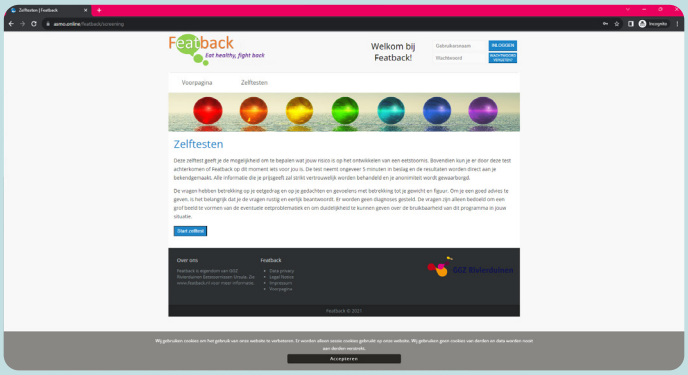
4. Sign up for Featback

Here you can select if you want to talk to an expert patient. You only see this page if you previously stated that you are not receiving therapy.



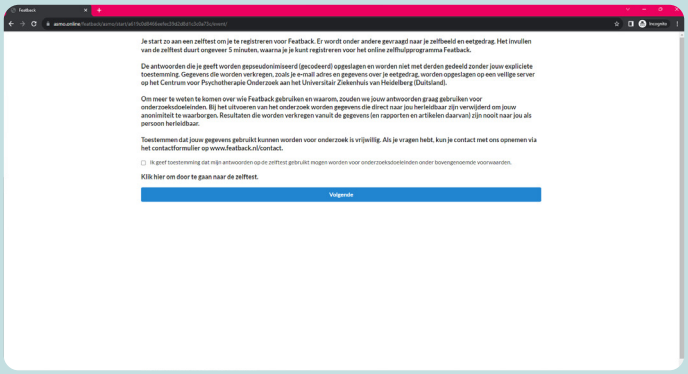
5. Sign up for Featback

More information about Featback. This page provides practical information.



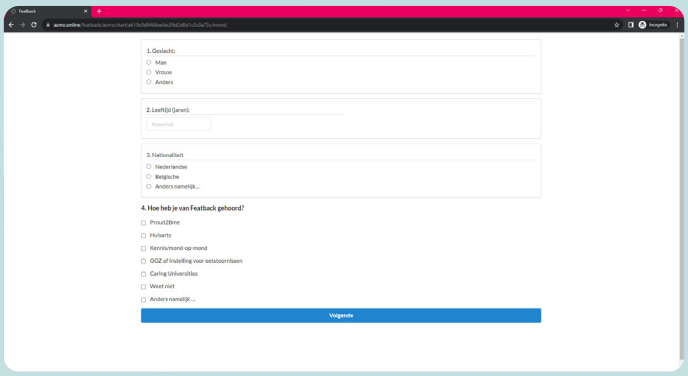
6. Start self-test

This page provides information over the self-test. There is a button that says start self-test.



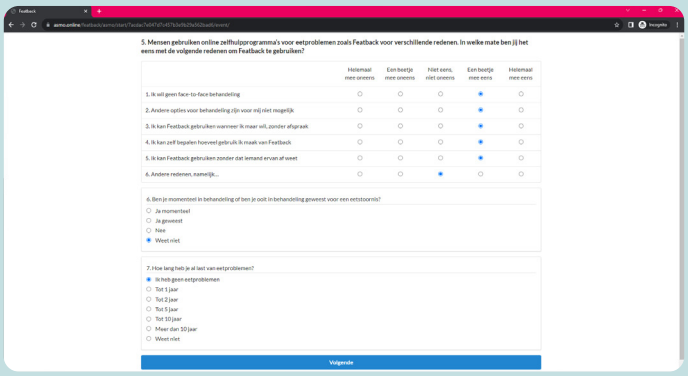
7. Participate in research?

On this page people are asked to consent to participate in research. They can choose to do this.



8. Self-test

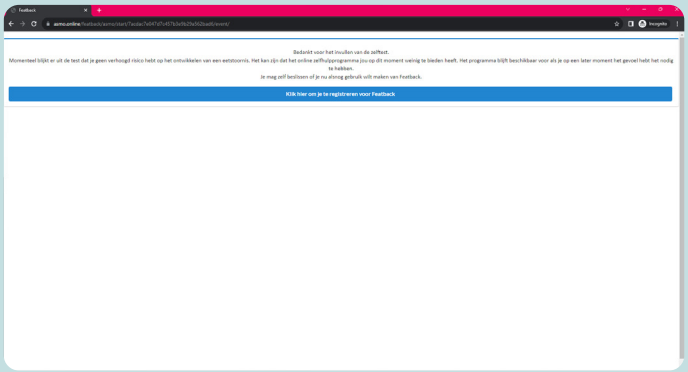
The first self test questions.
The Questions: 1. Gender 2. Age 3. Nationality 4. How did you hear about Featback?



9. Self-test

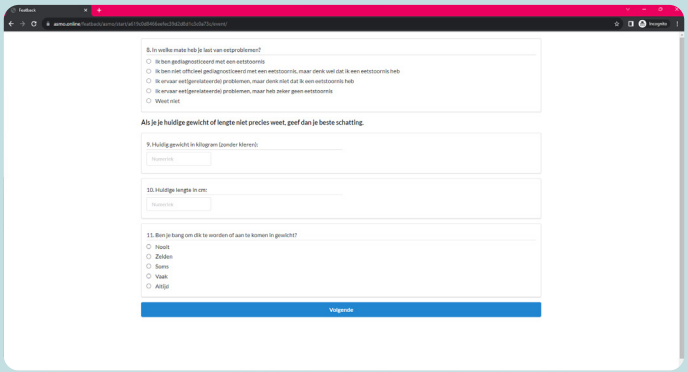
More questions on why people want to use Feadback.

The last question is: *How long have you been experiencing eating problems?*



10A. Self-test - outcome 1

When you answer on the previous page that you do not have eating problems you will get the result that you do not have eating problems. You can still sign-up for Featback. (Continue from 14.)

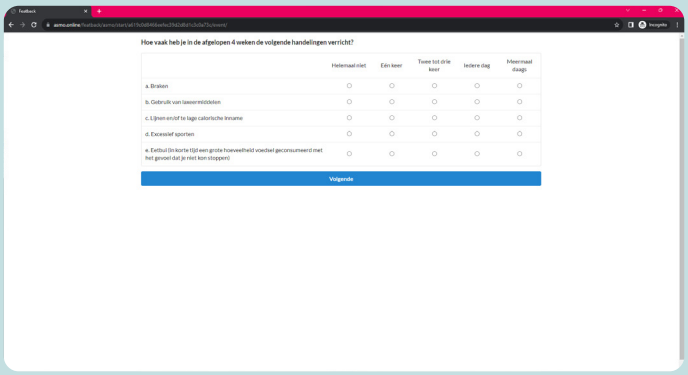


10B. Self-test

When you answer on the previous page that you do have eating problems you go to this page. Here the self-test questions continue.

Questions: 1. To what extent do you suffer from eating problems? 2. Current weight 3. Current height 4. Are you afraid to get fat?

(Continue from 11)

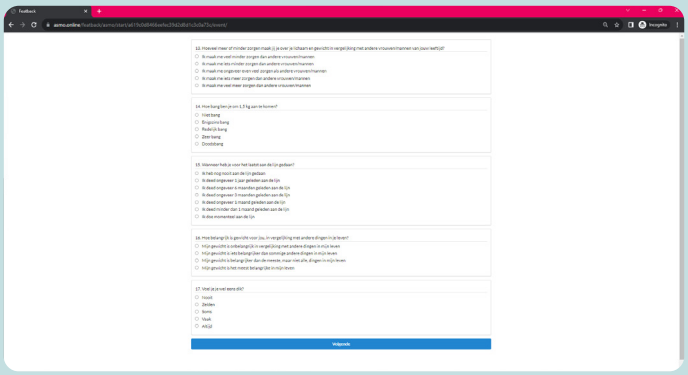


11. Self-test

More self test questions.

How often did you ... in the last 4 weeks?

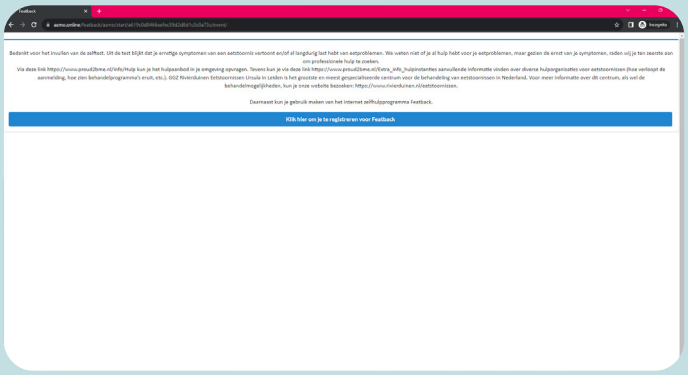
- *Purge*
- *Use laxatives*
- *Diet*
- *Excessively exercise*
- *Binge eat*



12. Self-test

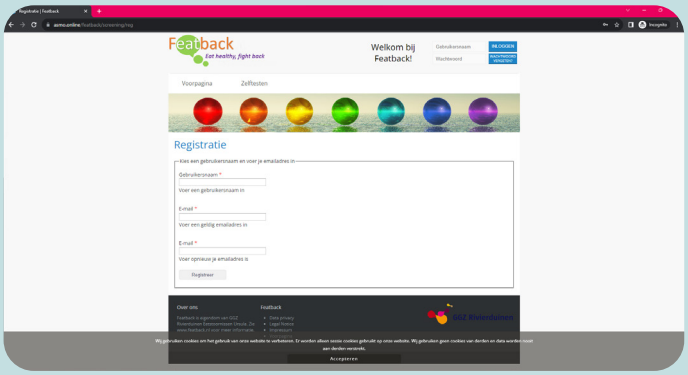
More self test questions

- *Are you more or less afraid then others to lose weight?*
- *How afraid are you to gain 1,5 kg?*
- *When did you last follow a diet?*
- *How important is your weight compared to others things in your life?*
- *Do you feel fat?*



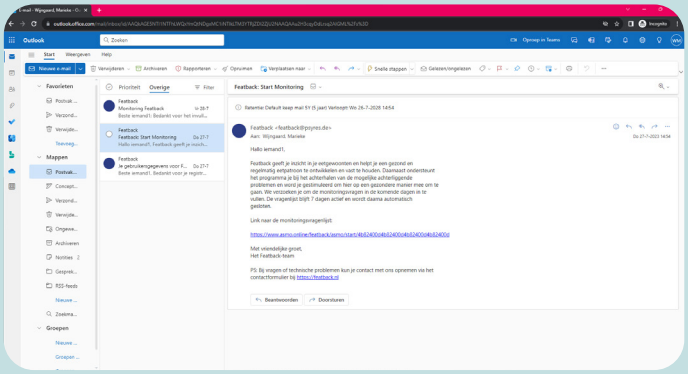
13. Self-test - outcome 2

You receive the outcome of the test and a recommendation to use Featback after completing all the questions



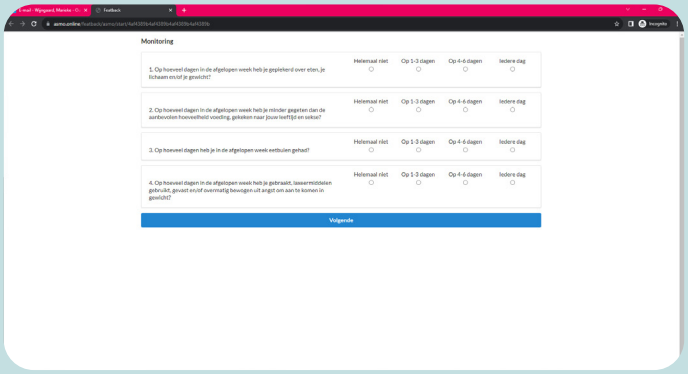
14. Create an account

After the self-test (10A or 13) you can create an account. You need to create an user-name and give up an e-mail address. You will get sent an e-mail with a link to confirm your account. Once you have done this you can create a password and your account is created.



15. E-mail reminders

After registration, you receive a weekly e-mail for eight weeks with a survey link.

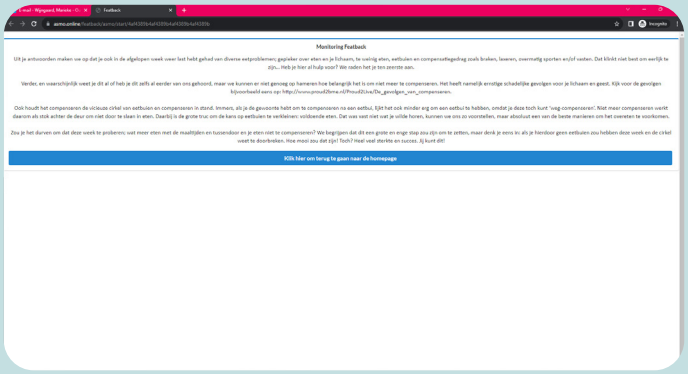


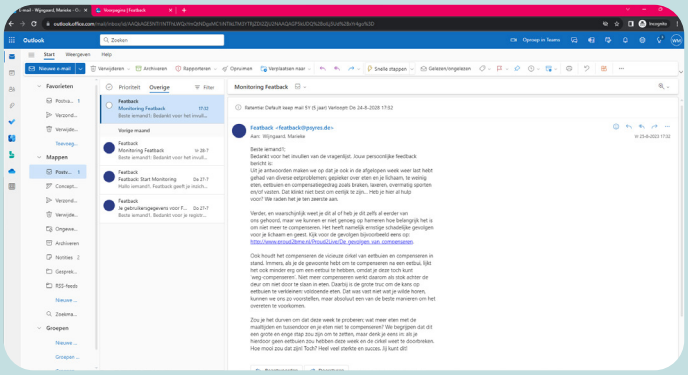
16. Weekly survey

The weekly survey consists of four questions:

How often did you ... in the last week?

- *Purge*
- *Use laxatives*
- *Diet*
- *Excessively exercise*
- *Binge eat*





17. Message

After completing the survey, you get a message (left screen). You also receive an e-mail with the same message (right screen). “The messages contain a summary of self-reported eating problems, psychoeducation, and guidance on how to counter ED-related symptoms, which are formulated in a supportive and reinforcing way.” (Rohrbach et al., 2019)

An example message

“We are concerned about your eating problems. You indicate that last week you have been worrying about food and your body, you have not eaten sufficiently every day and have had more days on which you dealt with binges and compensatory behaviours. That’s no small thing you’re dealing with :(.

The urge to eat can emerge from stress, tension and/or emotions that suddenly occur. Is that something you recognize? Do one or more of these factors also precede a binge for you? It is possible to directly respond to these tensions or emotions by giving in to your binge. However, in fact you are not really heeding them, but you are muffling or dampening them and putting them aside. This mostly has a reversed effect, since not only do these tensions and emotions return at a later time, you generally feel worse after a binge as well.

Next time you feel an urge to binge or compensate your food, try to delay it. You will notice that after a while the binge or compensating behaviour seems less necessary, or even not necessary at all! For this week, try to delay the urge for about 10 minutes. Also think about activities you can undertake during those 10 minutes to make delaying your binge or compensating behaviour more bearable. Call a friend, put on your favourite music, go on a stroll through town or find another activity. Did you achieve the 10-minute delay? Excellent! Challenge yourself to extent the time you set for yourself every now and then.

Will you rise to the challenge? We are very curious to see what will happen when you learn to delay your harmful eating behaviours and whether this will help you. Good luck!” (Rohrbach et al., 2019)

Now that we know how Featback works, it is time to try to understand how it can be improved. In the next chapter, the research setup is illustrated. The research setup explains how the research is approached to reach the goal set in section 1.1.

2. Research approach
How to understand t

This chapter outlines the research activities conducted during the project. And what analysing methods are used.

he users of Featback

2.1 Research questions

This project aims to make Featback appeal to more adolescents struggling with a developing eating problem or eating disorder. For this purpose, six research questions were formulated. The questions are answered in Chapter 3.

1. How/when do teenagers recognise the first symptoms that they might have an eating problem?
2. What barriers do adolecents experience in admitting their eating problems to themselves and/or others?
3. How/when do adolescents with an eating problem seek help?
4. How do adolescents with developing eating problems/disorders interact with the internet?
5. What are the success factors of other E-health tools?
6. Based on the research findings, how should the interactions with Featback be?

2.2 Research activities

Cognitive walkthrough

The cognitive walkthrough: "is a usability evaluation method in which one or more evaluators work through a series of tasks and ask a set of questions from the perspective of the user." (UXPA, n.d.)

The current website was analysed using the cognitive walkthrough method. This is done to understand how users would like to use Featback and what are current barriers for people to use the interaction. For the cognitive walkthrough, I went to the Featback website and performed four tasks.

1. Find information on what to expect when using Featback.
2. Do the self-test.
3. Sign up for Featback.
4. Use Featback for at least three weeks.

Read the cognitive walkthrough outcomes in section 3.1.

Literature review

To answer the research questions, a literature review (Knopf, 2006) is conducted. The results of the literature review can be read in the section 3.2

Consulting experts

During the entire project, experts on eating disorders were consulted. Experts verified all steps in the process to ensure that the information gathered during the project was correct. Experts are also used to verify the user research results and some design choices in the final design.

The experts include psychologists and researchers of GGZ Rivierduinen Eetstoornissen Ursula and Employees of Proud2Bme.

Proud2Bme: is a website where people with an eating disorder or eating problems can come together, read blogs, chat, and write on the forum. Proud2Bme is managed by patient experts and is part of GGZ Rivierduinen Eetstoornissen Ursula.

Contextmapping

To get a better understanding of the target group, contextmapping research was conducted. As stated in the literature, it is important that users of the final product are involved in the design process(Graham et al., 2019; Mohr et al., 2018).

Contextmapping: "Design research approach which emphasizes user involvement through generative techniques and design team involvement with rich communication techniques" (Sanders & Stappers, 2012)

Booklet

For the research, a booklet was created. The booklet was created with the help of contextmapping experts and experts from GGZ Rivierduinen Eetstoornissen Ursula. The booklet has transformed over multiple iterations into the final booklet used in the research (see Appendix D and image 2).

The goal of the booklet is to let the participants think back on how their eating disorder started and the first symptoms they noticed. The second goal is to prompt them to think about how they use the internet concerning their ED. The last question in the booklet lets participants think of how they want to use the internet. Additionally, the participants got stickers to help them get started. Using the stickers was optional.

Image2: The booklet and stickers.

Semi-structured interview

After the participants filled in the booklet, a semi-structured interview was conducted.

The semi-structured interview aimed to learn how young people with a developing eating problem engage with the internet, when they recognised their first symptoms, how they asked for help, and how they would have liked to interact with e-health. The script of the semi-structured interview can be found in Appendix E. The interview duration is one hour.

Semi-structured interview: "A data collection method that relies on asking questions within a predetermined thematic framework. However, the questions are not set in order or in phrasing." (George, 2022)

Participants

The participants of the contextmapping research were patients from Eetstoornissen Ursula. The goal was for the patients to be between 16 and 22 years old. The patients were recruited with the help of their therapists. Multiple adult and youth groups with different eating disorders were informed about the research and asked to participate.

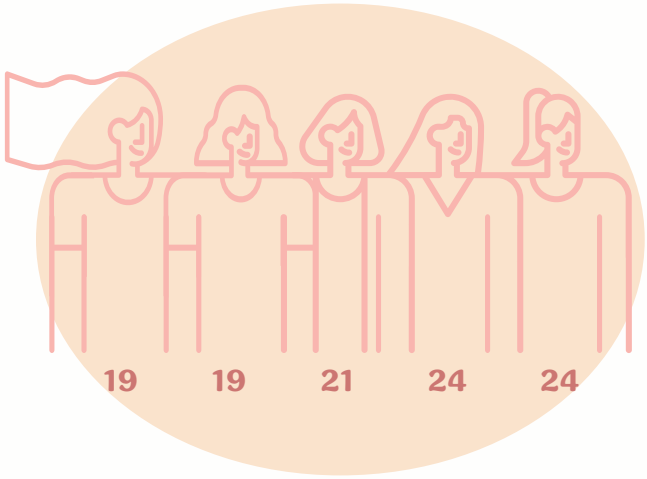


Figure 2: The partisipants.

In the end, five people participated in the contextmapping research. The participants were all women between 19 and 24 years old. Four participants suffered from anorexia or bulimia, and one suffered from binge eating disorder.

Ethics

A research plan was created to ensure the research was conducted within the ethics guidelines from the TU Delft. This plan was approved by the HREC (human research ethics committee). The plan includes the completed HREC checklist (Appendix B), the informed consent form (Appendix F) and the data management plan (Appendix C).

The main points of the research plan are that the participants will be selected by a therapist from GGZ Rivierduinen Eetstoornissen Ursula. The therapist can correctly asses if someone is suitable for the research and not too vulnerable. Furthermore, participants are informed that they can stop at any point during the study and are asked to sign a consent form. All data is handled anonymously, and the identity of the participants is never shared. The only personal data collected is to make an appointment and communicate about this.

2.3 Analysing findings

After the interviews were conducted, the results were analysed using clustering (Sanders & Stappers, 2012) and making a GIGA-map in Miro (see image 3). The map made it easier to see the relations between the findings and between the literature and contextmapping findings. The findings are grouped on the map in clusters divided per research question. For each research question, the results are separated by source. If the source is the contextmapping research, the bubbles are filled; if the source is literature, the bubbles only have a coloured outline. The lines show the relations between the clusters.

The outcomes of the research are described in Chapter 3.

GIGA-mapping:
"extensive mapping across multiple layers and scales, investigating relations between seemingly separated categories and so implementing boundary critique to the conception and framing of systems." (Sevaldson, 2011)

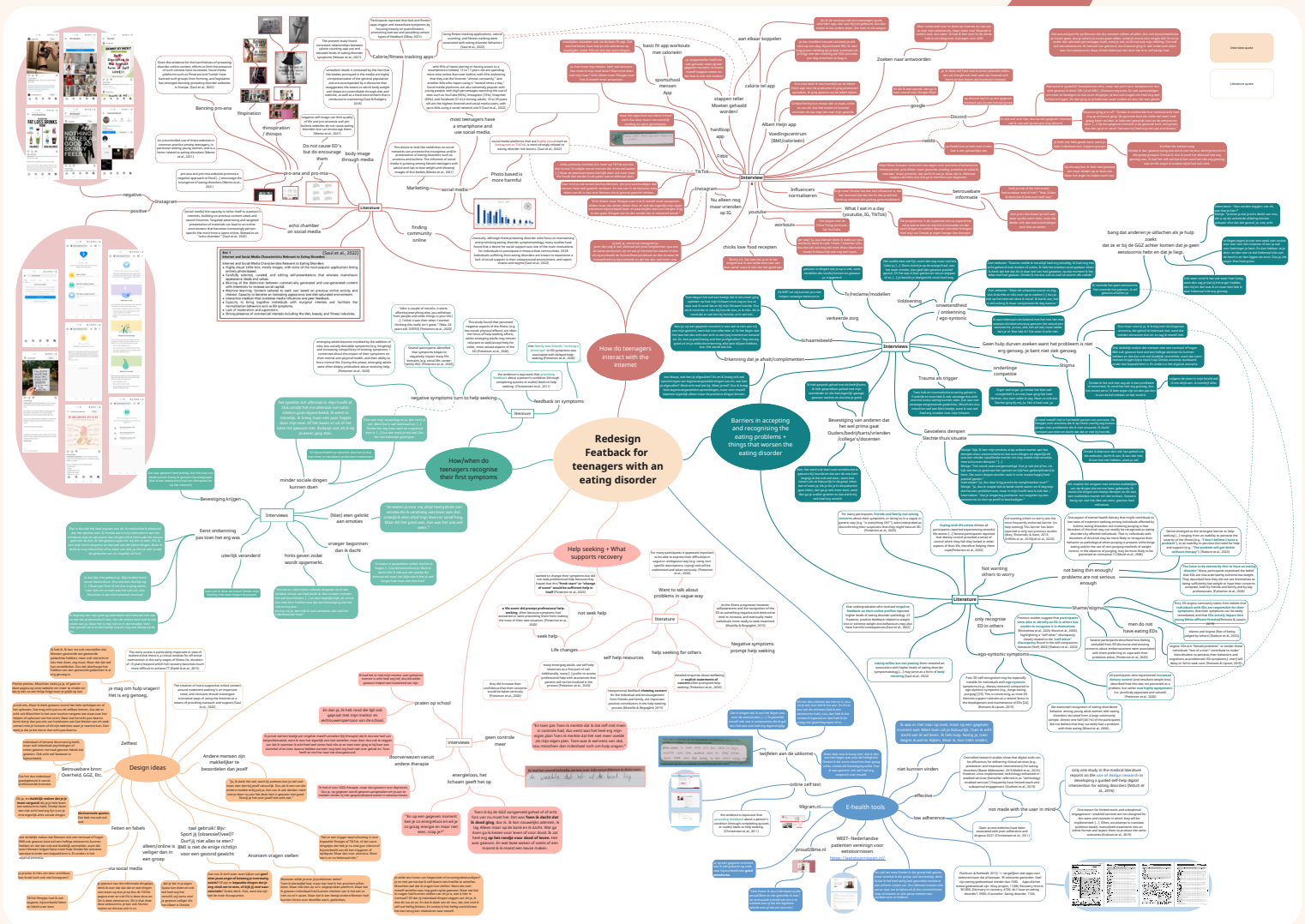


Image 3: The clusters in Miro.

3. Research Results *Eating disorder recog*

This chapter focusses on the research results. First, the results of the cognitive walkthrough and the experience users currently have with Featback are discussed.

Next, the research questions will be answered using information gathered from the literature research, context mapping research and expert knowledge.

Finally, the most important results for the redesign are discussed in the conclusion.

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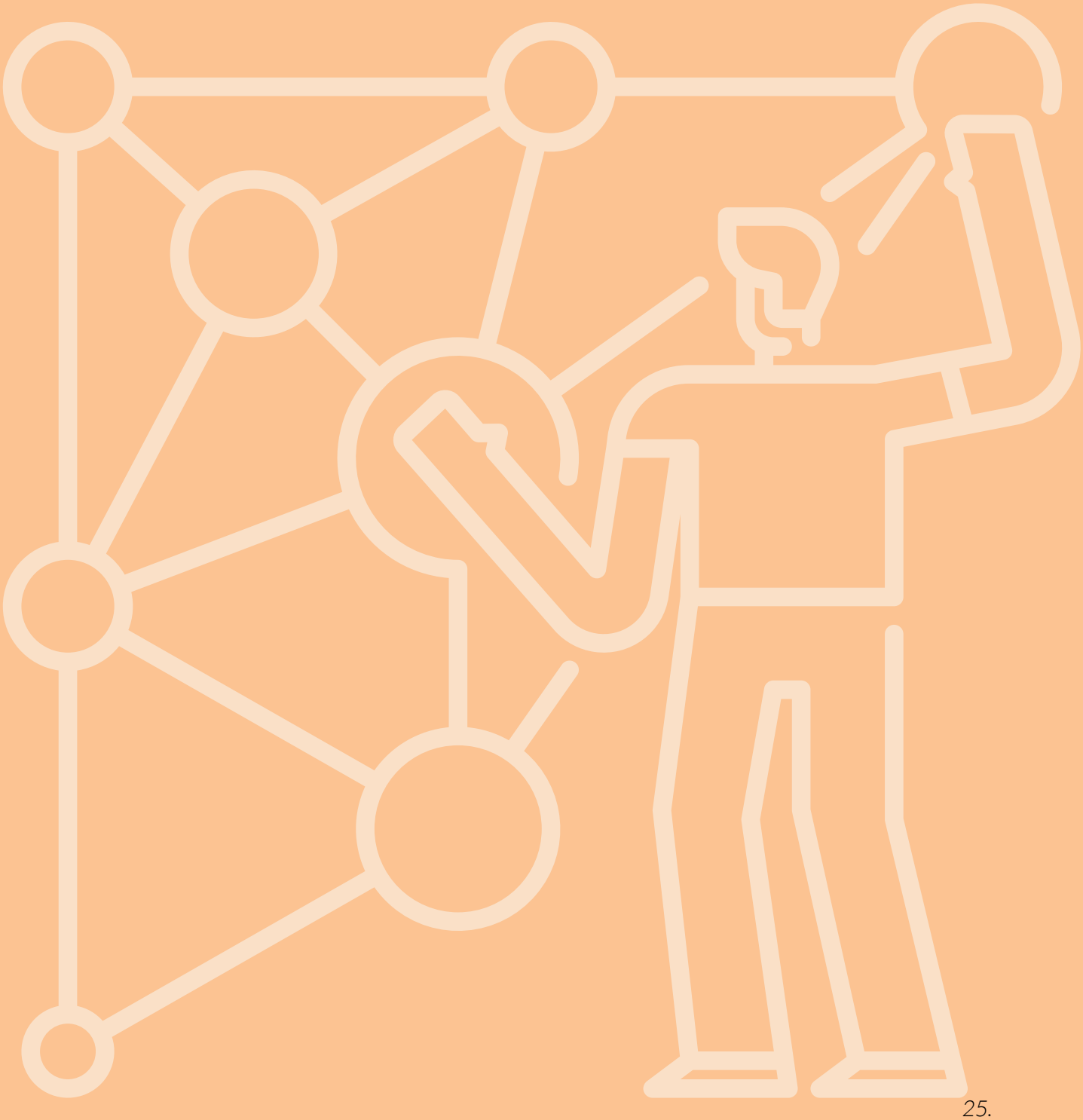


3.1 Cognitive walkthrough results

As mentioned in the previous chapter, the cognitive walkthrough consists of four tasks.

1. Find information on what to expect when using Featback.
2. Do the self-test.
3. Sign up for Featback.
4. Use Featback for at least three weeks.

This section answers these four tasks and discusses Featback as it functions now. In section 1.3, the complete interaction flow with Featback is presented.

When you first open the website, it looks like you can do a self-test. On the homepage (image 5), a big button says, “Take the self-test and sign up”. However, when you click on it, you must go through six screens before starting the actual self-test. These steps cause many barriers for people to start with Featback. The button creates the expectation that there is a self-test but instead, directly go to a page that tells them to sign up. Users have to get through six pages to start the self-test, each screen functions as a point of friction, making it less likely for most users to complete the self-test. See the image 4 for the six steps.

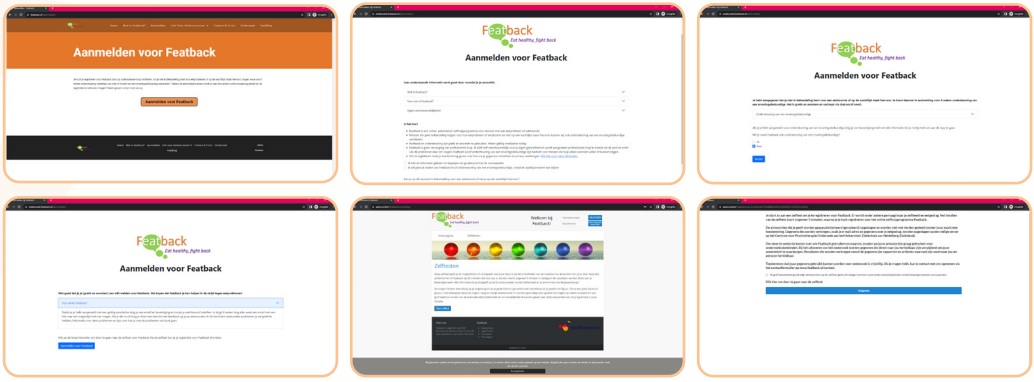


Image 4: The six pages before the self-test.

Users will probably want to know what Featback is before committing to sign up. There is a short description and a video where someone explains Featback. However, there is no visual example of what to expect.

When users arrive at the first self-test questions, they have to answer two pages of questions that aim to understand who is making the self-test. These questions include “What is your nationality?” and “ Why do you want to use Featback?”.

The last question is: “How long have you experienced eating problems?” When users answer that they do not experience eating problems, they will get the result that they do not have an eating problem. They can still apply for Featback. At this point, they have not filled out the actual self-test. Research shows people are bad at recognising eating problems (Mantilla &

Birgegård, 2015). So, it seems worrisome that anyone would get this result without completing the self-test.

If people answer that they have eating problems, they can continue the self-test and receive the result. Most people get the result that they have severe eating problems. They get recommended to start using Featback. From the result, you can sign up by clicking one button. This is very easy. I assume most people who took the dedication to fill out the whole self-test will sign up.

Once you are signed up, you get an e-mail with a link to the weekly survey. You can fill out the survey directly from the link without logging in. The survey now opens in the browser (image 6). This makes the experience of filling out the survey a simple task. After completing the four questions, you directly get the personal message. You also receive this message as an e-mail so you can read it back.

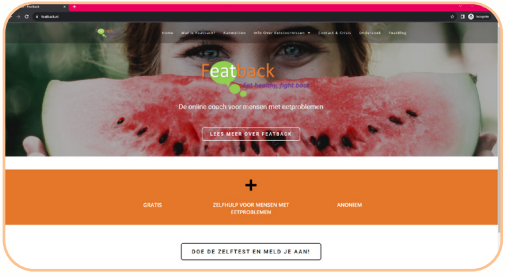
Conclusion

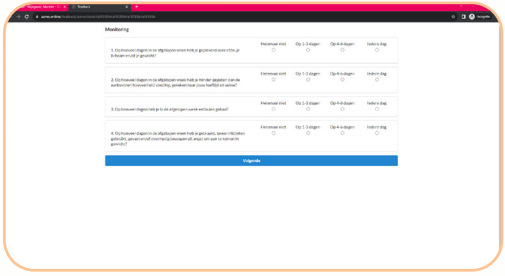
From the cognitive walkthrough I expected to be able to directly do a self-test from the homepage of Featback. By doing this self-test, you expect to get a result to see if using Featback would benefit you. However, when you click the button to do the self-test, you must go through many screens to get to the actual self-test. A lot of reading is involved, and the pages do not look attractive. These can be massive barriers for most intended users. It should be a lot easier to do a self-test. The information should be more visual and have less repetitive text.

During the sign-up procedure, people must provide personal information like age, gender and nationality. They also have to provide their e-mail address. This might make certain users feel uneasy and hesitant in using Featback since they cannot verify that their information is handled confidentially.

The interaction with the e-health program is straightforward. You get an e-mail. You click on the link. You fill out the four questions, and you get your results. Unsurprisingly, most people who took the time and effort to sign up end up completing all eight weeks of the program.

Featback looks and feels outdated, as most interactions and buttons look like they were made over 10 years ago (see image 5 and 6). It needs a makeover, be simpler in it's use and have more meaningful interactions. This report outlines all the steps taken to achieve this and a final website redesign in Chapter 6.





(left) Image 5: The homepage

(right) Image 6: The weekly survey

3.2 Literature and contextmapping results

In this chapter, the research questions mentioned in Chapter 2 are answered. The results are based on the literature, desk, and context contextmapping research.

Recognition of first symptoms

How/when do teenagers recognise the first symptoms that they might have an eating problem?

Most literature is about what early ED (eating disorder) symptoms are. However, very few papers focus on how individuals with an ED interpret these symptoms and when they first recognise that they might have an ED. However, people started recognising and accepting their ED for two main reasons: negative symptoms of the ED taking over their lives and getting feedback from others on their ED. The contextmapping research confirms this. Additionally, the people interviewed added that they felt a lot of doubt regarding the symptoms.

Negative symptoms

Usually, at the beginning of an ED, people do not recognise that they have an ED because they only experience the positive effect, e.g. the honeymoon phase (Mantilla & Birgegård, 2015). Gradually people become more aware of their illness (Mantilla & Birgegård, 2015). As the disease progresses, people start experiencing more symptoms they interpret as unfavourable or less socially acceptable (Mantilla & Birgegård, 2015; Potterton et al., 2020). The people interviewed did not know when their eating disorder started. They for example said that they only had their eating disorder for a year but then later told a story from earlier in their lives where they displayed clear signs of disordered eating.

"I just discovered that it already started during primary school. Because I thought ohhh, I only had this eating disorder for a year but it turns out I already had it for a long time. But I just did not realise."

"An episode of **binge eating** is characterized by both of the following:
1. Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances.
2. The sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)." (APA, 2013)

The most common ED symptoms people experience as negative:

The first one is **binging**. People see this as a negative as they want to lose weight, and binging feels like not reaching that goal.

""I became more understanding of [my condition] with the bingeing, [whereas] with the restricting I felt like I was just following a healthy diet." (Charlotte, 21 years old, BN)" (Potterton et al., 2020)

A second negative perceived symptom is noticing **negative physical symptoms**. These symptoms can include low energy, dizziness, fainting,

disturbed sleep, or declining dental health (Potterton et al., 2020; Zipfel & et al., 2015).

> *""I could feel the physical effects [of bingeing and purging] and I started to get worried about that … My hands were shaking quite often … I'd noticed blood in my vomit … my gums were bleeding a lot." (Sasha, 20 years old, BN)" (Potterton et al., 2020)*

The third symptom is **declining mental health**. Many people with an ED struggle with their mental health, often with anxiety or depression (Potterton et al., 2020; Zipfel & et al., 2015).

> *"I had therapy before 2020, but just for depression. So yes, after a while, they recommended signing up because they did not specialize in eating disorders."*

The fourth symptom is **purging**. People see this as a negative as it is not socially acceptable behaviour.

> *"For me purging stems from party culture. So when you have had something to drink […] but only when I started using it for food I was like, oh, okay, maybe this is not completely normal."*

Purging:
The act of getting rid of food from your body, for example in order to stop yourself gaining weight, either by making yourself vomit or by using laxatives. (Cambridge Dictionary, 2023a)

The last symptom is **missing out on social events**. Because of the compulsive tendencies of the eating disorder, many people struggle with attending social activities like going out to eat or going out with friends (Potterton et al., 2020).

> *"Going out for dinner, for example. I got so nauseous. I only got a few bites down my throat. Either it came out or I just could not do it. Also, stomach pain when I went to eat with others."*

> *"Then it was my birthday and yes, you will notice. Because that totally sucks. [...] Because it is cake and unhealthy food. [...] So then you will also notice that things are not going well."*

Feedback on symptoms

Some people with eating disorders find it hard to recognize if they have an eating disorder. It would help them to accept that they have an ED sooner if a professional had told them that they have an ED (Mantilla & Birgegård, 2015). This feedback can also be given through scales and quizzes (Christensen et al., 2011). It also helps if the people around them raise concerns about their behaviour (Potterton et al., 2020).

Barriers to admitting eating problems

What barriers do adolescents experience in admitting their eating problems to themselves and/or others?

This chapter focuses on the most prevalent barriers found in literature and contextmapping research. A barrier to help-seeking not discussed in this chapter is the cost of treatment. Many studies find this a barrier (Radunz et al., 2023). However, this is less relevant in the Netherlands, as treatment is

Ego-syntonic thoughts are consistent with one's self-image, values, and goals.
(Davis et al., 2019)

covered by health insurance. Additionally, it is less relevant in this research as there is no cost for using Featback.

Ego-synthonic symptoms

Recognising their eating disorder is especially hard for people with ego-syntonic symptoms (Romano & Lipson, 2019). Examples of symptoms that can be ego-synthonic are; dieting or losing weight (Potterton et al., 2020). As a result, they fail to see these as eating disorder symptoms and thus fail to recognise that they might have an eating problem. This is a barrier to admitting to themselves they might have a problem. People find it easier to recognise symptoms as problems if they have ego-dystonic symptoms like binge eating or purging (Romano & Lipson, 2019). This is because these symptoms are less desirable. The people interviewed felt they were doing something positive and got a boost if they lost weight or skipped meals. The control they felt over their body and diet was received positively by them.

> *"It felt pretty good because there was something that went well, [...]. Because if I was stepping on the scale, and the number was lower, that gave a positive feeling. Or I had managed to four times skip something, [...] You never reach your target weight for very long."*

Feeling in control and regulation emotions

People with eating problems like the perceived control they feel over their diet. People use (not) eating food to regulate their emotions (Mantilla & Birgegård, 2015). Additional to this people use controlling their diet as a way of dealing with stressful situations and life events(Potterton et al., 2020).

All girls interviewed struggled with mental health problems or challenging situations at home. The ED was a way to mute their feelings. When you do not eat, your body gets weaker, and you will feel less emotions. Both positive and negative emotions are numbed. In these situations, the ED gave them a feeling of control (Potterton et al., 2020).

> *Girl: "Look, I'm already numbing my emotions in other ways through self-mutilation and things like that, and actually, this [the ED] was a less obvious way to be still able to numb my emotions. [...] It's often encouraged. So, you lose weight and, oh, look how well you're working out and look how disciplined you are. These kinds of things are often seen very positively in our society."*
> *Interviewer: "Yes, so you get compliments on that?"*
> *Girl: "Yeah, so I understood they were both bad, and I understood it was a problem, but in my head, I also knew that...."*
> *Interviewer: "That your environment would react more positively to an eating disorder than to self-harm?"*
> *Girl: "Yes"*

> *"As I got more stressed [eating] became the control mechanism. [...] I didn't necessarily see it as a problem at that point. It was a way of dealing with the anxiety." (Emily, 19 years old, AN) (Potterton et al., 2020)*

Denial and low mental health literacy

According to Radunz et al. (2023), denial is the most significant barrier to help-seeking. Denial includes the ability to recognise you have a problem (Radunz et al., 2023) and failing to recognise that you need support because you think that the ED is not severe enough (Ali et al., 2017; Innes et al., 2017; Radunz et al., 2023; Regan et al., 2017) Most studies attribute the lack of recognition and thus low help-seeking rates to poor mental health literacy (Romano & Lipson, 2019).

Mental health literacy: "knowledge and beliefs about mental disorders that aid their recognition, management or prevention." (Jorm et al., 1997)

"I didn't call it an eating disorder. It just called it; I just want to lose weight."

The young adults participating in the contextmapping research could not judge whether they had a problem. Most of them thought their problems were not severe enough. They were ambivalent because they felt something was wrong but, at the same time, thought they were making the problems bigger in their head.

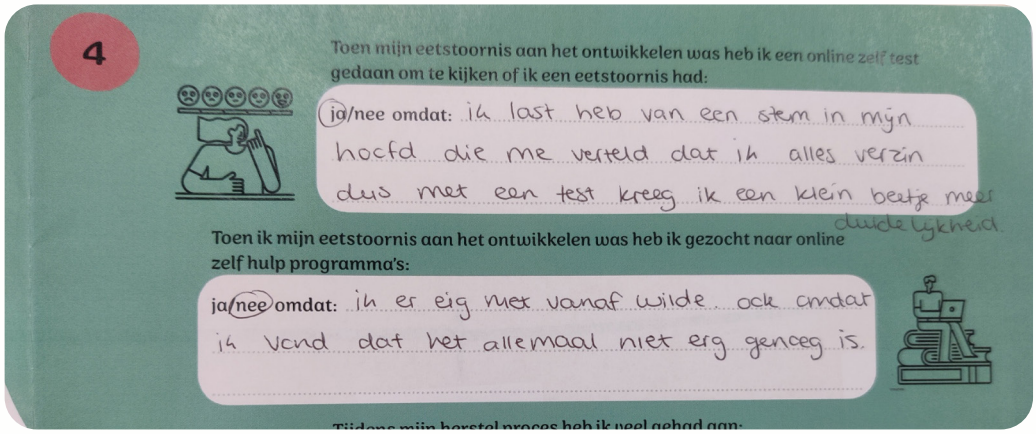


Image 7: Answers from one of the participants in the booklet.

Translation:

When I was developing my eating disorder I did an online self-test to see if I had an eating disorder:

"Yes, I have a voice in my head that tells me I'm making everything up. So with the test, I got a little bit more clarity."

When I was developing my eating disorder I searched for online self-help programs:

"No, because I really didn't want to get rid of it. Also, because I didn't think it was bad enough."

People who have eating problems might find it hard to recognise their issues if they do not fall into the typical categories of having an eating disorder it makes it hard to recognise. For example, people who were engaging in binge eating and methods of weight control but did not engage in self-induced vomiting found it hard to recognise their behaviour as an eating disorder (Gratwick-Sarll et al., 2013; Mond et al., 2006). Even though people find it hard to recognise their own problems, they find it easier to recognise eating disorder habits in others (Radunz et al., 2023).

"I was not at all familiar with the label anorexia, just the word eating disorder. Yes well, okay, whatever, but what do I have? I really don't know."

Stigma

Stigma is why people delay help-seeking (Romano & Lipson, 2019). Some stigmas are exclusively related to eating disorders, and some are related to mental illness.

A significant stigma among adolescents is that you should be able to solve your own problems. They feel stigmatised by others when they look for help for a mental health issue. In return, they stigmatise others when they seek help (Christensen et al., 2011). From the contextmapping, this was

most prevalent for people who suffered from binging as they believed they needed better self-control.

"Because before that I also suffered from binge eating, I thought, I can't, I can't have it, you know?"

There is a common belief that people with an eating disorder are responsible for their illness (Romano & Lipson, 2019). Additionally, people believe that it is easily solvable and that people should be able to solve it independently (Romano & Lipson, 2019). Not only do people on the outside believe this, but it is a reason not to talk about their struggles for people with symptoms. They believe they should be able to solve it themselves (Ali et al., 2020; Potterton et al., 2020).

Next, there are many stigmas about who have eating disorders and how these people look. Many people believe you need to be extremely thin to have an eating disorder and be taken seriously (Potterton et al., 2020). Additionally, most people believe only thin young white, affluent girls have eating disorders (Romano & Lipson, 2019). There is a big stigma that only women have eating disorders, not men. It causes men to be less likely to seek treatment(Romano & Lipson, 2019). Likewise, they find it hard to accept they have a problem as they might feel "less of a man" to have a "female illness". Although most people affected by an ED are young women, eating disorders are seen by people of all ethnicities, ages and genders (Zipfel & et al., 2015); people who do not fit into the thin-young-white-affluent-girl box are likely to feel left out of the conversation.

"I didn't think I fit into the stereotype of anorexia. The videos about anorexia I saw on TikTok were about problems I did not experience. I constantly thought about food and thought that was not part of it."

"I was then diagnosed with anorexia, I didn't believe that at all, because those girls were so thin, and I didn't see myself that way."

Other people not expressing concern

Emerging adults might have a suspicion that things are not going well. However, if friends and family do not express explicit concern or dismiss their concerns, they interpret this as that they are imagining their problems (Ali et al., 2020; Potterton et al., 2020).

"To me it was like, maybe I don't have an eating disorder. (Christina, 19 years old, AN)" (Potterton et al., 2020)

Getting positive comments about your appearance may even exacerbate the ED.

"I got all kinds of comments. "Wow, you lost so much weight!" but I also got opposite things like: "Oh, you lost so much weight… You really need to gain some." You know? So, I got very opposite comments, but for me, only the positive things stuck. I noticed them and tried to keep doing better."

On the other hand, one of the most significant barriers to admitting eating problems to others is not wanting them to worry (Ali et al., 2020). They do

not want to be a burden on others. As said in the previous section, they believe people should solve their own problems (Ali et al., 2020; Potterton et al., 2020). It makes it difficult to talk about their issues with others. The lack of communication with others can result in delayed treatment seeking.

Help-seeking

How/when do adolescents with an eating problem seek help?

People with eating disorders tend not to seek help or only seek help very late (de la Rie et al., 2006; Zipfel & et al., 2015). It is not rare that people only seek treatment after being ill for over five years (de la Rie et al., 2006). However, it can be very effective when people seek treatment, especially if they seek treatment in the first three years of being ill (Zipfel & et al., 2015). Thus, it is crucial people seek treatment as soon as possible.

Help-seeking because of others

Therapy

Four out of five research participants had received therapy for other mental health problems before they sought help for their eating disorder. Three participants got a referral from their therapist to GGZ Rivierduinen Eetstoornissen Ursula.

> *"I also kind of accidentally gave myself away (during therapy) that I suffered from eating problems because I actually didn't want to tell it. But saying that, when I was really stressed I didn't eat anything, an alarm went off in her [the therapist's] head, and then we talked a lot about it. Then she sent me here [GGZ Rivierduinen Eetstoornissen Ursula]."*

School

The participants in school all told a teacher or mentor at some point. Some of them only told them after they sought help from their general practitioner, and one girl's teacher helped her to write a letter to her general practitioner.

> *"I had talked to my mentor about it, and my mentor is lovely, so they just wanted to help and be a listening ear."*

Work

One girl was working full-time and told her company doctor (bedrijfsarts) and manager that she was not doing well. She did not mention her eating problems directly, but she did talk about her depression and lack of energy. Her concerns were not taken seriously, and she had to return to work.

> *"I had a conversation with the company doctor. I had conversations with my team leader, and they actually said, just keep working, and you do your job well."*

Friends and family

Adolescents find it hard to recognise their eating problems through the ego-syntonic nature of the issues. Therefore, it is often helpful if the people around them raise concerns (Mantilla & Birgegård, 2015). In the research of Potterton et al. (2020), multiple participants mentioned that they only

went to find help because their parents or friends said they should go and see a doctor.

> *""[my mum] said "I'm really concerned about her weight and what she's eating, it doesn't seem right", and then the doctor sort of grilled me on how I was eating … I was really angry [with her]." (Emily, 19 years old, AN)" (Potterton et al., 2020)*

For all of the participants of the research, there were some people that expressed concern. However, many people did not express (enough) concern or were unable to recognise the symptoms as the girls were very good at hiding their ED. While the girls hid their symptoms, they also wanted people to notice. They wanted others to care and help them with the negative symptoms they experienced.

> *"And then I sat on the couch, and I said to my best friend's mum: I want to live. I need help, help me. And then right away they were like now we have to take action. We have to do something NOW."*

> *"My friend, he sometimes made comments, but then I didn't believe it. I thought, look, you say this because you think I want to hear it, so, yes, that was not good either."*

> *"It was small, subtle things if I was wearing a tighter shirt, I thought, then people must notice it, [...] at the same time, if they didn't notice, it was a confirmation that it wasn't that bad. Oh see, I'm wrong; it's not that bad."*

Live changing event

Potterton et al. (2020) describe in their research that a life-changing event can positively or negatively affect help-seeking behaviour. They describe live-changing events as, for example, a breakup, moving, or starting a new education or job. For some people, such events encouraged them to seek help as they wanted this new chapter with a fresh start and be their best. Others hoped that the new start alone would be enough to cope independently. For the third group, a stressful life-event made their ED worse. They used it as a way of keeping control of the situation (Potterton et al., 2020).

Negative symptoms lead to help-seeking

As described in the section on the recognition of symptoms, perceived negative symptoms can lead to recognition of the ED. Because people experience these symptoms as unfavourable, they may seek help (Mantilla & Birgegård, 2015; Potterton et al., 2020). However, they might not seek help for their ED. A large group of people seek first professional help for one of the negatively perceived symptoms (Potterton et al., 2020). They, for example, go to their general practitioner for low energy or seek therapy for depression or anxiety. This was found in the contextmapping research as well. People were more likely to seek help when they were no longer in control(see image 8).

"Only when I noticed that I was not in control anymore. So at first, it was very much my own plan then I noticed that it didn't feel like my plan anymore. Then I was like, "Okay, well, maybe I need to ask for help."

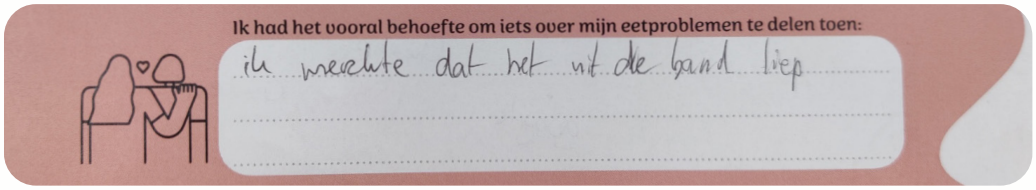


Image 8: Answers from one of the participants in the booklet. (Translation: *I wanted to share my problems when: "I noticed things were getting out of hand".*

When emerging adults do seek help, it is essential that they can do this their way. Many find it hard to express what they experience and may want to express themselves vaguely (Potterton et al., 2020). For them, the receiving party must listen and do their best to understand them.

Adolescents and the internet

How do adolescents with developing eating problems/disorders interact with the internet?

Almost all teenagers have access to a smartphone and computer with internet (CBS, 2019; Vogels et al., 2022). Most of them (>95%) use the internet daily (CBS, 2019; Vogels et al., 2022). It is fair to say that the internet plays a significant role in the lives of young people today. In 2019 the CBS (2019) researched the internet usage of young people in the Netherlands. They looked into if they use the internet for health information; for example, illnesses, food and fitness. They found that almost half of Dutch teenagers (ages 12 to 18) and nearly 70% of emerging adults (ages 18 to 25) look for this. Additionally, they found girls searched for more health information than boys.

Body image and (social) media

Body image plays a significant role in eating disorders. The bodies in (social) media are vastly different from the bodies of the general population (Saul & Rodgers, 2018). These bodies exaggerate the illusion that bodies are easily shapable. Multiple studies have shown that looking at pictures of underweight celebrities in the media can make teenagers want to look like them and thus worsens ED symptoms (Mento et al., 2021). The people interviewed for this research agreed. They compared themselves to people they followed on social media. They believed this made their ED worse.

"Look, because it is an influencer, it seems normal behaviour. So, it is okay if I do the same things. The behaviour is normalised."

"Just things you see on television, like models, yeah, just triggering".

Social media

Most teenagers are active on social media(CBS, 2019; Vogels et al., 2022). Pew Research Center looked at what social media platforms US teens use. Their results can be seen in the figure 3. The numbers correlate to what

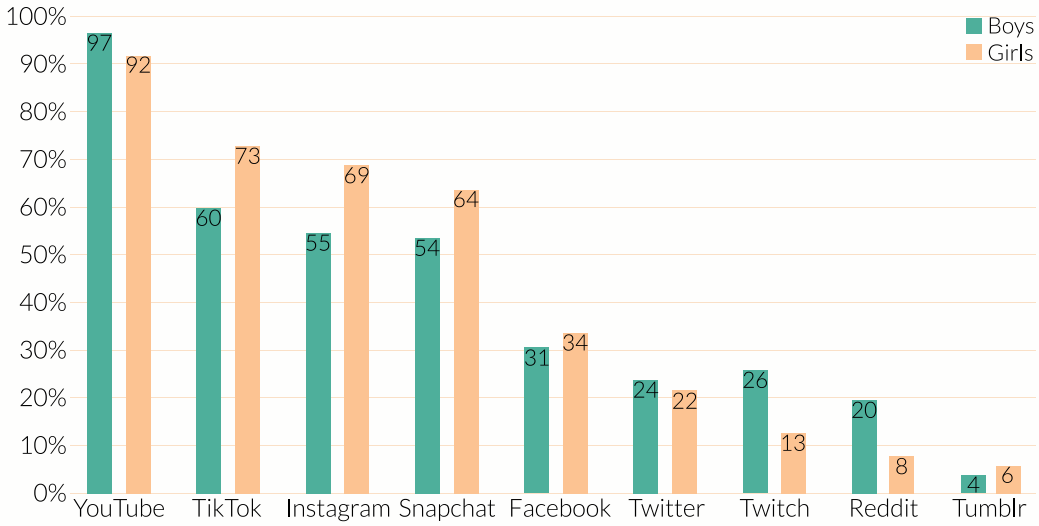


Figure 3: U.S. teens (ages 13 to 17) who say they ever use each of the following apps or sites. (Vogels et al., 2022)

was learned from the girls in the contextmapping research. They were all active on social media. All of them used Tiktok, Instagram and Youtube.

Photo-based social media platforms like TikTok, Instagram and Pinterest are most closely related to eating disorder risk factors (Saul et al., 2022). Teenagers have a higher personal and emotional investment in photo-based content, making these platforms have a more significant impact (Saul et al., 2022). Because of this emotional investment, social media can influence the perception of one's self-image (Mento et al., 2021). The contextmapping participants also found TikTok and Instagram the most harmful concerning their eating disorder. Especially TikTok, as the algorithm is powerful , you have little choice over what you see on your feed (see figure 4)

"Via of course that algorithm, then it is sort of chosen from what suits you and then it comes in automatically. And then you watch a video, you think, oh okay, I like this and more and more of that comes on your feed."

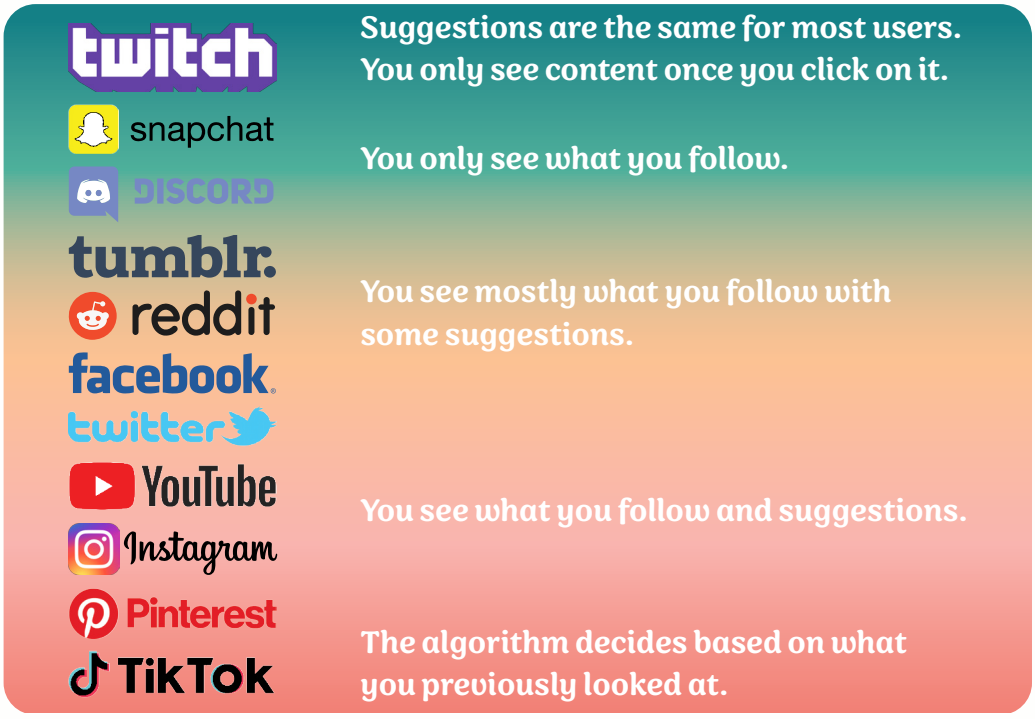


Figure 4: The stronger the algorithm the more it dictates what you see on the platform.

People mentioned they watched a lot of content about food because they were always hungry looking at food helped them feel less hungry. An example of this is "what I eat in a day" videos on TikTok and youtube.

"On TikTok, you will find so many bad dietitians who actually encourage people to lose a lot of weight. And do not include a disclaimer like; this is not for people who already have a healthy weight."

The people interviewed did not see youtube as problematic. Some only watched videos for leisure, not content related to their ED. Others did follow many workout videos for up to three hours a day. But overall, youtube was experienced as more helpful than harmful.

"... body positivity mindset I followed mostly on TikTok. I mainly followed people who were in recovery. [...] But then my eating disorder side also looked at that; it looked at what they were eating."

With the rise of social media, the lines between an advertisement and people's opinions have blurred (Saul et al., 2022). Celebrities and influencers promote many products to lose weight, and many pictures of thin bodies are shown (Mento et al., 2021). Little research has been done to see the influence of these new marketing techniques on eating disorder behaviours (Saul et al., 2022). However, the impact of the marketing may be significant as what people see on their pages is heavily curated by the platforms' algorithms. What you see only is shaped by what you previously watched, and you can get stuck in an "echo chamber" with content that only promotes eating disorder behaviour(Saul et al., 2022). It then can become challenging to distinguish between what is real and what is not. The girls interviewed would like there to be trigger warnings on post related to dieting or eating disorders.

"Only videos about how to alter myself. One after the other on these topics. So much that my own interests, for example, reading and animals, I don't get to see. Because it just becomes so obsessive."

"That there is a trigger warning for certain videos or TikTok's or things like that, you have for gun violence, or for example; this can trigger epilepsy. But also, for anorexia because that does not exist "

Pro-ana and pro-mia

Pro-ana (pro-anorexia) and pro-mia (pro-bulimia) are movements that claim that anorexia and bulimia are not an illness but a lifestyle (Proud2Bme & Hemkes, 2010). They are virtual spaces where teenagers and young women exchange harmful ideas about body image and food (Mento et al., 2021). Pro-ana and pro-mia can be specific websites dedicated to losing weight or pages on other social media platforms such as Instagram, TikTok, Facebook, Reddit, Tumblr, Twitter, Discord, and Pinterest. The participants of the contextmapping research did not specifically mention pro-ana or pro-mia platforms. However, most of them have found pro-ana advice on various platforms. They were looking at Reddit posts or part of a Discord server. There was a push-and-pull relationship with content. Their healthy

Reddit is a website/ app whit over a million different communities (subreddits). These subreddits are about different topics. For example, r/gaming is a community where people talk about gaming.

Discord is a platform where people can communicate via text, voice or video. People can communicate with one person or in a group. In Discord, there are communities called servers. These servers are organised around different topics.

side knew that this content was toxic. But their ED side wanted to see all the content and tips and use it. The girls that were active on Reddit and Discord were not only active in pro-dieting/ ED groups but also in recovery groups. How further along in their eating disorder, the harder they found it to differentiate between different sources of information. The pro-ana content became more appealing. Literature saw that most users join pro-eating disorder platforms to seek community, as people with an ED are known to lack support from those around them (Saul et al., 2022). Pro-ana and pro-mia websites have been shown to worsen eating disorders but not cause them (Mento et al., 2021).

"It's just very toxic. There is encouragement to exercise more and things like that. But you could also request to receive a lot of criticism. And then they would completely shame you if you did something wrong."

"It's pretty easy to find. You just google Pro Ana Discord and then you see a website with all kinds of choices. […] Yes, and then you can see which one you like best."

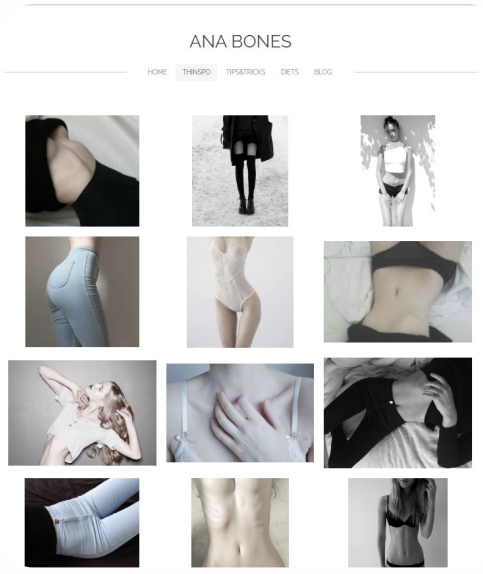
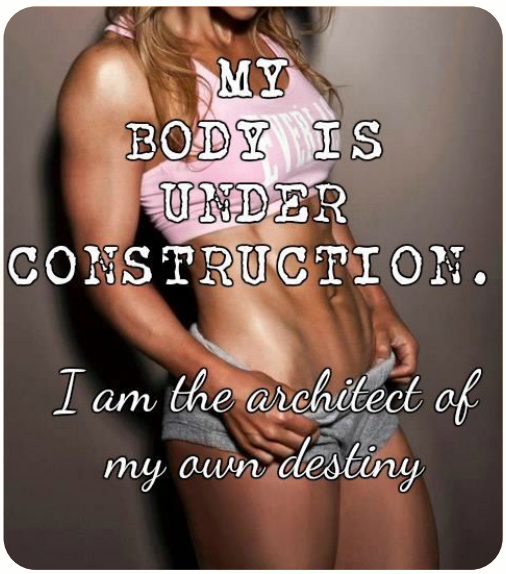


Image 9 and 10: examples of thinspiration (Ana Bones, n.d.; Nothing tastes as good as skinny feels, n.d.)



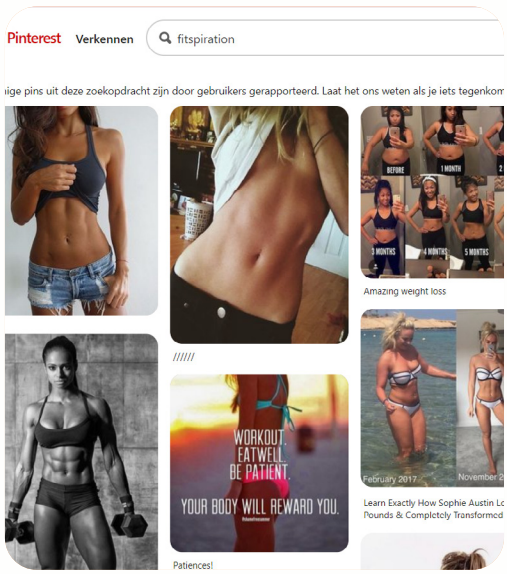


Image 11 and 12: examples of fitspiration (Fitspiration, n.d.; My body is under construction: I am the architect of my own destiny, n.d.)

A part of the pro-eating disorder content is thinspiration or thinspo; these are pictures of often extremely thin women and girls who inspire you also to lose weight (see images 9 and 10). Fitspiration is like thinspiration, but instead of being encouraged to lose weight, you are encouraged to exercise to lose weight or gain muscles (see images 11 and 12). Both are associated with eating disorders (Saul et al., 2022).

Many social media platforms try to ban pro-ana and pro-mia content. Many hashtags are banned, and you will get a popup asking if you are okay if you try to search for these terms. It depends on the platform, how strictly this is enforced and if it is easy to find it by for example using a different spelling. In Europe, legislation to ban pro-eating disorder websites has arisen (Saul et al., 2022).

Creating positive online content

Creating supporting online content can benefit recovery (Saul et al., 2022). Saul et al. (2022) also recommend clinicians engage with their patients to direct them to appropriate online content. Examples of positive online content are Proud2Bme, recovery pages on Instagram (see images 13 and 14) and TikTok and online eating disorder recovery groups. The girls in the interviews said that body-positive content had helped them in their recovery process.

Image 13 and 14: positive online content. (recoveryoullc, 2022; veracamilla, 2023)

Calorie and fitness-tracking apps

Aside from the influence (social-)media have on adolescents developing an ED, calorie and fitness-tracking apps have been linked to eating problems (Eikey, 2021; Messer et al., 2021; Saul et al., 2022). People who use a calorie counting app show more eating disorder symptoms than people who do not use these apps (Messer et al., 2021). People who use calorie-tracking apps to lose weight or change their body shape show more ED symptoms than those who do this for health reasons (Messer et al., 2021).

Most people who were interviewed had used calorie tracking and fitness apps. They all used different methods, like apps, the iPhone health app and Fitbits. But their goal was the same. Knowing how many calories you consume. They had many ways of finding them, like the Albert Heijn app, Google and het Voedingscentrum.

"So mostly the Albert Heijn app, I looked at the products and calories, and just looking on the labels of products."

"Finding meals in the Basic Fit app was the best. There you can select meals below 300 cal. Things like that."

Fitness tracking apps can also trigger and heighten ED behaviour. The apps make people focus on the numbers, which can become obsessive. The negative impact of the app depends on the user's dependence on the app (Eikey, 2021). The people interviewed connected the fitness and calorie apps so they could track everything in one app.

"If I could not add a workout in my calorie app, it did not happen. I had to do something else to replace it."

The step-counter app screwed me over too. I needed to get my steps in. I could not let go."

Trustworthy sources

The people interviewed did not verify their sources. Every piece of information was considered. They wanted to lose weight so badly that they would try everything. Some of them did value the reliability of a source, but they found it hard to determine what was true and what was part of ED culture.

Did you check whether that information was reliable?
"No, I think I was pretty naive".

"Then you would end up on those kinds of sites [pro-ana] again, but they presented themselves more innocent than they were".

E-health

What are the success factors of other E-health tools?

Multiple studies show that e-health tools can be effective in lowering ED symptoms (J. J. Aardoom et al., 2016; Graham et al., 2019; Rohrbach et al., 2022). An advantage of e-health is that people can do it from their homes and only need access to the Internet (Christensen et al., 2011).

Self-help resources

People feel shame towards help-seeking, as described in the barriers section. Because of the shame and embarrassment, some people turn to self-help resources before seeking professional help (Potterton et al., 2020). A risk may be that e-health users are less likely to seek additional help (Christensen et al., 2011). A benefit is that the threshold of self-help resources is lower than in-person therapy. Another advantage of self-help resources for emerging adults is that they do not have to involve their parents. They prefer that their parents are not involved in therapy, but this is difficult with professional help, so self-help resources are a more accessible alternative (Potterton et al., 2020). Because of these benefits, young people may find help sooner.

Self-test

Evidence shows that people will be more open to accepting that they have a disturbed relationship with food if they get feedback from quizzes (Christensen et al., 2011). The outcome of the self-test could nudge them to seek (professional)help. The contextmapping research paints a more nuanced picture. Most girls said that they, at some point, did an online self-test. They felt ambivalent about them. On the one hand, they felt validated in their struggles. On the other hand, they did not believe that they filled out the test truthfully, so they did not believe the results.

"But I was afraid that I was lying about the intensity. Because I might really want that result, because I wanted confirmation. So I was also just very sceptical about myself."

Low adherence

Multiple studies describe the phenomenon of the dropout rate from e-health tools being high (Christensen et al., 2011). Fairburn and Rothwell (2015) did comparative research on existing apps that try to help people recover from their ED. They found 39 relevant apps, but most were only downloaded less than 1000 times. This is consistent with the findings of Graham et al. (2019). They found that e-health tools that had the potential to help people often failed after implementation due to limited reach and low engagement. The young women interviewed did not use e-health services. Most of them did not know what e-health is, and if they did, they could not find it. Some of them did find Proud2Bme; see image 15. But they did not know if they could trust this website as it looked like any other blog, and they did not know if there was pro-ana content on this website.

"Then I indeed came across that proud2Bme, and I didn't trust it."

"I was not really searching. But at some point, yes. When I really thought; I want to live. I need help. Yes, then I started to look [for online help]. But I was not able to find anything."

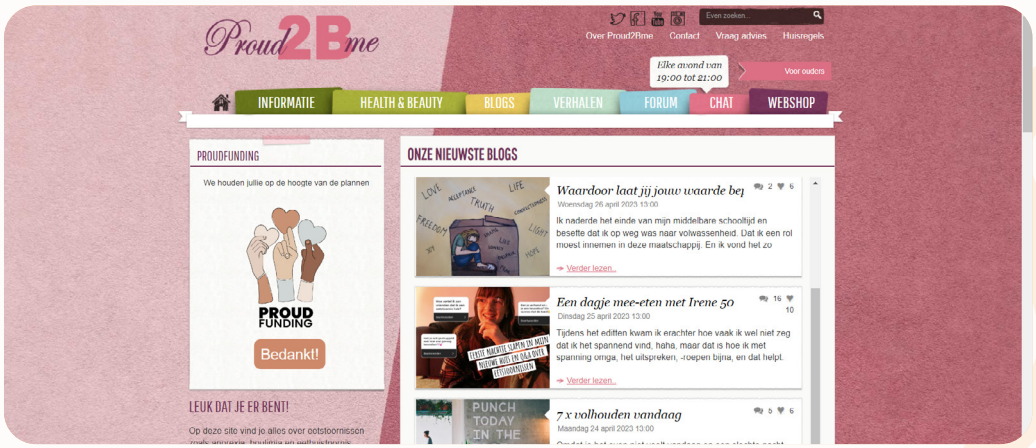


Image 15: Screenshot of www.proud2bme.nl

Not made with the user in mind

The limited reach and low engagement are because the tools are not made with the end user in mind(Graham et al., 2019; Mohr et al., 2018). This is not only the case for digital tools for eating disorders but for all digital

mental health tools. Not only are the tools not made for the end users, but during the design process, there is not enough thought put into the context in which the tool will be used so that they fit into the routines of the people who use them (Mohr et al., 2018). The tools should be designed around user-centred design principles (Graham et al., 2019).

Interaction with Featback

Based on the research findings, how should the interactions with Featback be?

Multiple papers describe that it is crucial to design tools with the user in mind (Graham et al., 2019). Additionally, they should be flexible if the user needs change (Mohr et al., 2018). To better understand the users and to create a design that resonates with the target audience contextmapping research is conducted. Because it is so crucial to include users in the design process, this section highlights the insights from the contextmapping research on this topic.

You are allowed to ask for help!

During the interviews, it became clear that most of them had doubts that their problems were big enough to ask for help. So, when asked about how the interaction with Featback should be; an important part was that it should be clear that it is okay to look for help even if you think your problems are small compared to others.

"I can imagine that people have disturbed eating thoughts but do not really do anything with it, so to speak, but that it can develop. So having disturbed thoughts is bad enough."

Language

The language should be friendly and straightforward. Eating disorders should be explained with examples of what people experience and not with medical terms. In this way, people who experience disturbed eating thoughts can relate without being deterred by strong language.

"Then I would say, does food give you anxiety or do you exercise excessively, something like that? Or are there certain things that you find scary to eat, or do you look at calories a lot? Something like that, I guess. Those are the main focus points."

Myths and facts

Many myths and facts are circulating about food and eating disorders on the internet. The young people found it hard to distinguish the myths from the facts. They would like to get accurate information about eating disorders and disordered eating thoughts for the interaction, acknowledging that you do not need to relate to all the symptoms to have an ED.

"Oh yeah and making it clear that you're throwing your life away if you have an eating disorder your whole life. Because then life is not very nice, you're basically missing out on all social things".

[After self-test] "Maybe something like that, yes, or go to this page on our website to find more and that you get a link that you can click right away."

Trusted source

Because of the many facts and myths, it became unclear what was true and what was not for people with an ED. Because the voice inside their head was lying to them about food, some expressed that once they realised this, they would only take information from trusted sources like the government, the GGZ and the Voedingscentrum.

"Indeed, or someone who has experience, but also psychologists or something like that just that it is actually proven as well."

Anonymity

For the young people interviewed, the anonymity of the internet was a significant advantage. They expressed that sometimes they felt safer speaking or reading about something online. There is a low threshold to search for something. Although the internet's threshold is low, it still can be pretty hard to talk about yourself online because you do not know who will read it.

When did you want to share your problems?
"When I had that doubt, I would have wanted to do it anonymously. But not on such a distinct platform. But I could have checked if it is an ED, not through such a quiz. But I could have read a bit from other people about the same thoughts. […] Yes, and not necessarily that I had to say anything myself. Maybe I could ask questions. Because saying something about myself I could not have done yet."

Social media

The young adults mentioned that it would be helpful to spread accurate information about eating disorders on social media with links to Featback so that a wider audience is targeted.

Recognising symptoms in others

All the people interviewed recognised that it was easier to identify eating disorder behaviour in others than in yourself. They acknowledged that maybe reflecting on the behaviour of others can help them reflect on themselves and recognise the ED.

"Or that they could tell their experiences. And maybe I thought: 'Oh well, that, I think that sounds pretty intense'. And because I thought it sounded intense, I could place it into perspective for my situation."

"You can see a lot more in others than in yourself, of course. So, if I take one of the other girls, yes, then I would also think, girl, what you are doing now is just not okay. While for yourself, you don't really see it."

3.3 Conclusion

There is a lot of overlap between the literature and the contextmapping findings. People with an ED are bad at recognising they have an ED. They downplay the symptoms, and if their symptoms are not severe enough or do not fit the stereotypes, they do not believe they are ill. This is explained by poor mental health literacy and ego-syntonic symptoms. People use the ED to have control over something in their lives, so it is hard for them to let go.

People feel a lot of shame and stigma, which further delays help-seeking. There is a strong belief that people should be able to fix their problems. For people with binge eating disorder, this belief is even greater. Symptoms have to be severe for people to notice there is something wrong. They only recognise the less desirable symptoms like purging and poor mental and physical health as ED symptoms. Literature found that self-test can help people accept their ED (Christensen et al., 2011). However, the contextmapping participants had more contrasting feelings about the self-tests because they did not trust their own perception.

Because of this shame and embarrassment, some people turn to self-help resources before seeking professional help (Potterton et al., 2020). This was not found in the contextmapping research as the young woman did not know of the existence of e-health. Even though they did not enrol in official e-health programs, they were active in online pro-recovery groups. Some were part of recovery groups in Discord or Reddit, while others actively followed body positivity or recovery content on TikTok and Instagram (see image 16).

In conclusion, most people with an ED have many doubts before they accept they have an ED. There are many barriers before they can accept their ED. At this point, they are often ill for more than three years. Both literature and the contextmapping research pointed out that seeing an ED by someone else is easier than seeing it by yourself (Radunz et al., 2023). Because people doubt their illness, there are opportunities to give them insight into their problems. Most young people use the internet and social media daily (CBS, 2019; Vogels et al., 2022). This is the best place to reach them. On the internet, they can explore their thoughts and feelings in an anonymous way that feels safe to them. Featback should be a platform that debunks stigmas and improves mental health literacy so young people can reflect on their behaviour and take appropriate action.

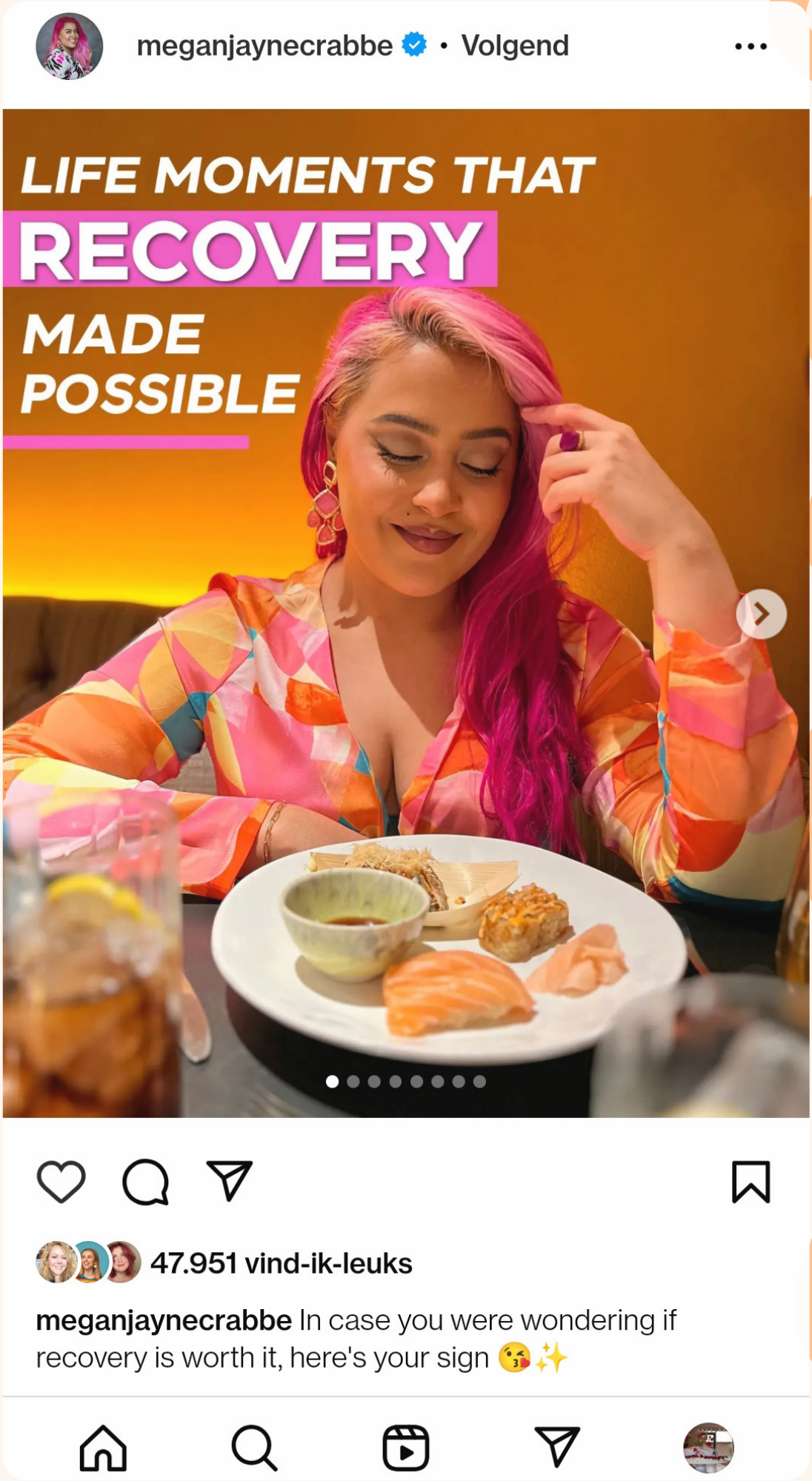


Image 16: positive online content (meganjaynecrabbe, 2023)

4. Design vision *Improve mental heal*

This chapter is about the design vision and goal and what requirements need to be met to evaluate if the design is successful. These have been created to successfully depressing Featback.

th literacy

4.1 Design vision

The research provided many insights, as can be read in the previous chapter. To translate all insights into a design goal, first, a design vision is formulated to narrow the solution space. In this section, the design vision for the redesign is explained.

Improving mental health literacy

The design will focus on improving young people's mental health literacy to make them seek help sooner. All the people interviewed found it hard to recognise that they had an eating disorder. They did not want treatment because they thought their problems were not severe enough. There is a strong belief that you can only have an eating disorder if you are very thin and never eat anything. This was found in literature (Potterton et al., 2020; Romano & Lipson, 2019) and interviews.

Because people are bad at recognising their eating disorder and have poor mental health literacy regarding eating disorders, to improve their mental health literacy, eating disorders need to be explained on a level that they will understand, for example, by showing examples of what people with eating disorders experience that do not rely on stigmas. Additionally, the website's message should be that it is okay to ask for help. Care providers will not judge you.

Look and feel

The design should be inviting, non-judgemental, informative, reliable, and attractive to adolescents. There should be a balance to a professional feeling website that simultaneously feels safe and approachable. Young people should be able to reflect on their behaviour without being scared away.

Website or application?

The design should remain a website. This is because the target group is young people who do not yet recognise their eating problems. It takes commitment to download an app, and people will not do this for something they are not convinced they need (Peng et al., 2016). A website has a much lower threshold as people can find it via Google or click a link on social media. They can take a look for a few minutes and come back later without the commitment of downloading the app.

Although Featback must stay a website, it should be suitable for smartphones as most (young) people use their phones more than a computer.

The services must stay digital as the algorithm that chooses the stories is digital, and adolescents find almost all their information online (CBS, 2019; Gray et al., 2005).

4.2 Design goal

Create a website that helps *adolescents* who are developing an eating disorder improve their mental health literacy regarding eating disorders, to increase *self-awareness*, so that they will **seek help sooner.**

4.3 Design requirements

A list of requirements (van Boeijen et al., 2014) is created to make the design goal and vision concrete. The requirements are divided into appearance, functionality, and message.

Appearance

- Trustworthy appearance (for example, it is from the GGZ)
- Looks attractive to young people (looks modern and not outdated)
- No medical jargon/ complicated language
- Low threshold for use

Functionality

- Works well on smart-phones
- Possible to complete the first week without an account
- Easy to create an account
- Wish: interactive element

Message - On 3 levels

What is an eating problem?
Mental health literacy

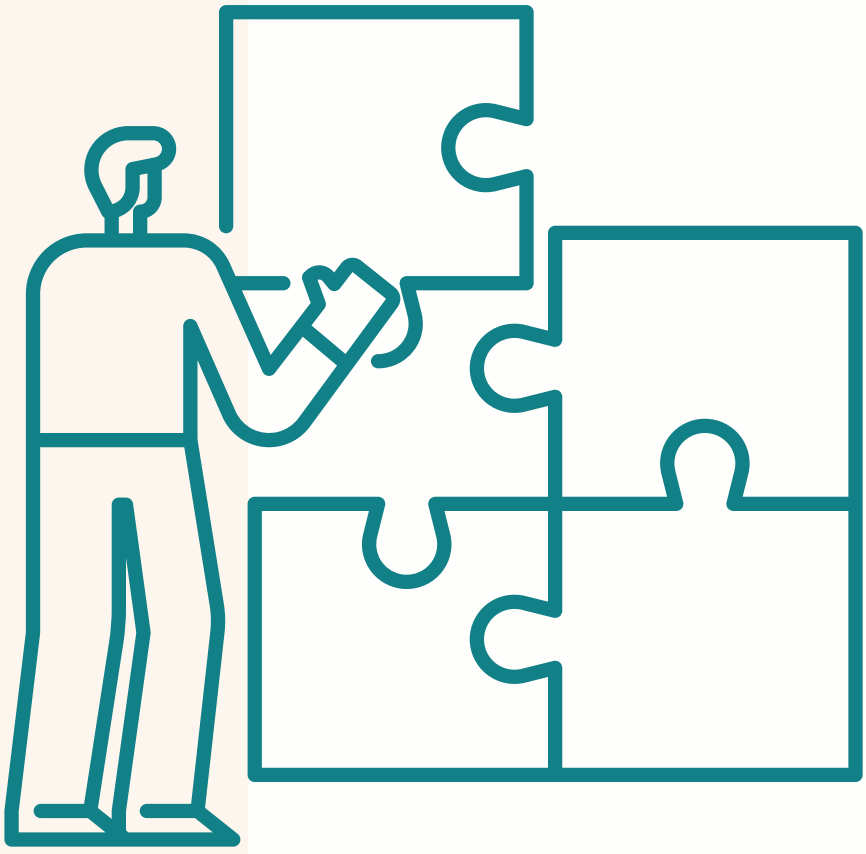
- There are many different eating disorders; you do not have to have all of the symptoms to have an eating disorder

Do I have it?
Recognition of the problem

- Creates opportunity for self-reflection (for example by recognizing problems by others)
- Self-test

Yes?
Find help

- Encouraging to seek help
- *You are not over-exaggerating the problem. You are allowed to ask for help!*



5. Ideation
First ideas to redesig

In this chapter, the ideation process is discussed the ideation phase aims to broaden the solution space.

First, the ideation methods and approach are discussed. Then, the first potential design directions are briefly presented. Lastly, the final design direction and the different iterations within this design direction are discussed.

gn Featback

5.1 Ideation

During the ideation phase of the project, multiple techniques were used to create ideas. The aim was to broaden the solution space within the restraints set by the design vision, goal, and requirements. Expanding the scope again will generate more ideas to come to the best design.

The ideation methods used:

- Brainstorming both individual and group sessions

  "Activity in which participants try to quickly generate many solutions for a given problem or idea about a given topic." (Sanders & Stappers, 2012)

- Brainwriting and brain drawing

  An alternative to brainstorming where participants write as many ideas and solutions down and add to each other's ideas. The idea is that quantity leads to quality (van Boeijen et al., 2014).

From the results of these methods, four design directions were created. These are all explained in the next section.

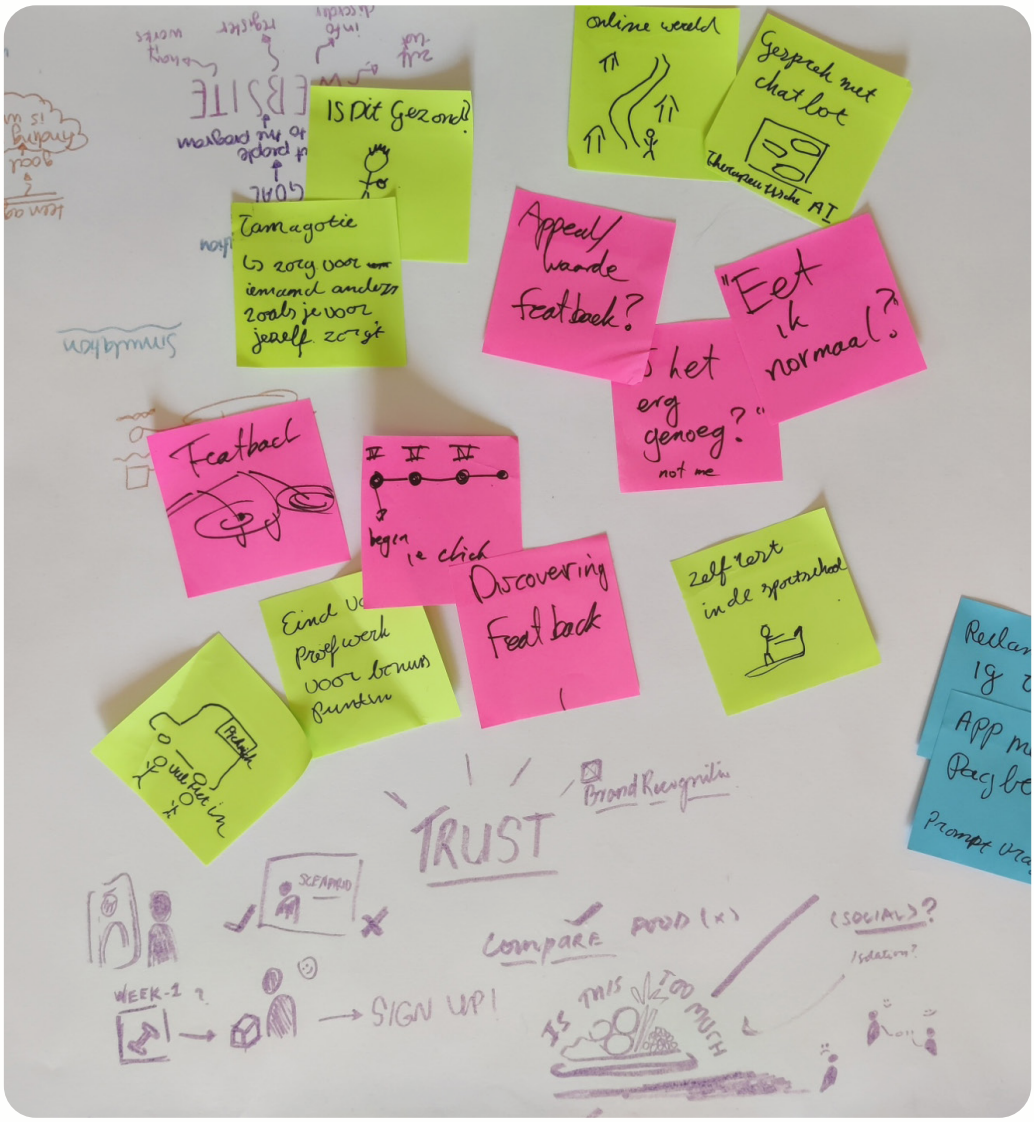


Image 17: Brainstorm session

5.2 First design directions

This section briefly highlights the four concept directions.

1. Judging others

In this concept, website visitors get a statement about food or weight-related behaviours, and people need to judge whether this is normal. When they have chosen, they get an explanation of what would have been the correct answer. The design aims to get people to reflect on their behaviour by judging others.

+ It is easier to judge others than yourself. People with an ED can better recognise bad behaviour by others than themselves.
– It is hard to relate because there are no people to relate to.

2. Gamifying life

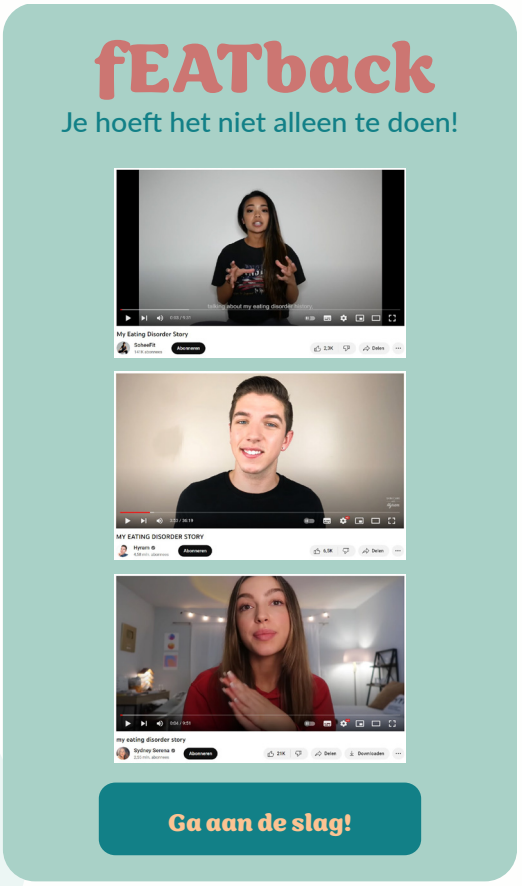
The recreating life concept is a game. In this game, users get presented with choices and actions from daily life. They can recreate everyday life moments and get direct feedback on their choices. By playing these games, users get a sense that their behaviour is normal or that there may be a concern for an eating problem.

+ Interactive
+ Learning by doing
– More investment from the user is asked. People have to invest themselves before they can start.

3. Cartoon

In the cartoon idea, two friends tell you a story about their relationship with food. You learn more about different eating disorders and their symptoms during the story. Symptoms and experiences with EDs are told from a first-person perspective. This makes them relatable and easier to recognise.

+ Relatable, as you can relate to the people in the story.
+ Easy to involve minor eating disorder symptoms as it is told from the perspective of people who have it.
– Not interactive
– Only the perspective of two people.



4. Hearing from others

The last idea focuses on giving information about eating disorders from people who have had them and letting people know that they are not alone. The videos help to show a more diverse view of eating disorders.

+ Relatable as you can identify yourself with the people in the videos.
+ Possible to show a wide array of experiences with using different people in the videos.
– Not interactive
– Similar to Proud2Bme.

Videos top to bottom:
SoheeFit, 2020
Hyram, 2018
Sydney Serena, 2022

5.3 Final design direction

All the design directions have strong and weak points. The concepts with the most potential are judging others and the cartoon idea. The cartoon idea (direction 3) has potential because it is easy to let people relate to the characters as they are real people with a story. Judging others (direction 1) has potential because we learned from the literature and the interviews that people find it a lot easier to recognise an eating disorder by others than by themselves (Radunz et al., 2023). These two concepts combined were decided to lead to the most promising design.

The design direction that emerges, when combining direction 1 and 3, allows the website to explain eating problems nonmedically and let people reflect on their own behaviours, thus increasing mental health literacy and ED recognition. This will increase their self-awareness, thereby increasing their likeliness to seek help.

On the following pages, the iteration process of the final redesign of Featback is outlined. This chapter focusses on the initial interaction with the stories. The website consists of five components: E-health, Login, the Self-test, Information and the stories. The interaction between the components is presented in figure 5. The other components of the website are elaborated upon further in the next chapter.

The interaction with the e-health module has not changed much compared to the original Featback website design, as it is good that the interaction is simple, and the current interaction has proven effective in treating eating disorder symptoms (Rohrbach et al., 2022). Although the weekly interaction has not changed much, how users sign up for the e-health module has changed drastically. In Chapter 6, the final redesign is explained in detail.

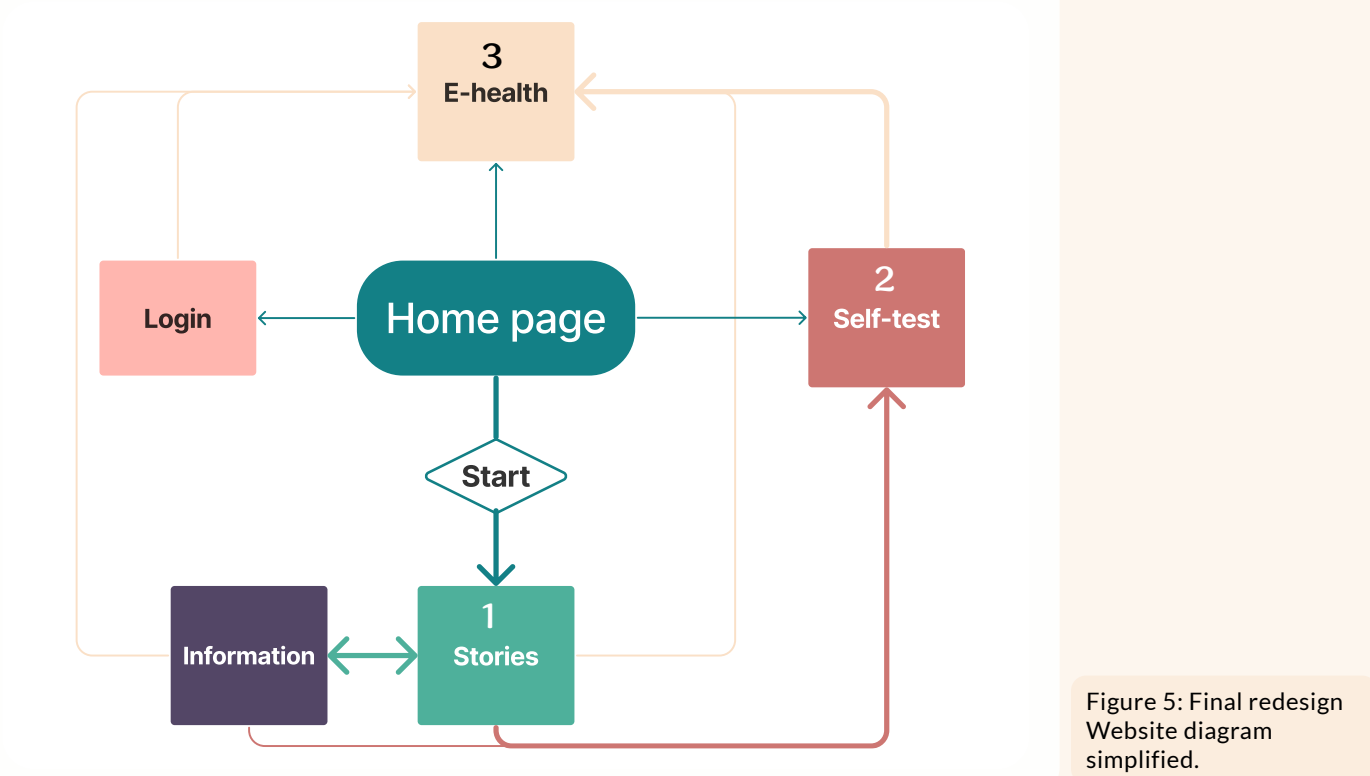


Figure 5: Final redesign Website diagram simplified.

Iteration 1 - Three friends

Three friends

In the first iteration of the final concept, users are led through a story of three friends (see image 18).

A disadvantage of this style is that it only highlights three people, making it difficult to show the wide array of eating disorder symptoms and create multiple scenarios that can be judged.

Navigation buttons

The buttons on the top make it easy to navigate through the website.

However, the 'Test je kennis' (Test your knowledge) button can be unclear or give people the feeling that it is a test they need to do well on.

Self-test

The self-test (see image 19) feels overwhelming because of the many questions you are presented with. In the final design, each question has its own page and a counter on the bottom of the screen so you can see how many questions there are left. These changes make the self-test less overwhelming.

Image 18: Homepage iteration 1

Image 19: Self-test iteration 1

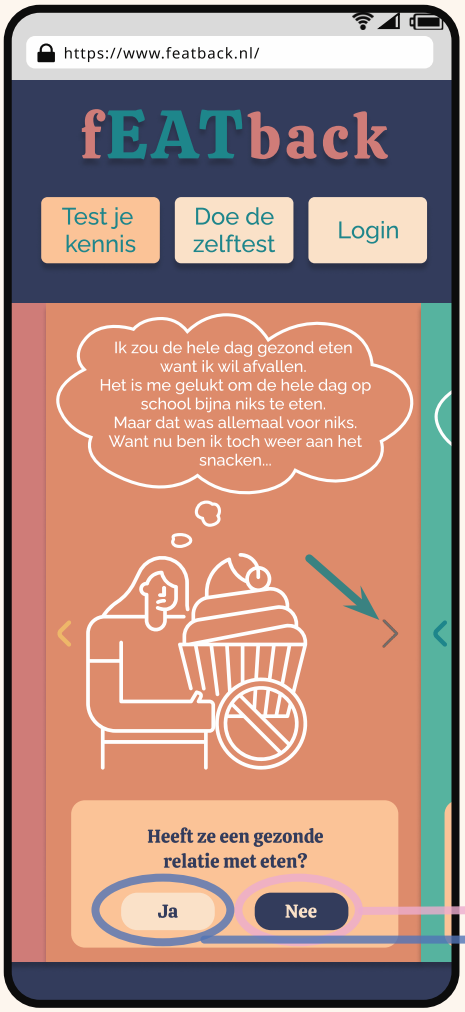


Image 20: Homepage iteration 2

Image 21: Feedback good-job

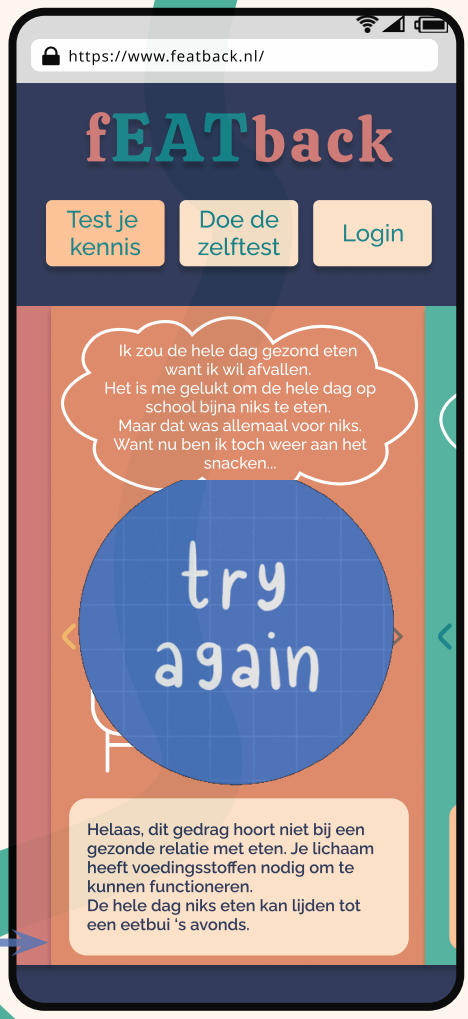


Image 22: Feedback try-again

Iteration 2 - Scenarios and stickers

Scenarios

The second iteration presents the user with many different people and scenarios to give a broader view of eating problems. Each scenario has its own screen. Users can read the other scenarios by pressing the arrow or scrolling sideways.

Judging and stickers

For each scenario, people are asked if they think the person has a healthy relationship with food (see image 20). By pressing yes or no, people get feedback on their answers. If it is correct, they get the good-job sticker (see image 21); if it is not, they get the try-again sticker (see image 22). Asides from the gif, they get an explanation of what the answer should be and why.

Advantages and disadvantages

The limitation of this iteration include that the scenarios are shown in a think cloud (see image 20). There seems to be a lot of text for many scenarios, which can be overwhelming for the user. An employee of GGZ Rivierduinen Eetstoornissen Ursula commented that the gifs could make people feel judged and not continue with the interaction. The last disadvantage is that the buttons on top take up a lot of space that could be used for the scenarios.

Image 23: Homepage iteration 2

Image 24: Feedback good-job

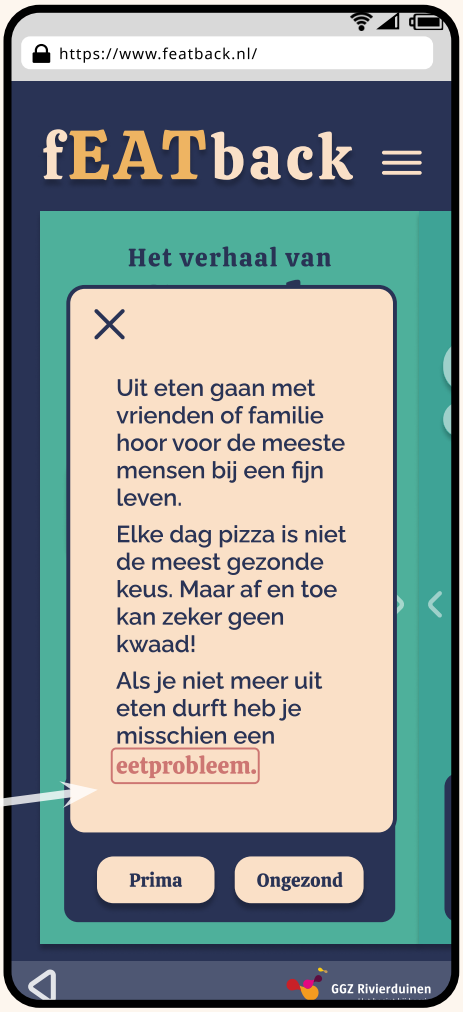


Image 25: Feedback try-again

Iteration 3 - 3 stories

Three stories - 11 scenarios

To create more continuity and to make it easier for people to connect to the characters, three stories are created from the scenarios of iteration 2. The text in the scenarios is rewritten to look like text messages. This style makes it easier to read and feels more personal (see image 23).

Judging

The text on the bottom is changed to make you feel you are giving your opinion instead of a knowledge quiz like the previous iteration. The try-again sticker is removed. The good-job sticker is still there to give people a sense of accomplishment (see image 24). You get an explanation of what most healthy people would do (see image 25). In the explanation, there are links to more information.

The concept still feels binary. You either choose the good option or the wrong option. However, most scenarios are not so black and white. Because the links to more information in the text are highlighted and have a border, these words attract a lot of attention, and you constantly see the word eating problem, which can give users a negative feeling.

Navigation

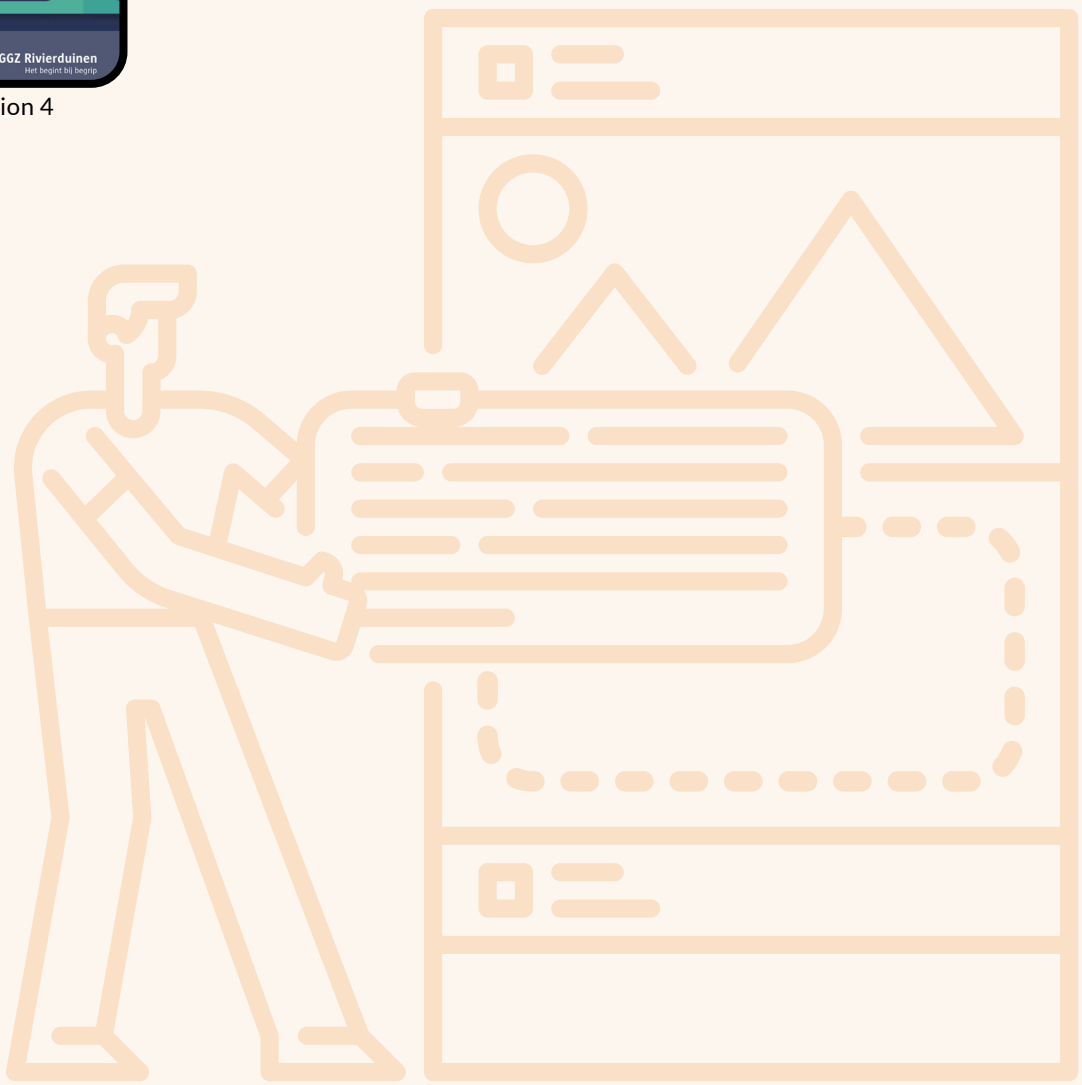
The buttons on the top from the previous iterations are replaced with a **hamburger menu** ☰ to allow easy website navigation without taking up unnecessary space.

Image 26: Homepage iteration 4

Final redesign - fEATback

The final redesign is the most similar to the third iteration. However some changes were made. The biggest change is how people judge the stories. In the final redesign the buttons are replaced with a sliding bar to allow for more nuance as the stories are not black and white (see image 26).

The full final redesign is presented in the next chapter.



6. Redesign: fEATback *Using stories to impr literacy*

This chapter explains how the design meets the design goal and requirements (section 4.3), what the design looks like and what the intended interactions with the design are.

rove mental health

6.1 The redesign

The project goal is to **make Featback appeal to more adolescents struggling with a developing eating problem or eating disorder (ED).** We learned from the research (Chapter 3) that most (young) people find it hard to recognise their ED and have low mental health literacy partially because of stigmas surrounding ED's. Therefore, the design goal is to **create a website that helps young people developing an eating disorder improve their mental health literacy regarding eating disorders, to increase self-awareness, so that they will seek help sooner.** This redesign aims to do this.

As stated in the previous chapter, the final redesign combines the judging others concept and the story concept. In Figure 6, the redesign is outlined in a simplified flow diagram. The interaction with the website is divided into three phases:

Phase 1 - Mental health literacy:

The intended interaction starts by **reading and judging the stories.** After judging the stories, they get an **explanation** and can get **more information about eating problems**.

Phase 2 - Recognition:

When they have read all 11 stories, they get a **summary** of the stories. From here, they can take the **self-test**. After receiving the **self-test result**, they can go to the **e-health** page.

Phase 3 - Help:

On the first page of the e-health program users get information about the **e-health** program and can directly start by answering the monitoring questions. When they get the **personal message**, they can **create an account**. Requiring users can directly go to the **login page** to see the personal messages they received in the previous weeks. They can also fill in the monitor questions for the next week.

The following section explains the interactions with the website and the three phases in detail. Section 6.4 Presents all stories and explanations.

In section 6.3, the intended use flow is visualised in a storyboard.

All screens of the website can be seen in Appendix G.

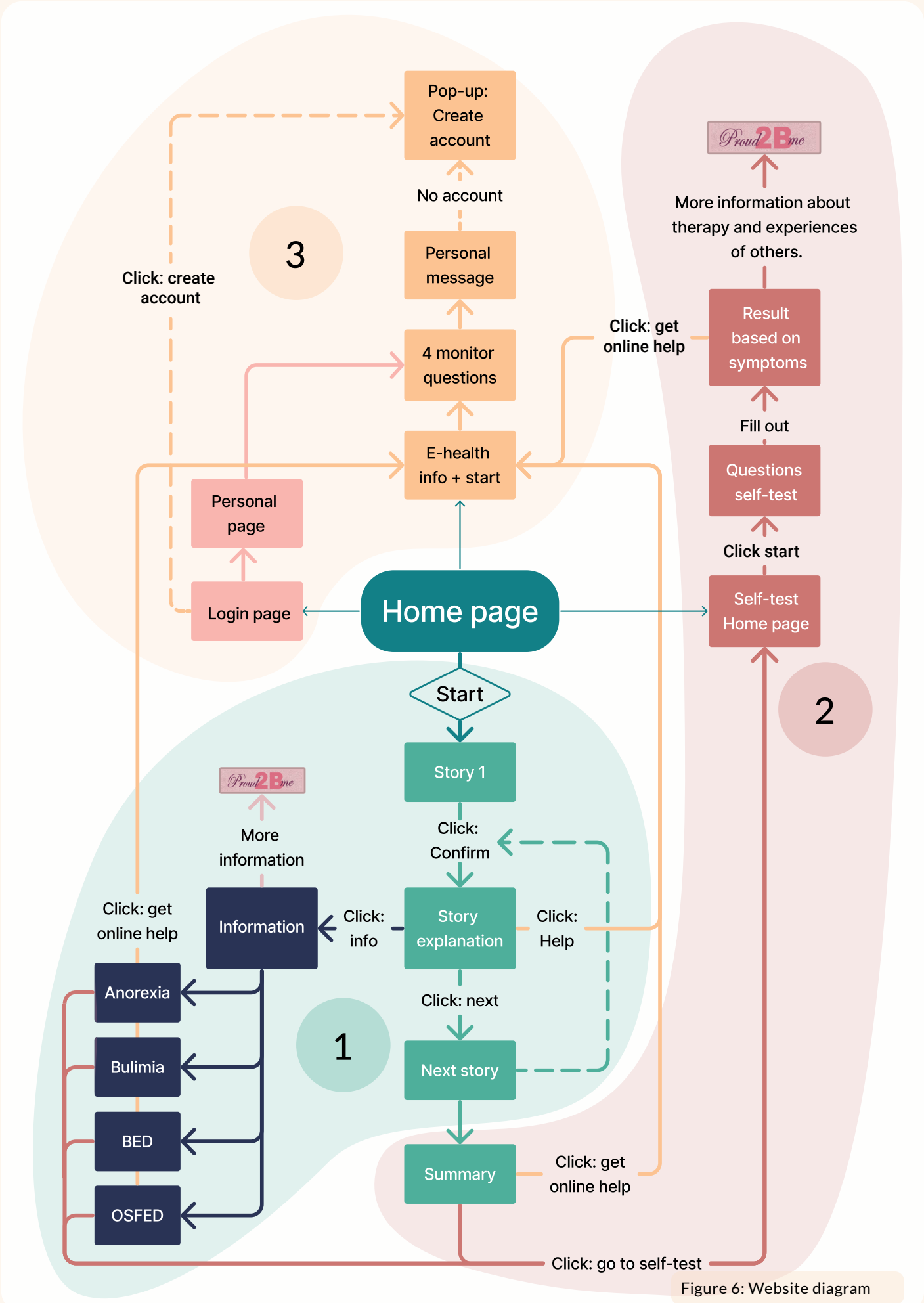


Figure 6: Website diagram

6.2 fEATback components

This section explains the three phases and all components of the redesign fEATback.

Phase 1: Mental Health Literacy

The first phase of the interaction focusses on mental health literacy. On the website, three components belong to this phase. These components are the stories and judging them, the explanation of the stories and the information pages.

From literature and the contextmapping research, we know that most people who are developing an eating disorder have poor mental health literacy and do not recognise the symptoms in themselves (Ali et al., 2017; Innes et al., 2017; Radunz et al., 2023; Regan et al., 2017; Romano & Lipson, 2019). There is proof that people can better recognise symptoms in others than themselves (Radunz et al., 2023).

Image 27: example of a story.

"I want to be thin so badly

I did not eat anything at school!

But after school I let myself go :(I ate a bag of crisps and a chocolate bar

Everything wasted"

The stories

Stories are created using data from the context mapping research combined with expert knowledge and the most common symptoms found in the literature. The context mapping research was leading the stories to ensure that the stories are authentic and recognisable for Dutch adolescents. Experts from GGZ Rivierduinen Eetstoornissen Ursual verify all stories to make sure that the stories represent a broad spectrum of patients and not only those interviewed. See image 27 for an example of one of the stories.

The stories help people identify eating disorders in others by highlighting the subtle signs without using medical language or complicated language. All stories are presented in section 6.4.

The characters

There are three stories in total: the stories of Sarah, Kai, and Robin. They all experience different ED symptoms. It is not mentioned to what specific ED the symptoms belong. Most people are diagnosed with other specified feeding or eating disorder (OSFED) (Fairweather-Schmidt & Wade, 2014; Machado et al., 2007) as they do not qualify for one specific ED. People with different eating disorders experience most scenarios within the stories. It can scare people away by telling them they might have one ED if they do not experience all symptoms (Ali et al., 2020; Gratwick-Sarll et al., 2013). One exception is that in one scenario, Binge Eating Disorder is mentioned in

the explanation as many people do not know this exists, which significantly delays help-seeking.

The drawings are unrealistic on purpose. People with an eating disorder tend to compare themselves to others, and the size and shape of your body does not indicate if you have an eating disorder. By using unrealistic drawings, more people can identify themselves with the characters.

Judging

After reading the story, people can judge the story by sliding the dot to a thumbs down 👎 or a thumbs up 👍 emoji (see image 28). The **slide bar** is placed below the story (image 27). People are encouraged to slide the dot by a text bubble with an explanation that pops up after a few seconds.

Image 28: Slider to let people judge a story.

The sliding bar allows people to give a more nuanced judgement than just two options, as seen in the previous iterations in section 5.3.

Explanation

After people slide the pink dot, they can press confirm (bevestig) (image 28). Additional information pops up (see image 29). The information improves mental health literacy by debunking stereotypes and giving accurate information in simple terms. All information pop ups are presented in section 6.4.

The bold words and info button link to more information about eating problems and eating disorders (see information on the next page).

The help button leads you to the e-health page, and Volgende (next) leads to the next story.

An overlay of green dots on the bottom of the screen displays what others think of this situation. The pink dot shows your answer. In this way, people can quickly check if their thoughts are

Image 29: example of the explanation pop up.

Going out for dinner with friends is part of a fun life for most people. Pizza and tiramisu are not the healthiest choices. But once in a while certainly can't hurt! If you are afraid to eat out, you might have an eating problem.

the same as others. This is especially important for people with an eating disorder as they do often not know what is "normal" when it comes to food.

Image 30: example of an information page

Information

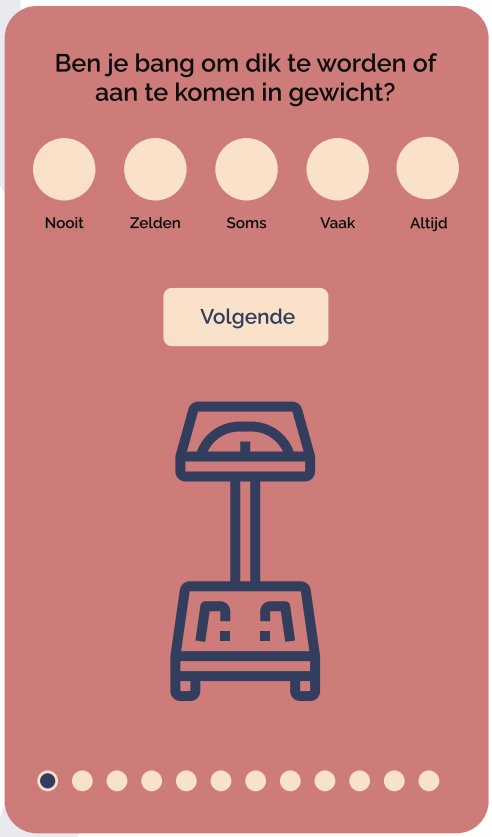
The information pages give more information about the difference between eating problems and eating disorders, different eating disorder symptoms and they provide a brief overview of the eating disorders and their symptoms.

The pages link to different resources, for example, the self-test, the e-health module and proud2Bme, for additional information and places to get help.

Image 30 shows an example of one of the information pages. This one is about a binge episode.

Phase 2: Recognition

The most important part of this phase is the self-test. The self-test helps people to recognise and accept their eating problems sooner (Christensen et al., 2011). After completing phase 1, people are already sensitised to recognise the symptoms of others and reflect on their behaviours by sliding the scale. The self-test helps them to confirm their worries.



(Left) Image 31: one of the self-test questions

(Right) Image 32: Stories summary

Translation:

"People handle food in different ways. That is normal.

But if someone is constantly preoccupied with food or their weight, more could be going on. They may have an eating problem."

The self-test starts with a short explanation (see Appendix G for all screens). After the explanation, the questions start; see image 31 for the first question. At the bottom of the screen, people can see their progress.

People can enter phase 2 at the end of the stories on the summary page (image 32) or go to the self-test through one of the information pages (image 30).

Phase 3: Help

The last phase of the website is help. This phase consists of two parts: first-time users and returning users.

First-time users

The e-health page starts with a short overview of the e-health module, see image 33. On the website, it is not called e-health, as many young people do not know what this is, and it can scare people away by sounding too severe. It is called Online help instead.

The working of fEATback has not changed much from the original design. However, how the interaction feels has changed dramatically. Where people in the original design had to go through a long sign-up and self-test process, now people can directly start with the first question. They can do this by clicking Start Week 1 or by scrolling down (see images 33 and 34).

When clicking next (volgende) they can fill out the other three weekly questions without making an account, which makes the threshold to start much lower. After completing the questions, they directly get a personalised message (see image 35).

(Left) Image 33: E-healt start page.

(Right) Image 34: Start directly with the first question.

Image 35: Personal message page.

Image 36: Pop up to create an account.

Image 37: Personal page.

Users can create an account after they have received their personal message. They can click the “Maak een gratis account aan!” button to get the pop-up or wait, and the account creation page (see image 36) will pop up automatically after half a minute.

With the account, the users can complete the eight-week program. To register, either an e-mail address or phone number must be provided. This is done so the website feels as anonymous as possible. For many, an e-mail address feels less personal than a phone number, as you can create one with a fake name. A phone number feels more personal (Ackerman et al., 1999). Although it feels more personal, users can still use their phone number instead of e-mail, as many young people do not use e-mail.

Returning user

Every week, returning users get a link to the login page (see Appendix G for all screens). On this page, users can log in. New users can choose to create an account.

After users log in, they go to their personal page; see image 37. Here, they can directly start with the first question of the four questions to get their personalised message for that week. They can also read back the personal messages they received previously on their personal page. When they click on a message, it folds out so they can read it.

Navigation

There are multiple ways to navigate through the website. The first is following the intended use flow described in the three phases. You can get to all the pages on the website by clicking the links described in the previous sections. This section focusses on the other ways you can navigate the website.

Homepage

The homepage to introduce people to the website; see image 38. People are encouraged to start with the stories and thus with phase 1. The yellow square explains the stories and challenges people to share their knowledge about food. By clicking **start** or the cross, users go to the stories.

Three buttons are positioned on the button to allow users to quickly find what they need. The buttons direct the user to the self-test, e-health program and login page. These three buttons are added because, from the research, we learned that most people want to do a self-test and search for this, so this should be easily accessible. The help and login buttons are helpful for quickly getting to the other parts of the website.

Below the buttons, a logo of GGZ Rivierduinen is placed to let people know who made the website. This increases the **trustworthiness** of the website.

Website footer

Additionally, the logo is placed on the footer of the website. Here, the logo is smaller so as not to overpower the rest of the website; see image 39. When you click on the logo, you are led to the website of GGZ Rivierduinen, where you get more information about Eetstoornissen Ursula and the treatments they offer.

Hamburger menu

A hamburger menu (the three lines, see image 40) is placed next to the logo on the top of the screen. For many people, this is intuitive, as this is used on many other websites. This menu is visible on all pages.

If the hamburger menu gets pressed, it opens and shows all pages on the website so people can easily go to them; see image 41.

Image 38: The homepage.

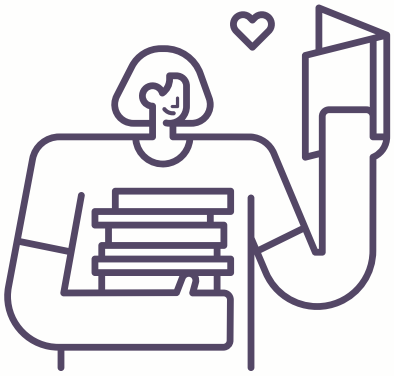
Image 39: The website footer

Image 40: Hamburger menu on top of the screen.

Image 41: Hamburger menu when open.

6.3 Use scenario

In this section, a scenario of someone using the website is shown. In this scenario, we follow Ellis.

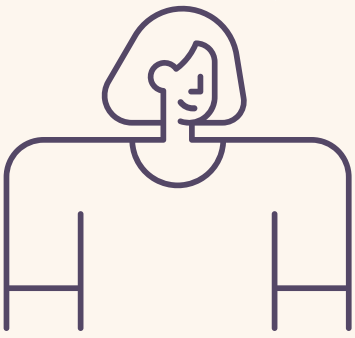


- Name: Ellis
- Age: 16
- Hobbies: Reading
- Is trying to lose weight and is insecure about her body.
- Does not think she has an eating disorder.

Lately, Ellis has become insecure about her weight. Her friends are all thinner than she is, making her insecure. She started following a diet.

Ellis found fEATback via TikTok. Her feed usually consists of tips to lose weight and improve at exercising. A video of fEATback caught her eye because it had a different message. She was curious and went to the website.

I think I know a lot about food. I have done a lot of research into what foods are healthier than others. Let's press start.



Mmmm, let's see. She is eating pizza and tiramisu; these are both foods with a lot of calories. This is definitely not healthy! Let's swipe the dot to the left, but not all the way.

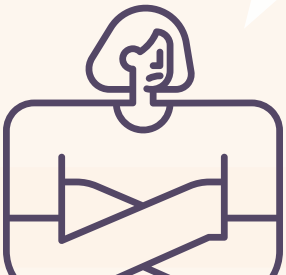
What will happen if I press confirm (bevestig)?

Let's try it.

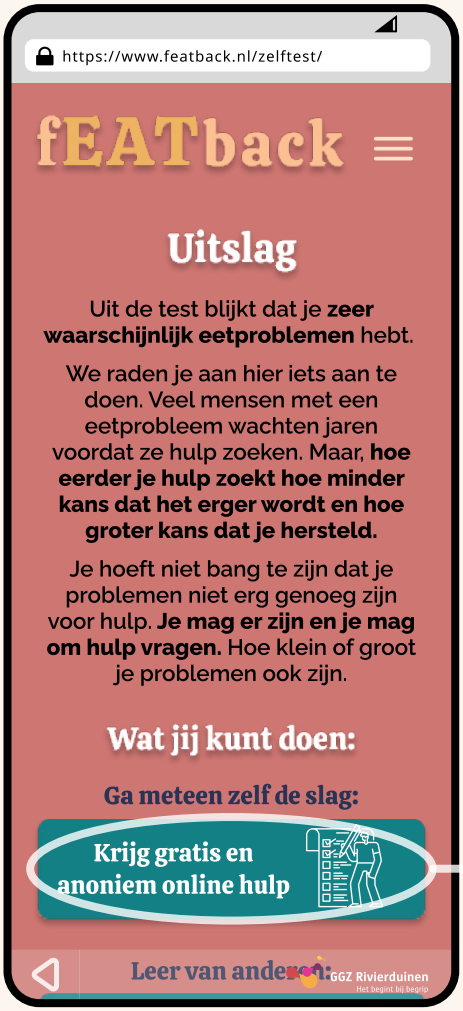
Huh, most people disagree with me. I did not expect that.

What does the explanation say? Well, yes, most people do go out for dinner sometimes. But I still do not think it is healthy.

The last part says that if you are afraid to go out for dinner, you might have an eating problem. I would not say I am afraid... but I also do not really enjoy it anymore. I actually do not know what an eating problem is. I want to learn more.

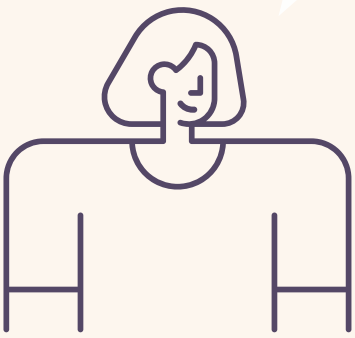


I do not know if I recognise myself in this. But I am curious to read more stories.

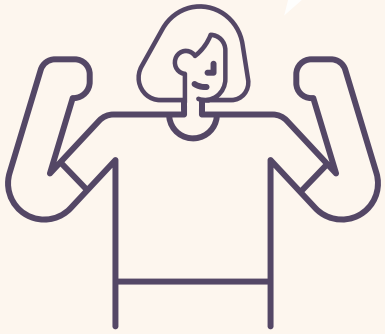


Maybe, now I have read all the stories, I am a bit worried that I might not have the best relationship with food. Although, probably, I am exaggerating this like I always do.

But I will fill out the self-test. Just to be sure.



Let's do this.



I really did not expect this to be the outcome.

What should I do? I do not feel ready to talk to someone about this…

Oh, there is online help. Maybe I can try that

This does not seem too bad. Maybe I can try it? It seems easy. If it is not for me, I can always quit because I did not enter any personal data.

I like that I can just start without giving any information about myself or logging in!

This message is really helpful. I want to receive more. I think I will create an account.

6.4 All stories and explanations

Stories

The stories are created using the data from the interviews in combination with literature and the knowledge of experts from GGZ Rivierduinen Eetstoornissen Ursula.

The stories show the most common ED symptoms in scenarios adolescents can recognise. They are written in the language of young people. Emojis are used to personalize the stories.

"What a fun night!

Went out to dinner with the whole fam. Food was delicious! I had pizza and tiramisu for dessert

I really enjoyed it! "

"They must be talking about me

I am so ugly and fat....."

"I want to be thin so badly

I did not eat anything at school!

But after school I let myself go :(I ate a bag of crisps and a chocolate bar

Everything wasted"

"Ohhh, I am stuffed, I ate so much

If I throw this up I can still eat dessert

Or I become even more fat"

"Wonderful, some time just for me

Just reading a book and enjoying a piece of cake"

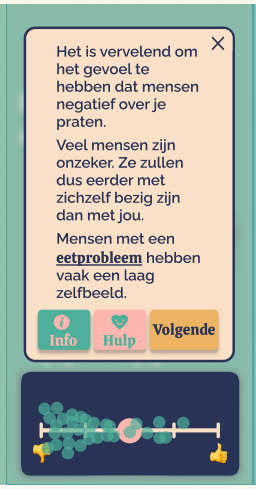
Explanations

The explanations are based on knowledge from the interviews combined with literature and experts from GGZ Rivierduinen Eetstoornissen Ursula.

The explanation recognises the scenario and feelings people can have while adding perspective on whether the behaviours contribute to a healthy relationship between food and your body.

They link to more information about eating problems.

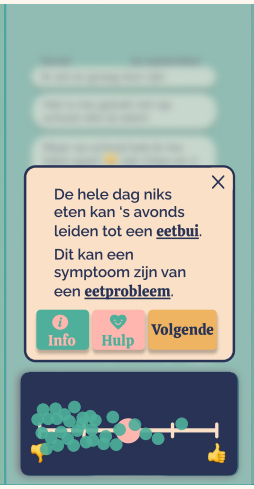
Going out for dinner with friends is part of a fun life for most people.
Pizza and tiramisu are not the healthiest choices. But once in a while certainly can't hurt!
If you are afraid to eat out, you might have an eating problem.



It is unpleasant to feel like people are talking negatively about you.

Many people are insecure. So they will be more concerned with themselves than with you.

People with eating disorders often have low self-esteem.



Eating nothing all day can lead to binge eating in the evening.

This could be a symptom of an eating problem.

You are allowed to eat dinner and dessert.

If someone deliberately vomits after eating, this is almost always a sign of an eating problem.

If you have a healthy relationship with food, you can feel what you want, eat varied, and enjoy the food you like. You are allowed to like food!

"They are so much hotter and stronger than me

I am SO ugly"

"I let myself go again

I ate everything in the house, cake, cookies, chocolate, a bag of crisps...

I feel horrible"

"Oh no! I weigh 1kg more than last week

I am SO fat"

"I did it! I checked the calories of all the food I eat. I found a replacement for everything. I will eat 800 kcal less per day.

Now I must lose weight.

"I must do something wrong

I am losing weight but I can't stop thinking about food

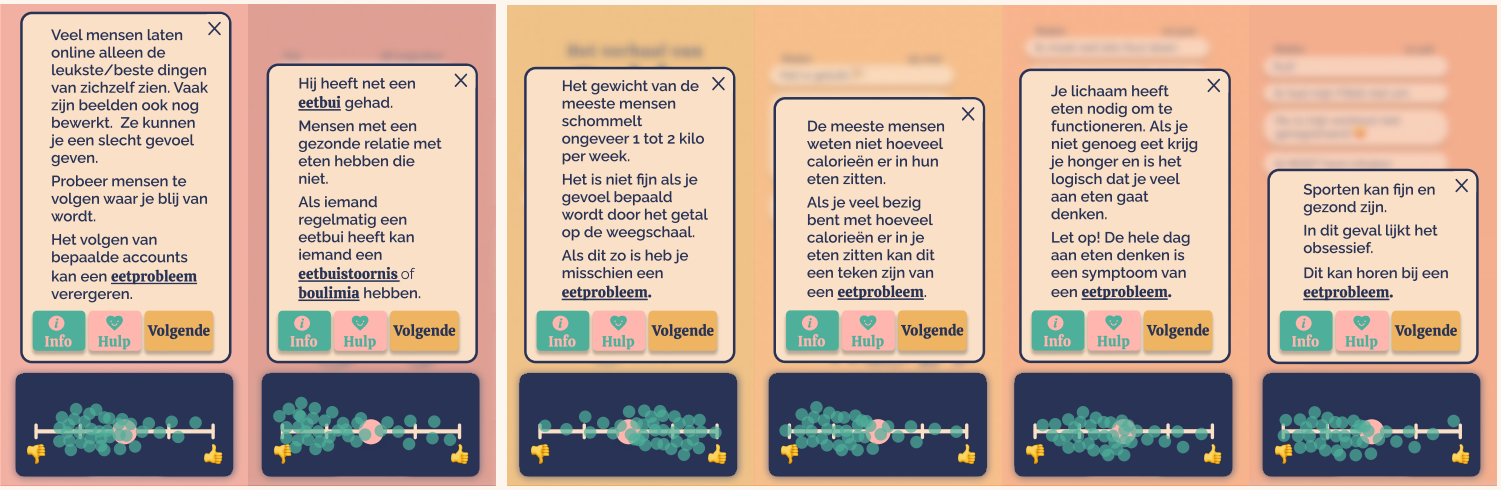
For others it seems so easy not to think about it"

"Shit!

I did not wear my FitBit

Now my workout is not registered

I MUST do it again"



Many people only show their highlights online. Images are often edited. They can make you feel bad.

Try to follow people that make you happy.

Following certain accounts can make an eating problem worse.

He just had a binge-eating episode.

People with a healthy relationship with food don't have those.

If someone regularly binges, they may have a binge-eating disorder or bulimia.

Most people's weight fluctuates from about 1 to 2 kilograms per week.

It's not nice if the number on the scale determines your feelings.

If so, you may have an eating problem.

Most people do not know how many calories are in their food.

Being very concerned with how many calories are in your food can be a sign of an eating problem.

Your body needs food to function. If you don't eat enough, you get hungry, and it makes sense that you start thinking about food a lot.

Please note: thinking about food all day is a symptom of an eating problem.

Exercising can be fun and healthy.

In this case, it seems obsessive.

This can be part of an eating problem.

7. Evaluation and recom
How to improve the f

In this chapter, the evaluation of the redesign is discussed.

First, the evaluation process is discussed. Then, the results are presented and recommendations for the redesign are given based on the evaluation results.

Lastly, the redesign is compared to the original Featback design.

mmendations
EATback redesign

7.1 Evaluation approach

The redesign is evaluated to ensure the redesign will appeal to the target audience and to test if the design goal and requirements are met. The evaluation consists of five steps: the consent form, exploring the website, performing tasks on the website, filling in the Likert scale and system usability scale, and an interview. This section describes the setup, the participants and the five steps.

The setup

The website evaluation was held at GGZ Rievierduinen in one of the treatment rooms (see image 42). Both the interviewee and I were sitting at a table. I sat at an angle to see what the participants were doing on the phone. During steps 2, 3, and 5, participants could access a phone and interact with the fEATback prototype. They could hold the phone or lay it on the table.

An audio recorder recorded the conversation during the complete evaluation after the consent form was signed. After the interview, it was transcribed using the Microsoft Word transcription feature.

Image 42: The evaluation setup.

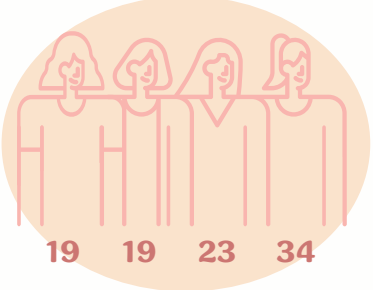
Participants and ethics

Participants

The evaluation participants were adolescents with an Eating disorder who received treatment from GGZ Rivierduinen Eetstoornissen Ursula and experts.

Adolescents

In total, four adolescents participated in the research. One of them also participated in the context mapping research. All participants were women. Two of them suffered from Binge Eating disorder (BED), and two of them suffered from anorexia or bulimia nervosa.



Experts

In total, four experts participated in the research. Experts were asked to participate to enrich the data of the evaluation. They know the target group well and can provide valuable insights to the research.

- **Eric van Furth** - Professor of Eating disorders and director of GGZ Rievierduinen Eetstoornissen Ursula.
- **Daniël de Jongh** - Editor-in-chief of proud2Bme and patient expert.
- **Pieter Rohbach** - PhD in the field of eating disorders and was involved in making and researching Featback.
- **Jiska Aardoom** - PhD in the field of eating disorders and was involved in making and researching Featback.

Ethics

Before the evaluation, the participants will be informed about the test and potential risks. They will be asked to fill out the consent form (Appendix K). Participants can quit or take a break at any time during the test. During the test, audio recordings will be made. Participants will not be recognisable on the recordings. Participants can state in the consent form how the recordings can be used. At the start of the project, a data management plan (Appendix C) and the HREC checklist were completed (Appendix B)

All patients interviewed for the evaluation have consent from the therapists of GGZ Rivierduinen Eetstoornissen Ursula to participate in the research.

The evaluation

1. Consent

In this evaluation phase, the participants get an explanation of the research and the different tasks. They will be able to ask questions. Lastly, they are asked to fill out the consent form (see Appendix K).

2. Explore

This phase aims to learn how people react to fEATback when they first come in contact with the website. How do they navigate the website, and which pages do they go to first.

At the beginning of the task, participants are told:

"Imagen that you find this website for the first time. What do you do? Please think out loud when doing this."

After they are done exploring, they will be asked the following question:

"*What is your first impression of the website?*"

3.
Tasks

3. Tasks

The goal of this phase is to find out if all important parts of the website are easy to find. The participants are asked to perform a series of tasks on the website. They are again asked to think out loud and tell the researcher when they have completed the task.

List of tasks:

Task 1: Can you show me what the opinion of others is on Kai's first story?

Task 2: Can you show me how you would find extra information about eating disorders on the website?

Task 3: Can you show me the start page of the self-test?

Task 4: Can you show me how you would go from the self-test to the online help module?

Task 5: Can you show me how you would create an account?

After each task, they are asked to rate how hard they thought it was to complete the task on a scale from one to five. They got a printed-out version of the Likert scale to easily see what is one and five and to point out their answer.

4.
SUS

4. System Usability Scale

The System Usability Scale gives insight into the website's usability according to the participants. The SUS is a Likert scale used to evaluate systems' usability (Brooke, 1995). The SUS is reliable even on a small scale (HHS, n.d.). The questions can be found in Appendix I.

5.
Interview

5. Likert scale and Interview

Next, a semi-structured interview is conducted to learn more about how the participants experienced the website. The main structure of the interview is questions from a Likert scale. The Likert scale statements are based on the design goal and requirements (see Chapter 4). The Likert scale ranges from strongly disagree to strongly agree. The Likert scale is printed on paper so participants can point to the number they agree with. There are 12 statements in total. The researcher reads the statements one by one. After each statement, participants are asked to give a score from one to 5 and are asked for their reasoning. After all statements are discussed, a few additional questions are asked. The Likert scale and the complete evaluation plan can be found in Appendix H and Appendix J.

7.2 Results

In this section, the results of the evaluation are discussed. First, the results of the SUS are discussed, and then the interview results, tasks and exploration are discussed.

Explore

The participants went through the website in the order that was expected. They started with the stories, then went to the self-test and lastly, the help module. Half of the participants skipped the information pages. They saw the information button but were more curious about the next story than reading extra information.

Homepage

One thing some participants struggled with was the homepage (image 43). They found it confusing that there was an overlay over the stories. They did not expect pressing the cross and pressing start to lead to the stories. Although they found it confusing, it was not a problem for the rest of the evaluation.

Another problem with the homepage is that it is unclear what to expect from the website and what pages there are on it.

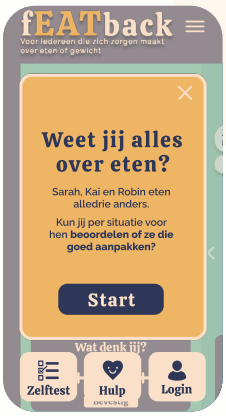


Image 43: The homepage

Judging

The participants understood how to slide the slider and that they were supposed to vote. Once they had done this, they all pressed confirm and found the explanation and the green dots representing others' opinions helpful.

The prompt for the judging varies per story. The participants found it harder to judge a story with shorter prompts than with longer ones.

On the right, there is an example of a slider with a longer prompt (image 44) and a slider with a shorter prompt (image 45).

Image 44: Slider with long prompt
What do you think? Gaining 1 kilo is:

Image 45: Slider with short prompt
What do you think? This is:

Tasks

Almost all participants gave all tasks a four or five (very easy). Nearly all participants had already performed the tasks in the exploration phase. Most participants used the hamburger menu and the homepage to navigate the website.

Opinions of others

Two out of the eight participants rated task 1 *(Can you show me what the opinion of others is on Kai's first story?)* a three. One of the experts had not seen the dots, and thus, it was more challenging because they did not know where to look. All other participants had immediately seen the dots on the first story. For them, it was immediately clear what they meant.

One of the adolescents rated the first task a three because they thought it took many steps to get there from the homepage, and there was no overview of all the stories. I believe that an overview is unnecessary as the stories are not facts you should all know but individual reflection moments that do not need to be quantified.

From self-test to e-health

Half of the participants gave task 4 *(Can you show me how you would go from the self-test to the online help module?)*, one point lower than the other tasks. I believe this is because they were not allowed the hamburger menu. Therefore, the task required more steps than the others. They all found the e-health page from the self-test already in the exploring phase.

SUS

All participants filled out the SUS. In addition to the evaluation participants, six young people between 22 and 25 filled out the SUS for the original Featback website. In this way, the redesign can be compared to the original website.

How to interpret SUS?

After people fill out the SUS, their score is calculated (Brooke, 1995). Figure 7 shows what a SUS score means for the usability of a product (Bangor et al., 2008, 2009; User Sense, n.d.). It is important to note that although the SUS is reliable on a small scale (HHS, n.d.), SUS should always be used in combination with other validation methods (Bangor et al., 2009). For this evaluation, this is done in steps 2, 3, and 5.

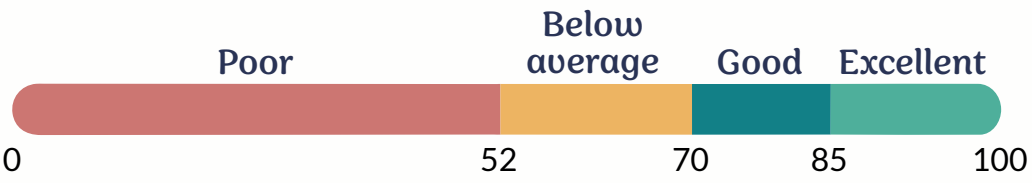


Figure 7: How to interpreted SUS scores.

Results SUS

In figure 8, you can see the results of the SUS for the three different groups. The redesign scored high on usability for both the experts and adolescents. The original design had varying results but overall had a much lower score.

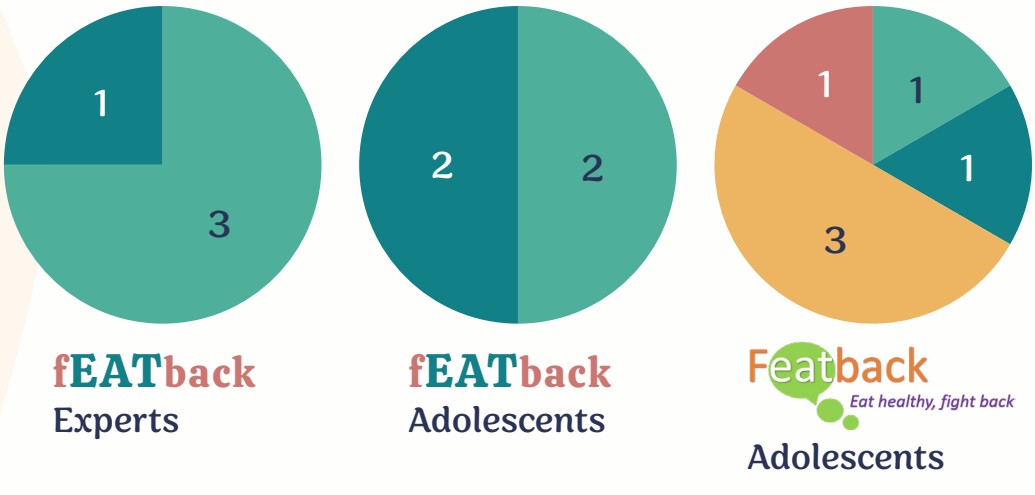


Figure 8: SUS scores.
Left: SUS score experts for redesign
Middle: SUS score adolescents for redesign
Right: SUS score adolescents for original design.

Interview

Appearance and trustworthiness

The people interviewed thought the website looked beautiful. They especially liked the soft colours and calm appearance. The redesign has a trustworthy appearance. However, some would like to get more information on why Featback was created and who created Featback. A suggestion was to link to the literature about Featback to give Featback even more credibility. There was also a wish for a clear privacy statement on the website, which is important so people know how their data is handled.

One person noted that there are some blinking buttons on the website. She associated this with fake websites, making the website less trustworthy for her.

The young people interviewed understood most of the words on the website but had some suggestions for improvement. An example is that the word “lijnen” (dieting) is used in the self-test, but this word might be dated, “diëten” (dieting) or “geprobeerd om af te vallen” (tried to lose weight) would be a better choice.

Improving mental health literacy

The adolescents all believed that if they had found the website at the right time, the stories would have helped them reflect on their eating behaviour, and they would have recognised their eating problems sooner.

The experts found it hard to say that the website would for sure lead to improved mental health, but they did believe that the website has strong potential to educate people on ED symptoms and thus make people realise sooner that they have eating problems.

You are allowed to ask for help!

The message that you are allowed to ask for help is not clear enough on the website. People liked the tone of voice on the website and the soft colours but would like fEATback to clearly state that you are allowed to ask for help.

Participants liked the practical tips for calling the huisarts (GP) that are included in the results page for people with severe ED symptoms.

Drawings

The participants had different opinions on the drawings. Most liked the drawing style, although some would like more realistic drawings. Some were afraid that people with anorexia would not recognise themselves in the drawings because the people in the drawings were relatively large. However, people with anorexia disagreed with this statement. They just saw this as the drawing style and liked that the bodies in the drawings were unrealistic so that they did not have to compare themselves to the people in the drawings. It did not hinder them from recognising themselves in the stories.

Personal message

The personal message people receive after the monitoring questions is not in line with the rest of the website. All text is concise and broken down to make reading easy. The message is a page full of text. The message should be displayed differently to be as easy to read as the rest of the redesign.

7.3 Recommendations

In this section recommendations for changes made to the redesign based on the evaluation are given. Most recommendations are already incorporated into the design.

Homepage

The homepage (see image 46) and stories are now on the same page. The homepage is not a pop-up any more. You see the first story by pressing start or scrolling to the right. The structure of the homepage is the same. You can go to the stories, self-test, online help or log in.

The button to go to the online help has changed, so it is more apparent that you can revive help on the website as some people did not find it clear during the evaluation. They only found out you can receive help on the website when they visited the online help page.

Image 46: homepage

Prompts

As mentioned in the previous section, the slider prompts should be longer so that it is easier to know what you are judging. I also changed “What do you think?” to “What is your opinion?” as this feels more like you are judging instead of sharing your thoughts (see image 47).

Image 47: Slider with new prompt

What do you think?
Going out for dinner is:

Website information page

An website information page about fEATback with a privacy statement and contact information is added so people have more information and will trust fEAtback sooner. See image 48.

The information page is also added to the hamburger menu (see image 49).

(Left) Image 48: Website information page

(Right) Image 49: Updated hamburger menu

Images

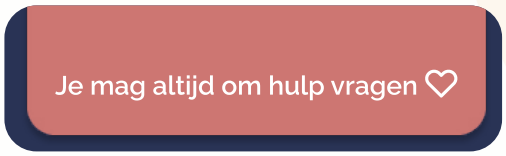
On a few places on the website, images of pills were displayed to illustrate laxatives (see image 50). The young people and experts pointed out that there are many ways to use laxatives, not only pills. Some people associated the pills with other medications, for example, antidepressants. Images of toilets have replaced the pills as they can represent all laxatives (see image 51).

Image 50: Pills

Image 51: Toilet

You are allowed to ask for help

To make the message that you are allowed to ask for help stronger, it is added to multiple places on the website. It is added to the information pages about eating disorders (see image 52) and in the summary after the stories (see image 53). This message was already apparent in the self-test results.



(Left) Image 52: encouraging message

(Right) Image 53: encouraging message

Personal message

The personal message's layout has changed, making it easier to read. Some phrases are bold, and there are more paragraphs to make reading easier. Additionally, images are added to make it feel even less daunting to start reading.

Part of a message is shown in image 54. The entire message can be found in Appendix L.

Image 54: Personal message

Additional recommendations

It is essential to be aware how things are put into words on the website constantly. For example, by checking if most young people still use certain words or that they are outdated. Another example is the self-test asking if people have purged in the last weeks. One participant noted that she could not make herself vomit but had tried to do it in the past. It is essential to consider all things and how they can or cannot be interpreted.

Triggers

Some people mentioned that they were triggered by some things on the website. For example, the word eat, a picture of a cupcake, or a picture of pills. It is important to look for each picture or phrase if and how it could trigger someone and if this is problematic or part of the process of realising you may have an eating problem. It is not possible to live in a world without triggers. fEATback should be a safe space. However, at the same time, fEATback aims to make people reflect. Reflection is not possible without friction.

7.4 Comparison between Featback and the redesign

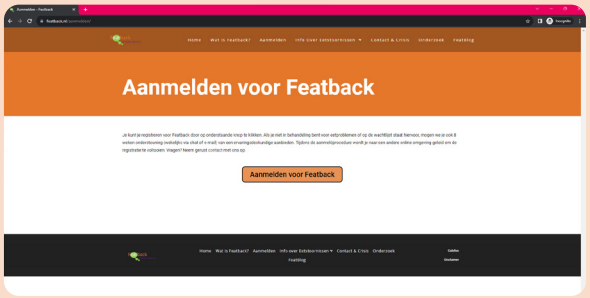
As illustrated in the previous section, the evaluation participants were mostly positive about the redesign. In this section, Featback as it is now will be compared to the redesign. The redesign has improved the interaction with Featback. The redesign allows users with an eating problem to recognise eating problem symptoms and let them realise they have an eating problem. Once they realise this, they are encouraged to get help and are referred to the online help program. The original design did not do this. Users could sign up for Featback, but on the website, there is little information on what the program will help them with or how it works. The information that is there is all text-based. There is one video, but this is only a spoken explanation without visuals, making it hard for users to conceptualise the interaction. The redesign makes the interaction clear, and users can experience the interaction without creating an account.

Below, the main differences between Featback and the redesign based on the design requirements are highlighted.

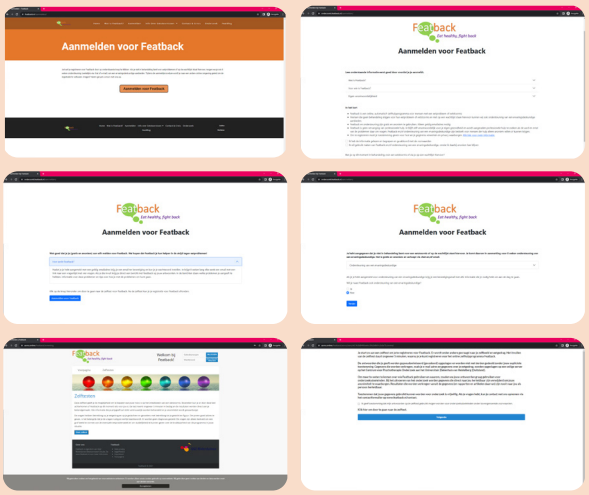
Featback
Eat healthy, fight back

fEATback

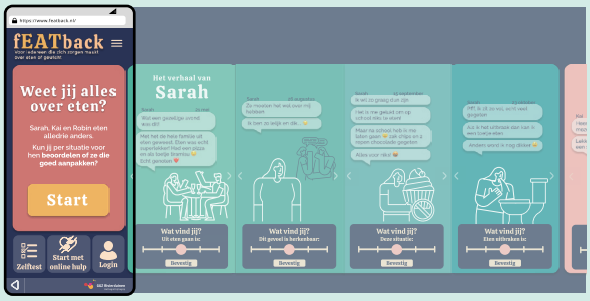
Outdated design



Manny steps to sign up



Modern design

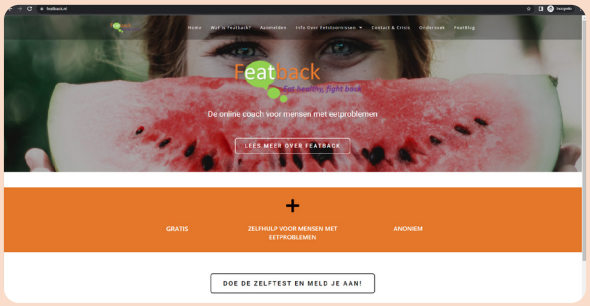


Start with online help without creating an account

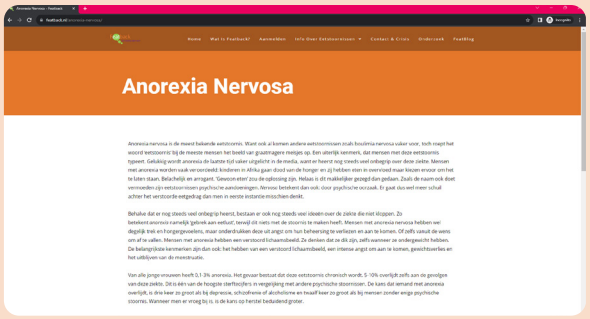
Featback
Eat healthy, fight back

fEATback

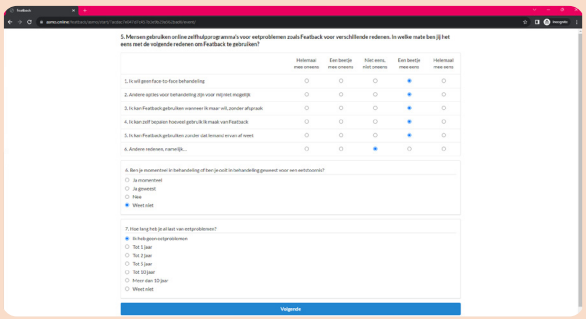
Self-test and sign-up are the same process



Information about eating disorders is long and contains a lot of text



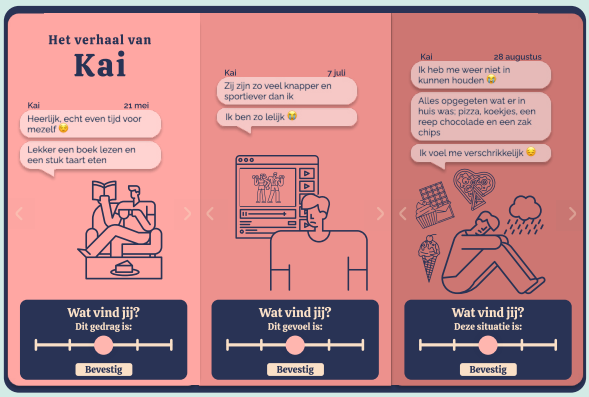
Not engaging, little to no focus on improving mental health literacy



Self-test is separate from the e-health module, so the threshold to start the self-test is lower

Concise information about eating disorders in simple words

Engaging and interactive by using stories to improve mental health literacy



8. Conclusion and reflec
How to continue with

In this chapter, the project process and outcomes will be discussed. Recommendations for the future are given, and the project is concluded.

Lastly, I wrote a personal reflection based on my experience executing this project.

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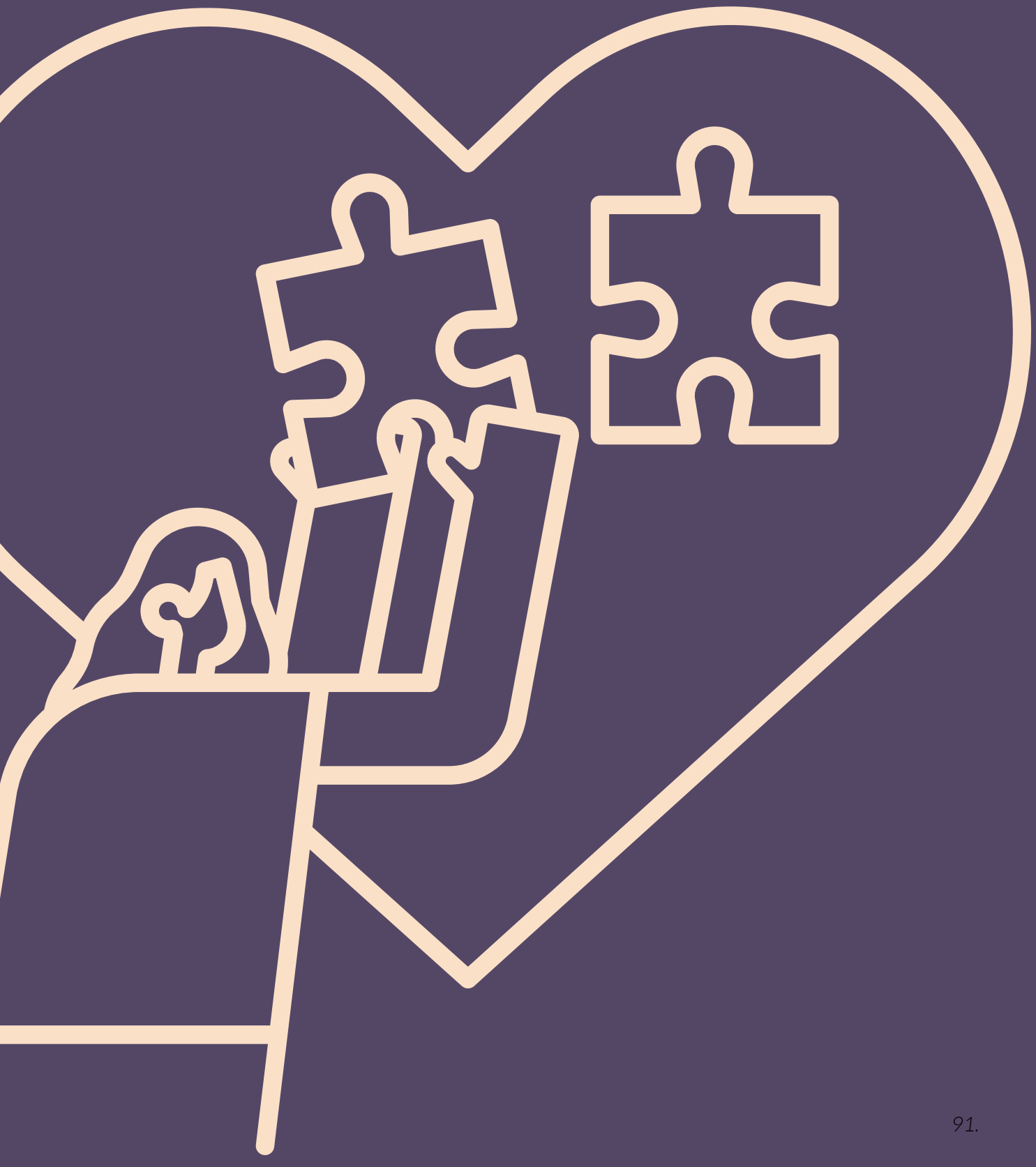
h *fEATback*



8.1 Discussion

This project aimed to *make Featback appeal to more adolescents who are struggling with a developing eating problem or eating disorder*. After research was conducted into the target group and their relation with their eating problems and how they interact with the internet and e-health, it was concluded that the design goal should be to *create a website that helps adolescents who are developing an eating disorder improve their mental health literacy regarding eating disorders, to increase self-awareness, so that they will seek help sooner*. During this project, multiple stakeholders have been heard, and these results have led to a redesign of the Featback website. The redesign has been evaluated with the target group and experts in the ED field. This evaluation concluded that the redesign is better than the original website.

Long term effects

Predicting how the redesign will perform in the long term is difficult. This project was too short to test this. The redesign should be made into a website and be published online. Future research is needed to measure the long-term success of the redesign.

Research participants

During the research, only eight female patients have been consulted. To be able to get a better understanding of the target group, a broader range of people needs to be interviewed. Also, younger people and boys with various EDs (eating disorders) need to be included in the research. On top of patients who already know they have an ED, teenagers with an eating disorder who do not yet receive help need to be included in the study to verify the redesign as they are the intended users. In this project, they were not included as this group is hard to find as they do not know they have an eating problem. Additionally, it is more complicated to interview minors as they need consent from their parents. Teenagers who suspect they have an ED probably do not want to admit this to their parents as it takes most people years to accept an ED (de la Rie et al., 2008). Patients with an ED were more accessible for this research as GGZ Rivierduinen Eetstoornissen Ursula treats them, and it is easy to reach out to them. Because of the limited time for this project, it was chosen only to include patients of GGZ Rivierduinen Eetstoornissen Ursula.

In this project, eight adolescents participated, of whom one was too old. She was still included as her age was only asked during the evaluation, and her contribution was still deemed valuable as she had her ED since she was a teenager. Preferably more people were included in the study, but at one point, it was decided that continuing with other parts of the project was favoured over finding more participants. Many patients were asked to participate, but only a few wanted to participate, which is understandable as talking about your ED is a vulnerable act.

Discoverability

During this project, the focus was on the interaction with the website and ensuring that when the target group finds the website, they will use it. However, it is essential that the target group finds the website. For this, the participants in the research and I believe that it is important that fEATback is active on social media, mainly TikTok and Instagram. During the research, I found that most adolescents get their information from social media. This is primarily the case for information they do not actively look for. If they want to know a specific thing, they will Google it. So, the website must be search engine optimized. An other way of increasing discoverability is via Proud2Bme. The website is currently being redesigned, and on the new website, there is a direct link to Featback on the homepage. The link will increase the number of people who have heard of Featback, as Proud2Bme has over 200,000 unique monthly visitors (Proud2Bme, n.d.). More research and testing are needed to know how to increase Featback's discoverability.

Search Engine Optimization (SEO): "the process of maximizing the number of visitors to a particular website by ensuring that the site appears high on the list of results returned by a search engine." (Oxford Languages, n.d.)

Recommendations to continue

The following recommendations have been created based on the discussion and the rest of the project.

- **Implement the redesign** so more people who visit the website will use the service.
- fEATback should **create TikTok and Instagram accounts** to reach young people. A suggestion for content is to post one story and explanation per post with a link to www.featback.nl for more information.
- fEATback should be **search engine optimised** so as many people as possible will find fEATback for example, by searching for an eating disorder self-test.
- The website should use **responsive web design** so users can view the website on all devices without a problem.
- Trends will change, and fEATback should **keep up with trends** to keep being attractive to young people.

Responsive web design (RWD): A responsive website is a website that adapts based on the device it is viewed on. (Gardner, 2011)

8.2 Conclusion

Recognition of symptoms

Making adolescents aware of their eating problems is not an easy task. Many factors limit their ability to accept their problems, and thus, they do not seek help. It takes most people with an eating disorder 3.6 years to recognise it and four to six years before they seek treatment (de la Rie et al., 2008). There are multiple limiting factors for people to recognise their eating disorder. First, most eating disorders are ego-syntonic; therefore, people only notice a problem if they experience negative symptoms like declining mental health or purging. A second barrier to recognition are

Ego-syntonic thoughts are consistent with one's self-image, values, and goals.
(Davis et al., 2019)

Mental health literacy: "knowledge and beliefs about mental disorders that aid their recognition, management or prevention." (Jorm et al., 1997)

stigmas there are many stigmas surrounding eating disorders, and many have poor mental health literacy regarding eating disorders. Most people believe that only thin, young, white, affluent girls have eating disorders (Romano & Lipson, 2019). From the contextmapping research, we learned that girls believed they were not thin enough to be taken seriously, even though they were severely underweight. Additionally, the stereotype is not correct. People of all shapes, sizes and ages can have an eating disorder.

Because people have poor mental health literacy and are in denial about their problems, they fail to recognise them. Therefore, it is essential to make people aware of eating problems to make more people seek help. If Featback lets more people recognise their symptoms, more people will use the e-health service.

The design goal is to *create a website that helps adolescents who are developing an eating disorder improve their mental health literacy regarding eating disorders, to increase self-awareness, so that they will seek help sooner.*

The redesign

The redesign comprises three phases: **Phase 1 - Mental health literacy, Phase 2 - Recognition,** and **Phase 3 - Help.**

In the first phase, users are educated on eating problems. They are presented with stories of situations related to eating problems. They can judge these stories to create a distance between the user and the story and engage them. In the second phase, users can do a self-test to create recognition for their eating problems. The self-test results guide them to the third phase: help. In the last phase, users can make use of the e-heath module. They can directly start with the first week of the eight-week program without creating an account. In this way, users can experience the interaction without committing, lowering the threshold to use e-health.

The design is evaluated and deemed an improvement by all participants. The participants had overall positive experiences with the redesign. They believe the redesign has the potential to let people with eating problems recognise their eating problems sooner. They thought this could lead to them seeking help earlier. They appreciated the short but accurate descriptions of ED symptoms in the stories and explanations.

Implementation

Based on this project, there is proof that the redesign can work to let people seek help earlier. However, little research was done on implementing the redesign in a way that people will find it. This is crucial for the success of Featback. The discoverability of Featback should be researched. Featback should be promoted on social media as there are strong indications from the interviews that this could work.

In conclusion, the redesign is an improvement on the original website. There are strong indications that it will improve adolescents' Mental Health Literacy and therefore increase their self-awareness. Self-awareness will lead to help-seeking as there are many opportunities on the redesigned website to go to the online help module or find in-person therapy.

8.3 Personal reflection

I started this project because the subject intrigued me. Before the project, I was not familiar with eating disorders. I knew they existed, but not more than that. As the project progressed, I learned more and more, which made the project even more interesting. I believe and hope I understand the target group and have translated their needs into the design.

At the start of the project, I set three goals: two directly related to the project and one personal goal. During the project I wanted to apply the contextmapping method and one of the techniques I learned during the design for complexity elective. I achieved this first goal of using contextmapping I achieved as this was a core part of my research. During the design for complexity elective, I learned about many techniques, but the technique that inspired me for this project was making a GIGAmap. I used this technique for clustering my research findings. Additionally, the knowledge from the design for complexity elective helped me keep the bigger in mind. My design is part of a system and needs to fit into it to function as intended.

My personal goal was to complete my graduation project so that I could present a good project and had healthily managed my energy. I set this goal because I have struggled with mental illness in the last few years. I am proud that I can say that I achieved this goal. Some days were better than others, but this was to be expected. I did not have to adjust my planning majorly. I did have to change some things, as is always the case with big projects, but I was able to make these changes and communicate them with my supervisory team. I am happy to report that I have successfully completed this project with a result I am proud of and believe can make an impact. I learned a lot during the project and had fun doing it.

Acknowledgements

This project would not have been possible without the help and support of my supervisory team, the employees and patients of GGZ Rivierduinen Eetstoornissen Ursula and my friends and family. Thank you very much:

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All girls and women who participated either in the contextmapping research, the redesign evaluation, or both. Your input is more valuable than you probably realise. I have learned from your experiences, and without you, it would not have been possible to create a design that resonates with the target group. You have inspired me to make the best design I could make. I wish you all the best and strength in your recovery journey.

All the experts I consulted throughout my project, helped me evaluate my redesign and gave me new insights.

All the wonderful people at GGZ Rivierduinen Eetstoornissen Ursula who always helped me to come in contact with the young women and men and were always willing to answer my questions. A special thanks to Eline de Rijk and Rita Slof-Op ‘t Landt for answering all my questions.

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My friends and family for being there for me throughout this project and always being understanding the last few years when my mental health has been through ups and downs.

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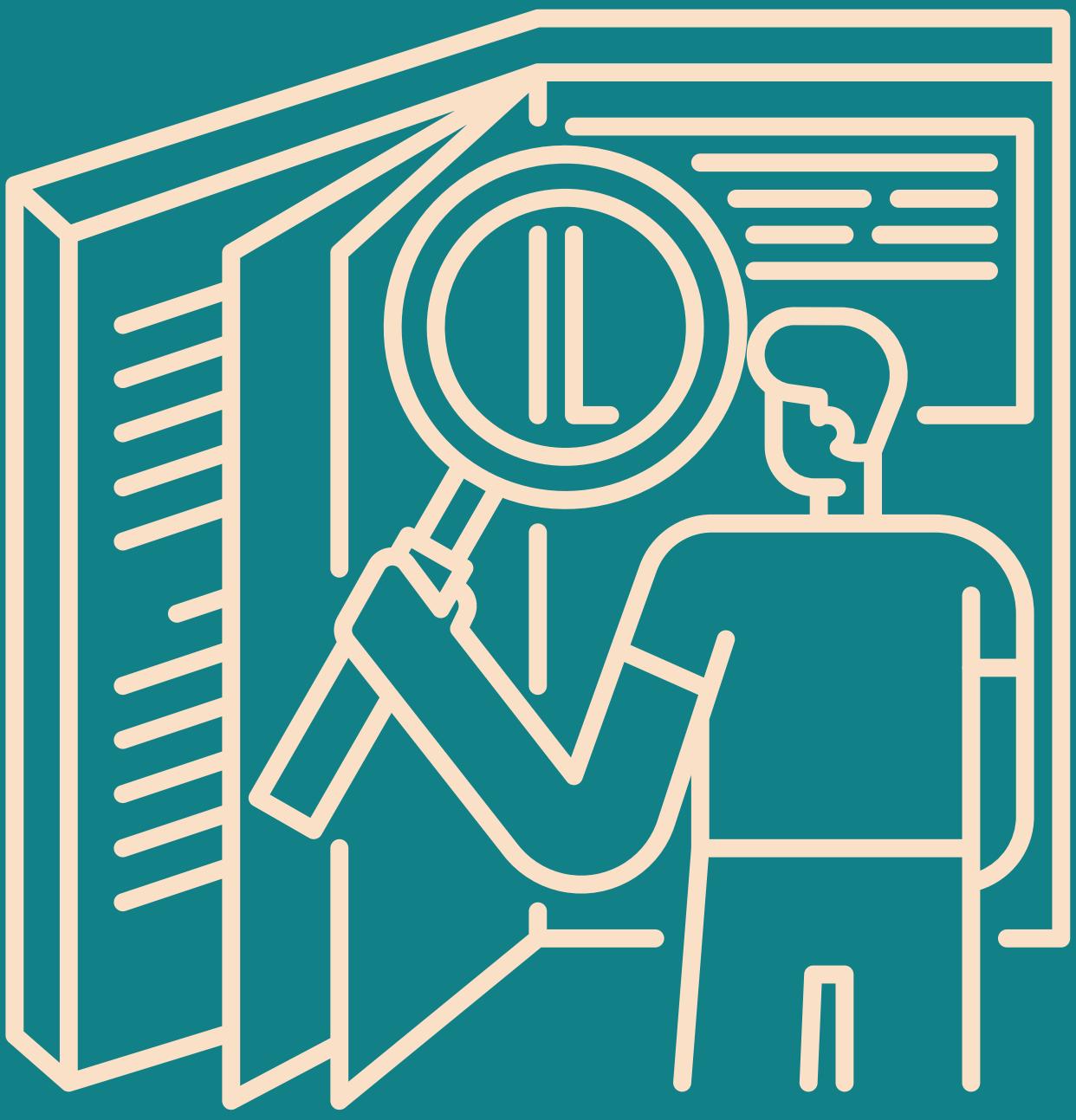
Appendices



DESIGN FOR our future

TU Delft

IDE Master Graduation

Project team, Procedural checks and personal Project brief

This document contains the agreements made between student and supervisory team about the student's IDE Master Graduation Project. This document can also include the involvement of an external organisation, however, it does not cover any legal employment relationship that the student and the client (might) agree upon. Next to that, this document facilitates the required procedural checks. In this document:

- The student defines the team, what he/she is going to do/deliver and how that will come about.
- SSC E&SA (Shared Service Center, Education & Student Affairs) reports on the student's registration and study progress.
- IDE's Board of Examiners confirms if the student is allowed to start the Graduation Project.

USE ADOBE ACROBAT READER TO OPEN, EDIT AND SAVE THIS DOCUMENT
Download again and reopen in case you tried other software, such as Preview (Mac) or a webbrowser.

STUDENT DATA & MASTER PROGRAMME

Save this form according the format "IDE Master Graduation Project Brief_familyname_firstname_studentnumber_dd-mm-yyyy".
Complete all blue parts of the form and include the approved Project Brief in your Graduation Report as Appendix 1 !

family name: Marieke
initials: _____ given name: _____
student number: _____
street & no.: _____
zipcode & city: _____
country: _____
phone: _____
email: _____

Your master programme (only select the options that apply to you):

IDE master(s): ( ) IPD ( ) DfI ( ) SPD
2nd non-IDE master: _____
individual programme: - - (give date of approval)
honours programme: ( ) Honours Programme Master
specialisation / annotation: ( ) Medisign
( ) Tech. in Sustainable Design
( ) Entrepeneurship

SUPERVISORY TEAM **

Fill in the required data for the supervisory team members. Please check the instructions on the right !

** chair: Valentijn Visch — dept. / section: HCD - DA
** mentor: Sonja Paus-Buzink — dept. / section: HCD - AED
2nd mentor: Alexandra Dingemans
organisation: GGZ Rivierduinen Eetstoornissen Ursula
city: Leiden — country: Nederland

comments (optional)

Chair should request the IDE Board of Examiners for approval of a non-IDE mentor, including a motivation letter and c.v..

Second mentor only applies in case the assignment is hosted by an external organisation.

Ensure a heterogeneous team. In case you wish to include two team members from the same section, please explain why.

Procedural Checks - IDE Master Graduation

TU Delft

APPROVAL PROJECT BRIEF

To be filled in by the chair of the supervisory team.

chair Valentijn Visch date 19 - 12 - 2022 signature

CHECK STUDY PROGRESS

To be filled in by the SSC E&SA (Shared Service Center, Education & Student Affairs), after approval of the project brief by the Chair. The study progress will be checked for a 2nd time just before the green light meeting.

Master electives no. of EC accumulated in total: 39 EC

Of which, taking the conditional requirements into account, can be part of the exam programme 30 EC

List of electives obtained before the third semester without approval of the BoE

★ YES all 1st year master courses passed

NO missing 1st year master courses are:

name C. van der Bunt date 02 - 01 - 2023 signature

FORMAL APPROVAL GRADUATION PROJECT

To be filled in by the Board of Examiners of IDE TU Delft. Please check the supervisory team and study the parts of the brief marked **. Next, please assess, (dis)approve and sign this Project Brief, by using the criteria below.

- Does the project fit within the (MSc)-programme of the student (taking into account, if described, the activities done next to the obligatory MSc specific courses)?
- Is the level of the project challenging enough for a MSc IDE graduating student?
- Is the project expected to be doable within 100 working days/20 weeks ?
- Does the composition of the supervisory team comply with the regulations and fit the assignment ?

Content: V APPROVED NOT APPROVED

Procedure: V APPROVED NOT APPROVED

comments

name Monique von Morgen date 24/1/2023 signature MvM

Initials & Name R.M. Wijngaard Student number 4829972

Title of Project Redesign Featback to better reach teenagers with eating problems

Personal Project Brief - IDE Master Graduation

TU Delft

Redesign Featback to better reach teenagers with eating problems — project title

Please state the title of your graduation project (above) and the start date and end date (below). Keep the title compact and simple. Do not use abbreviations. The remainder of this document allows you to define and clarify your graduation project.

start date 07 - 11 - 2022 — 26 - 06 - 2023 end date

INTRODUCTION **

Please describe, the context of your project, and address the main stakeholders (interests) within this context in a concise yet complete manner. Who are involved, what do they value and how do they currently operate within the given context? What are the main opportunities and limitations you are currently aware of (cultural- and social norms, resources (time, money,...), technology, ...).

Eating disorders are a serious problem [1]. The Nederlandse Vereniging voor Psychiatrie, estimates that 2% of young women suffer from anorexia nervosa or bulimia nervosa [2]. The highest incidence rate of anorexia in woman is 15. It takes most people 3,6 years to recognise they have an eating disorder, it takes 4.2 to 6.3 years before people seek treatment [3]. How ever from research we know that the sooner an eating disorder gets treated the best chance of recovery there is [4]. Because most people develop their eating disorder when they are teenagers the target group of this project will be teenagers with developing eating problems or an eating disorder.
Featback is developed by GGZ Rivierduinen Eating Disorders Ursula in collaboration with the University of Heidelberg (DE). Featback is an online self-help program for people with eating problems or disorders. Participants have to sign up on the website (www.featback.nl). After completing a selftest they receive a weekly email with a link to a questionnaire. The questionnaire consists of four questions that are based on the DSM-5 criteria for eating disorders. After completing the questionnaire, they receive one of a total of 1250 unique handwritten messages. The messages are written in a supportive and enforcing way and aim to make users aware of the severity of their eating problems, provide psycho-education, and stimulate help-seeking behaviours. See the images on the next page for example messages. This intervention has been found to be effective to lower eating disorder symptoms in two large randomized controlled trials [5, 6]. Participants can choose to have contact with a psychologist or patient expert. These interactions increase the satisfaction of how people experience Featback. However, they do not improve the effectiveness of Featback [6].
An important part of the project will be the context mapping research. for this it will be a lot harder to find teenagers that are in the process of discovering they have an eating disorder than finding teenagers that already have an eating disorder diagnosis. Because this project has limited time and resources the teenagers that will be included in the research are requited via Eetstoornissen Ursula. These teenagers will already have an eating disorder diagnosis because they are under treatment of Eetstoornissen Ursula.
The parties involved are Eetstoornissen Ursula and the TU Delft. Eetstoornissen Ursula has developed Featback and will be responsible for continuing Featback after this graduation project is over. Featback is developed by Eetstoornissen Ursula and they are the stakeholder that has the most interest in Featback reaching more people. Stakeholders that are not directly involved in this project are teenagers with an eating disorder because they are the intended users. The last stakeholders are the people in the support network of the teenagers, like parents, friends, teachers and doctors as they want them to have a swift recovery.

1. Dingemans, A.E. and et al., Predictors of psychological outcome in patients with eating disorders: A routine outcome monitoring study. IJED, 2016. 49(9): p. 863.
2. Psychiatrie, N.V.v. Eetstoornis - Algemeen. n.d.; Available from: https://www.nvvp.net/website/patinten-informatie/aandoeningen-/eetstoornis/algemeen.
3. Rie, S.D.L. and et al., The quality of treatment of eating disorders: A comparison of the therapists' and the patients' perspective. IJED, 2008. 41(4): p. 307.
4. Zipfel, S. and et al., Anorexia nervosa: aetiology, assessment, and treatment. Lancet Psychiatry, The, 2015. 2(12): p. 1099.
5. Aardoom, J.J., et al., Web-Based Fully Automated Self-Help With Different Levels of Therapist Support for Individuals With Eating Disorder Symptoms: A Randomized Controlled Trial. J. Med. Internet Res., 2016. 18(6): p. e159.
6. Rohrbach, P.J., et al., Effectiveness of an online self-help program, expert-patient support, and their combination for eating disorders: Results from a randomized controlled trial. IJED, 2022. 55(10): p. 1361-1373.
7. Davis Michelle, L., Obsessive-Compulsive and Related Disorders. Diagnostic Interviewing, 2019: p. 155.

space available for images / figures on next page

Initials & Name R.M. Wijngaard Student number 4829972

Title of Project Redesign Featback to better reach teenagers with eating problems

introduction (continued): space for images

1) Eating/shape/weight concern: NONfunctioneel
2) restrictive eating: functioneel
3) eetbuien: NONfunctioneel + improved
4) compensatiegedrag: NONfunctioneel + Deteriorated

We zien dat je op minder dagen eetbuien hebt gehad deze week, wat goed! Al zien we ook dat je meer hebt gecompenseerd. Hoe komt dat? Wat heeft ervoor gezorgd dat je dit bent gaan doen? Is er een bepaalde aanleiding geweest? Probeer dit voor jezelf te achterhalen. Hoe bewuster je wordt van triggers en hoe deze je geest, je stemming en gedrag beïnvloeden, hoe beter je erop in kunt spelen en de cirkel kunt doorbreken. Wat zou je vandaag nog kunnen doen om een stap te zetten richting het gezonde pad? Minder eetbuien en minder compenseren: wat heb je daarvoor nodig? Of wie? We kunnen ons voorstellen dat er een strijd in je hoofd plaatsvindt en het dubbel voelt, maar probeer te doen wat goed voor je is – vanuit je gezonde verstand.
We zien overigens ook dat je veel last hebt van piekergedachten, dus we kunnen ons voorstellen dat het soms moeilijk is om steeds naar je gezonde kant te luisteren. Probeer deze kant te versterken door bijvoorbeeld te denken wat je een vriend(in) in eenzelfde situatie zou adviseren of wat een vriend(in) jou zeggen als hij/zij je gedachten zou weten. Of: stel je voor dat jij een zoon/dochter had die dit had, wat zou jij als ouder dan zeggen of doen? Probeer voor jezelf te zorgen alsof jij je eigen liefdevolle ouder bent. Je bent het waard! "

image / figure 1: Example message Featback

1) Eating/shape/weight concern: NONfunctioneel
2) restrictive eating: NONfunctioneel
3) eetbuien: functioneel + improved
4) compensatiegedrag: NONfunctioneel + Deteriorated

Bedankt voor het invullen van de monitoringsvragen. Heel fijn dat je daar weer de tijd voor hebt genomen. We zijn erg blij om te lezen dat je deze week op geen enkele dag meer een eetbui hebt gehad! Wat knap van je! We maken ons wel zorgen over je compenseergedrag, aangezien je aangeeft op meer dagen te hebben gecompenseerd afgelopen week. Aan de ene kant lijkt het misschien een gekke combinatie, dat je geen eetbuien hebt gehad, maar wel op meer dagen bent gaan compenseren. Maar zou het misschien kunnen zijn dat je afgelopen week extra streng hebt gelet op inname van eten? We zien namelijk ook dat je soms te weinig eet voor je leeftijd en sekse. Misschien vind je het dusdanig eng of vervelend om dik te worden of om aan te komen (is dat bijvoorbeeld ook waar je veel over hebt gepiekerd afgelopen week?) dat je bent gestopt met eetbuien en ook op meer dagen bent gaan compenseren. Klinkt dit herkenbaar, of speelt er bij jou iets anders?

De angst om dik te worden of om aan te komen komt bij veel mensen met eetproblemen voor. De doelen die worden gesteld om dit te voorkomen zorgen vaak voor ongezonde gewoontes en strenge maatregelen. Echter, als zo'n doel bereikt wordt, zijn de problemen vaak niet voorbij. Sterker, het doel wordt meestal weer aangepast. Er wordt gedacht: "pas als dát doel wordt bereikt, ben ik tevreden." Helaas zorgt deze cirkel van een doel behalen en vervolgens weer bijstellen vaak tot een eindeloze taak, waar zelden tevredenheid mee wordt behaald. Hoe kun je immers tevreden zijn als je je doel nooit lijkt te bereiken?! Het is dan ook een valkuil voor veel mensen om zelfvertrouwen en een gevoel van tevredenheid te halen uit de successen of doelen die ze bereiken in plaats van uit zichzelf. Voor iedereen kan het daarom handig zijn om weer eens stil te staan bij onze kwaliteiten en blij te zijn met wie we zijn in plaats van wat we bereiken. Je mag natuurlijk trots en blij zijn met wat je bereikt, maar dit kan best bovenop een geïnternaliseerd gevoel van zelfvertrouwen toch ;)?

Hoe doe je dat dan, blij zijn met wie je bent? Eén methode is bijvoorbeeld om eens op te schrijven waar jij je zelfvertrouwen en –waardering uithaalt. Wat zijn voor jou belangrijke bronnen van zelfvertrouwen en tevredenheid? Het kunnen veel uiteenlopende dingen zijn: goede prestaties op school of werk, kunnen genieten van de kleine dingen in het leven, je vrienden/sociale netwerk, je hobby uitoefenen, bepaalde karaktereigenschappen zoals zorgzaam, vriendelijk of zelfstandig zijn, etc. Schrijf alles op wat je kunt bedenken. Daarna kun je de bronnen van je zelfvertrouwen rangschikken. Welke zijn voor jou het belangrijkst? En welke draagt het minst bij aan je zelfvertrouwen? Wat valt je op als je naar jouw lijst kijkt? Waar kun je komende week eens extra op letten om wat zelfvertrouwen uit te putten? We zijn heel benieuwd naar jouw lijstje! Alle goeds voor komende week gewenst!

image / figure 2: Example message Featback

Personal Project Brief - IDE Master Graduation

TU Delft

PROBLEM DEFINITION **

Limit and define the scope and solution space of your project to one that is manageable within one Master Graduation Project of 30 EC (= 20 full time weeks or 100 working days) and clearly indicate what issue(s) should be addressed in this project.

Featback is proven to be effective, however not many teenagers with eating problems sign up to use it. The sign-up procedure is not appealing and the overall interaction is not engaging. These are barriers that stop people from using Featback. During the sign-up procedure, people need to provide personal information like their age, gender and nationality. They also have to provide their e-mail address. This might make certain users feel uneasy and hesitant in using Featback since they cannot verify that their information is handled confidentially.
Asides from the barriers specific to Featback, teenagers may feel hesitant to use e-health in general. One barrier may be that they belief in-person therapy to be more effective. Another barrier is that people feel hesitant to seek professional help, for example because, they feel shame or don't want to lose control. Additionally, an eating disorder is ego-syntonic. Ego-syntonic thoughts are consistent with one's self-image, values, and goals (Davis Michelle 2019). All the barriers teenagers feel to using e-health, and specifically Featback need to be identified in this project.
This project aims to discover how teenagers with an eating disorder will interact with e-health. Most likely, there are moments before they start therapy when they could benefit from a form of e-health. One of the obvious reasons is that there are long waiting lists at most GGZ clinics.
However, on the road to developing and discovering you have an eating disorder, there are probably multiple touch points where there is an opportunity for Featback to help those who need it. During this project, this roadmap and touch points are identified.
After the roadmap and touch points are mapped out, a proposed redesign of Featback will be developed. For this, it is important to understand the world from the perspective of teenagers to know how they want to interact with e-health. How Featback is offered should be reconsidered. It could, for example, change to an app, a different website or even something else completely. In addition, how people want to interact with Featback needs to be investigated. Examples of new interactions could be that Featback gets more intertwined with people's daily lives or that there are game-like elements incorporated in Featback.

ASSIGNMENT **

State in 2 or 3 sentences what you are going to research, design, create and / or generate, that will solve (part of) the issue(s) pointed out in "problem definition". Then illustrate this assignment by indicating what kind of solution you expect and / or aim to deliver, for instance: a product, a product-service combination, a strategy illustrated through product or product-service combination ideas, ... In case of a Specialisation and/or Annotation, make sure the assignment reflects this/these.

The goal is to make Featback appeal to more teenagers who are struggling with a developing eating problem or eating disorder.

I aim to deliver a roadmap for teenagers who are developing an eating disorder including the touch points that identify possible moments of interaction with e-health. This roadmap and touch point will be based on the outcomes of a context mapping research with teenagers who are now getting treatment at Eetstoornissen Ursula.
The second deliverable is a proposal for how to redesign Featback in a way that will attract more teenagers. This proposed redesign will be based on the roadmap and at least one touch point. Based on the final concept a paper prototype and wire frame will be created.
Some of the research questions to be answered for developing the roadmap are:

- How/when do teenagers recognise the first symptoms that they might have an eating problem?
- What are the boundaries teenagers experience for admitting their eating problems to themselves or others?
- How do teenagers with developing eating problems/disorders interact with the internet?
- What are the success factors in other E-health programs, for example, Proud2Bme and 99gram?
- How should the interaction with Featback be, based on the findings of the research and touch points?

Methods that will be used for developing the roadmap en Featback redesign:

- Context mapping with teenagers with an eating disorder.
- Expert interviews: eating disorder practitioners, E-health experts TU Delft, Proud2Bme, etc.
- Literature research + Social media research. What information about food/eating disorders/health is out there?
- Create concepts based on touch points and test the final concept with teenagers and practitioners.

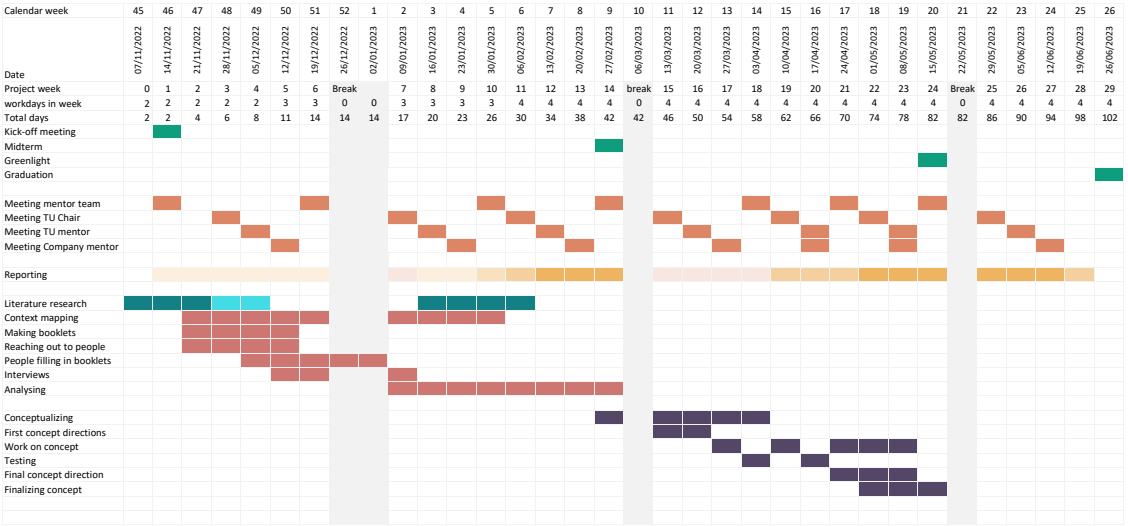
Initials & Name R.M. Wijngaard Student number 4829972

Title of Project Redesign Featback to better reach teenagers with eating problems

PLANNING AND APPROACH **

Include a Gantt Chart (replace the example below - more examples can be found in Manual 2) that shows the different phases of your project, deliverables you have in mind, meetings, and how you plan to spend your time. Please note that all activities should fit within the given net time of 30 EC = 20 full time weeks or 100 working days, and your planning should include a kick-off meeting, mid-term meeting, green light meeting and graduation ceremony. Illustrate your Gantt Chart by, for instance, explaining your approach, and please indicate periods of part-time activities and/or periods of not spending time on your graduation project, if any, for instance because of holidays or parallel activities.

start date 7 - 11 - 2022 26 - 6 - 2023 end date



I was not able to spent time on my studies the last year for personal reasons. Because of this I want to start my graduation with working halve days and build this up to working four days a week. This is illustrated in the chart seen above. I will work a maximum of four days per week on my graduation because I also have a job for one day a week next to my studies.

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Title of Project Redesign Featback to better reach teenagers with eating problems

MOTIVATION AND PERSONAL AMBITIONS

Explain why you set up this project, what competences you want to prove and learn. For example: acquired competences from your MSc programme, the elective semester, extra-curricular activities (etc.) and point out the competences you have yet developed. Optionally, describe which personal learning ambitions you explicitly want to address in this project, on top of the learning objectives of the Graduation Project, such as: in depth knowledge a on specific subject, broadening your competences or experimenting with a specific tool and/or methodology, ... Stick to no more than five ambitions.

The reason that I set up this project is that I find the context of this project interesting. I do not have much experience designing for healthcare or with eating disorders. However, I think this is an interesting topic. I would love to learn more about it.
During my bachelor and master, I learned that I want to design for people who are in a position where it is hard to advocate for themselves. Through my designs, I want to advocate for them. My designs are human-focused. I also discovered that I find the research phase of a project the most interesting. In my master, I found the elective context mapping skills and the block course Designing for Complexity the most interesting and closest to things I want to do in my future job. I want to apply the skills I learned in these courses and apply them in my graduation project.
I want to apply context mapping in my project for the research part.
I want to apply one of the techniques I learned in Designing for Complexity.

I also set a personal goal. I want to complete my graduation project in a way that I can present a good project and that I healthily managed my energy. I set this goal because I have attempted a graduation project before. I did not complete that project because I struggled with mental illness.

FINAL COMMENTS

In case your project brief needs final comments, please add any information you think is relevant.

Initials & Name R.M. Wijngaard Student number 4829972

Title of Project Redesign Featback to better reach teenagers with eating problems

I. Applicant Information

PROJECT TITLE:	
Research period: *Over what period of time will this specific part of the research take place*	**December 2022 – July 2023**
Faculty:	**IDE**
Department:	**DFI**
Type of the research project: *(Bachelor's, Master's, DreamTeam, PhD, PostDoc, Senior Researcher, Organisational etc.)*	**Master's graduation**
Funder of research: *(EU, NWO, TUD, other – in which case please elaborate)*	
Name of Corresponding Researcher: *(If different from the Responsible Researcher)*	**Marieke Wijngaard**
E-mail Corresponding Researcher: *(If different from the Responsible Researcher)*	**r.m.wijngaard@student.tudelft.nl**
Position of Corresponding Researcher: *(Masters, DreamTeam, PhD, PostDoc, Assistant/ Associate/ Full Professor)*	**Masters student**
Name of Responsible Researcher: ***Note:** all student work must have a named Responsible Researcher to approve, sign and submit this application*	**Valentijn Visch**
E-mail of Responsible Researcher: *Please ensure that an institutional email address (**no Gmail, Yahoo, etc.**) is used for all project documentation/ communications including Informed Consent materials*	**V.T.Visch@tudelft.nl**
Position of Responsible Researcher : *(PhD, PostDoc, Associate/ Assistant/ Full Professor)*	**Associate professor**

II. Research Overview

***NOTE:** You can find more guidance on completing this checklist here*

a) Please summarise your research very briefly (100-200 words)

What are you looking into, who is involved, how many participants there will be, how they will be recruited and what are they expected to do?

Add your text here – (please avoid jargon and abbrevations)
I am looking into e-health for teenagers with an eating disorder. This research is in collaboration with GGZ Rivierduinen Eetstoornissen Ursula. They will do the recruiting of the participants. My company mentor, from GGZ Rivierduinen Eetstoornissen Ursula, will check all research activities to ensure that they are being conducted in an ethical and save way. In the first stage of the research, I will interview people who currently have an eating disorder about how they discovered they had an eating disorder and looked for help. The participants will be between 16 and 20 years old. They will be selected in collaboration with the therapist of Eetstoornissen Ursula. In the last phase of the research a paper prototype of the e-health tool will be tested. In this project I will not alter the, already validated and METC approved, therapeutic content but only focus to enhance the usability and reach of the *featback* e-health tool.. The goal of the project is to improve the accessibility of the tool and to reach more teenagers between 16 and 20. This prototype will be tested with teenagers with and without an eating disorder as well as with e-health and eating disorder professionals. During the entire project different experts and ex-patients will be consulted and interviewed.

The different research activities will be referred to in the document as: CM context mapping research with teenagers with an eating disorder. EI interviewing experts VP validating the prototype with teenagers between 16 and 20 with or without an eating disorder EPI interviewing ex-patients

b) **If your application is an additional project** related to an existing approved HREC submission, please provide a brief explanation including the existing relevant HREC submission number/s.

Add your text here – (please avoid jargon and abbrevations)

c) **If your application is a simple extension of, or amendment to,** an existing approved HREC submission, you can simply submit an HREC Amendment Form as a submission through LabServant.

III. Risk Assessment and Mitigation Plan

NOTE: *You can find more guidance on completing this checklist here*

Please complete the following table in full for all points to which your answer is "yes". Bear in mind that the vast majority of projects involving human participants as Research Subjects also involve the collection of **Personally Identifiable Information (PII)** and/or **Personally Identifiable Research Data (PIRD)** which may pose potential risks to participants as detailed in Section G: Data Processing and Privacy below.

To ensure alignment between your risk assessment, data management and what you agree with your Research Subjects you can use the last two columns in the table below to refer to specific points in your Data Management Plan (DMP) and Informed Consent Form (ICF) – **but this is not compulsory**.

It's worth noting that **you're much more likely to need to resubmit your application if you neglect to identify potential risks**, than if you identify a potential risk and demonstrate how you will mitigate it. If necessary, the HREC will always work with you and colleagues in the Privacy Team and Data Management Services to see how, if at all possible, your research can be conducted.

			If YES please complete the Risk Assessment and Mitigation Plan columns below.		*Please provide the relevant reference #*	
ISSUE	**Yes**	**No**	**RISK ASSESSMENT – what risks could arise?** *Please ensure that you list ALL of the actual risks that could potentially arise – do not simply state whether you consider any such risks are important!*	**MITIGATION PLAN – what mitigating steps will you take?** *Please ensure that you summarize what actual mitigation measures you will take for each potential risk identified – do not simply state that you will e.g. comply with regulations.*	**DMP**	**ICF**
A: Partners and collaboration						
1. Will the research be carried out in collaboration with additional organisational partners such as: • One or more collaborating research and/or commercial organisations • Either a research, or a work experience internship provider[1] [1] *If yes, please include the graduation agreement in this application*	**Yes** CM EI VP EPI		Yes the research is done for GGZ Rivierduinen Eetstoornissen Ursula. There is a risk of one of the parties not wanting to continue the graduation project. The communication can fail. And there can be different expectations about the project.	To minimize these risks clear expectations have been set. Next to this, a project brief, a graduation agreement and internship agreement have been signed. The graduation agreement and internship agreement are included in this application.		
2. Is this research dependent on a Data Transfer or Processing Agreement with a collaborating partner or third party supplier? *If yes please provide a copy of the signed DTA/DPA*		**No**				
3. Has this research been approved by another (external) research ethics committee (e.g.: HREC and/or MREC/METC)? *If yes, please provide a copy of the approval (if possible) and summarise any key points in your Risk Management section below*		**No**		The research will not be approved by another research ethics committee. However all research/ graduation activities will be reviewed and supervised by a therapist of GGZ Rivierduinen Eetstoornissen Ursula.		
B: Location						

			If YES please complete the Risk Assessment and Mitigation Plan columns below.		*Please provide the relevant reference #*	
ISSUE	**Yes**	**No**	**RISK ASSESSMENT – what risks could arise?** *Please ensure that you list ALL of the actual risks that could potentially arise – do not simply state whether you consider any such risks are important!*	**MITIGATION PLAN – what mitigating steps will you take?** *Please ensure that you summarize what actual mitigation measures you will take for each potential risk identified – do not simply state that you will e.g. comply with regulations.*	**DMP**	**ICF**
4. Will the research take place in a country or countries, other than the Netherlands, within the EU?		**No**				
5. Will the research take place in a country or countries outside the EU?		**No**				
6. Will the research take place in a place/region or of higher risk – including known dangerous locations (in any country) or locations with non-democratic regimes?		**No**				
C: Participants						
7. Will the study involve participants who **may** be vulnerable and possibly (legally) unable to give informed consent? (e.g., children below the legal age for giving consent, people with learning difficulties, people living in care or nursing homes,).	**Yes** **CM** **VP**	**No**	The study involves teenagers between 16 and 20 who are suffering from an eating disorder. They are a vulnerable group because they are struggling with a mental illness.	Together with therapist of Eetstoornissen Ursula there will be assessed if the participants are able to consent to the research. Some patients are too ill to give consent and thus they will not be included in the research. For the people who do participate in the research I will make clear that they can step out any moment and that they are not required to share anything they do not want to share. They are allowed to bring someone (like a parent or friend) to the interview if that is more comfortable for them. At the end of the interview I will ask the participant if they are still feeling positive in allowing me using (anonymously) what they shared in my research.	16	8
8. Will the study involve participants who **may** be vulnerable under specific circumstances and in specific contexts, such as victims and witnesses of violence, including domestic violence; sex workers; members of minority groups, refugees, irregular migrants or dissidents?	**Yes** **CM** **VP** **EPI**	**No** **EI**	The study involves teenagers between 16 and 20 who are suffering from an eating disorder. They are a vulnerable group because they are struggling with a mental illness. During the research they will be asked to talk about their experiences with their eating disorder which might lead to stress.	Additional to the points mentioned in C7, participants will be instructed before the interview so they know what to expected. During the interview the aim is to make them feel comfortable. This is done by asking if they consent with sharing certain information and reminding them that they do not have to share something they are not ready to share. The goal is to identify how they would want to use an e-health tool. I will not ask to them to elaborate on their mental health struggles or experiences. The focus will be on what would have helped them seek treatment sooner and increase the reach of the		1,2,8

			If YES please complete the Risk Assessment and Mitigation Plan columns below.		*Please provide the relevant reference #*	
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				treatment to an earlier time-frame of use. Additionally, to mitigate the stress risk, only patients will participate in the research that are selected by our involved therapist, based on her expert evaluation to minimize the risk of stress during the interviews.		
9. Are the participants, outside the context of the research, in a dependent or subordinate position to the investigator (such as own children, own students or employees of either TU Delft and/or a collaborating partner organisation)? *It is essential that you safeguard against possible adverse consequences of this situation (such as allowing a student's failure to participate to your satisfaction to affect your evaluation of their coursework).*		**No**				
10. Is there a high possibility of re-identification for your participants? (e.g., do they have a very specialist job of which there are only a small number in a given country, are they members of a small community, or employees from a partner company collaborating in the research? Or are they one of only a handful of (expert) participants in the study?		**No**				
D: Recruiting Participants						
11. Will your participants be recruited through your own, professional, channels such as conference attendance lists, or through specific network/s such as self-help groups	**Yes**		Participants will be recruited via GGZ Rivierduinen Eetstoornissen Ursula. There is a risk that the participants are too sick to consent to the interview. There is a risk that participants do not meet the criteria I set for the participants. Find enough participants within the deadlines.	Because GGZ Rivierduinen Eetstoornissen Ursula does the selection of the participants with an eating disorder they can select only people who are able to consent and are not too ill to do so. They can make a better estimate than I can. I will give the people from clear instructions and will communicate with hem about what kind of participants I am looking for to make sure the participants fit the criteria. All participants are participating voluntary. They will not be forced or stimulated by their therapist in any way. The therapist will only select the people who they think are suitable for the research. Subsequently, I will ask them to participate. The decision patients make regarding if they want to participate or not will not make any difference in the therapy they receive.		
12. Will the participants be recruited or accessed in the longer term by a (legal or customary) gatekeeper? (e.g., an adult professional working with children; a		**No**				

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community leader or family member who has this customary role – within or outside the EU; the data producer of a long-term cohort study)						
13. Will you be recruiting your participants through a crowd-sourcing service and/or involve a third party data-gathering service, such as a survey platform?		**No**				
14. Will you be offering any financial, or other, remuneration to participants, and might this induce or bias participation?		**No**				
E: Subject Matter *Research related to medical questions/health may require special attention. See also the website of the CCMO before contacting the HREC.*						
15. Will your research involve any of the following: • Medical research and/or clinical trials • Invasive sampling and/or medical imaging • Medical and *In Vitro Diagnostic Medical* Devices Research	**Yes** **VP** **EI** **EPI**	**No** **CM**	An eating disorder is a medical diagnosis. This is part of the research. An e-health tool will be tested during the second part of the research.	The form of therapy and its content is already approved and validated. This will not be changed. Only the usability of the new tool will be tested. I will be in close contact with professionals that work whit teenagers with eating disorders every day. I will validate my design with them to make sure that it is safe. I will only test the interactions people have with the tool I create. I will not collect medical data when testing the e-health tool. I will not monitor people for an extended period of time.		
16. Will drugs, placebos, or other substances (e.g., drinks, foods, food or drink constituents, dietary supplements) be administered to the study participants? *If yes see here to determine whether medical ethical approval is required*		**No**				
17. Will blood or tissue samples be obtained from participants? *If yes see here to determine whether medical ethical approval is required*		**No**				
18. Does the study risk causing psychological stress or anxiety beyond that normally encountered by the participants in their life outside research?	**Yes**		Some participants in the research might struggle with a mental illness. I will ask them questions about their experience with this. There is a risk that this makes them feel uncomfortable. They may experience stress or anxiety because of this. Because people may feel stressed the may say things that they do not mean or they forget to tell me things they would want to say.	**GGZ Rievierduinen Eetstoornissen Ursula will evaluate if the patient are able and if it is safe for them to participate in the research. I will not be the one selecting the participants.** I will make the participants as comfortable as possible and explain clearly that they do not have to tell me things they are not comfortable with.		1,2,8

			If YES please complete the Risk Assessment and Mitigation Plan columns below.		*Please provide the relevant reference #*	
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				They are allowed to bring another person like their parent, therapist, partner or friend if this make them feel more comfortable. Participants can take brakes at any moment during the research. Participants can withdraw their participation or statements at any moment during the research. They have my e-mail address if they want to contract me after the interview.		
19. Will the study involve discussion of personal sensitive data which could put participants at increased legal, financial, reputational, security or other risk? (e.g., financial data, location data, data relating to children or other vulnerable groups) *Definitions of sensitive personal data, and special cases are provided on the TUD Privacy Team website.*	**Yes**		Patient will share some medical data as they are asked to talk about their experience with developing an eating disorder. This is sensitive data and should be treated as such.	Participants will be asked consent before they partake in the interview. They will be made aware of the consequences and that they are allowed to not answer questions or to withdraw from the study.		1,2,8
20. Will the study involve disclosing commercially or professionally sensitive, or confidential information? (e.g., relating to decision-making processes or business strategies which might, for example, be of interest to competitors)		**No**				
21. Has your study been identified by the TU Delft Privacy Team as requiring a Data Processing Impact Assessment (DPIA)? *If yes please attach the advice/ approval from the Privacy Team to this application*		**No**				
22. Does your research investigate causes or areas of conflict? *If yes please confirm that your fieldwork has been discussed with the appropriate safety/security advisors and approved by your Department/Faculty.*		**No**				
23. Does your research involve observing illegal activities or data processed or provided by authorities responsible for preventing, investigating, detecting or prosecuting criminal offences *If so please confirm that your work has been discussed with the appropriate legal advisors and approved by your Department/Faculty.*		**No**				
F: Research Methods						
24. Will it be necessary for participants to take part in the study without their knowledge and consent at the time? (e.g., covert observation of people in non-public places).		**No**				

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25. Will the study involve actively deceiving the participants? (For example, will participants be deliberately falsely informed, will information be withheld from them or will they be misled in such a way that they are likely to object or show unease when debriefed about the study).		**No**				
26. Is pain or more than mild discomfort likely to result from the study? And/or could your research activity cause an accident involving (non-) participants?		**No**				
27. Will the experiment involve the use of devices that are not 'CE' certified? *Only, if 'yes': continue with the following questions:*	**Yes**			The prototype will be an app that is printed on paper or recreated in PowerPoint or an comparable application. There are no risks of people getting hurt.		
• Was the device built in-house?		**No**				
• Was it inspected by a safety expert at TU Delft? *If yes, please provide a signed device report*		**No**				
• If it was not built in-house and not CE-certified, was it inspected by some other, qualified authority in safety and approved? *If yes, please provide records of the inspection*		**No**				
28. Will your research involve face-to-face encounters with your participants and if so how will you assess and address Covid considerations?	**Yes**		There is a risk of either me or my participant having Covid. If this is the case there is a risk of us spreading this to each other. The other person then can get ill.	I will follow the advice from the RIVM. I expect my participants to do so as well and state this in the informed consent form. If I have symptoms I will do a covid test and I stay home when Positive.		
29. Will your research involve **either:** a) "big data", combined datasets, new data-gathering or new data-merging techniques which might lead to re-identification of your participants **and/or** b) artificial intelligence or algorithm training where, for example biased datasets could lead to biased outcomes?		**No**				9
G: Data Processing and Privacy						
30. Will the research involve collecting, processing and/or storing any directly identifiable PII (Personally Identifiable Information) including name or email address that will be used for administrative purposes only? (eg: obtaining Informed Consent or disbursing remuneration)	**Yes**		There is a risk of the data being hacked and people who should not have access to this being able to see it.	The data will be saved on onedrive only. The files that contain PII will be password protected.	3,10	
31. Will the research involve collecting, processing and/or storing any directly or indirectly identifiable PIRD (Personally Identifiable Research Data) including videos, pictures, IP address, gender, age etc and **what other Personal Research Data** (including personal or professional views) will you be collecting?	**Yes**					

			If YES please complete the Risk Assessment and Mitigation Plan columns below.		*Please provide the relevant reference #*	
ISSUE	**Yes**	**No**	**RISK ASSESSMENT – what risks could arise?** *Please ensure that you list ALL of the actual risks that could potentially arise – do not simply state whether you consider any such risks are important!*	**MITIGATION PLAN – what mitigating steps will you take?** *Please ensure that you summarize what actual mitigation measures you will take for each potential risk identified – do not simply state that you will e.g. comply with regulations.*	**DMP**	**ICF**
32. Will this research involve collecting data from the internet, social media and/or publicly available datasets which have been originally contributed by human participants	**Yes**		I will study how teenagers with an eating disorder interact with the internet. Therefor I will look at public social media and web pages about eating disorders. I will save these findings.			
33. Will your research findings be published in one or more forms in the public domain, as e.g., Masters thesis, journal publication, conference presentation or wider public dissemination?	**Yes**		The findings will be publicised in my master thesis. There is a potential risk of people being recognised in this. A second risk is that people with eating disorders find my thesis and make the wrong conclusions and becoming even more ill because of the stories of other people.	In the consent form people can state if they are okay with being recognised in my thesis. For example because I use pictures or quotes, they can choose to be recognised, anonymously quoted or only have their data used for internal analysis. The question on recognizability will only be asked to, and regard, experts, c.f. care providers. All patients will never be published recognisable due to their vulnerability. The thesis will be written in a way that there is almost no possibility for people to get the wrong impression. There should be clearly stated what actions make an eating disorder worse and what actions make an eating disorder better.		5
34. Will your research data be archived for re-use and/or teaching in an open, private or semi-open archive?						

H: More on Informed Consent and Data Management

NOTE: You can find guidance and templates for preparing your Informed Consent materials) here

Your research involves human participants as Research Subjects if you are recruiting them or actively involving or influencing, manipulating or directing them in any way in your research activities. This means you must seek informed consent and agree/ implement appropriate safeguards regardless of whether you are collecting any PIRD.

Where you are also collecting PIRD, and using Informed Consent as the legal basis for your research, you need to also make sure that your IC materials are clear on any related risks and the mitigating measures you will take – including through responsible data management.

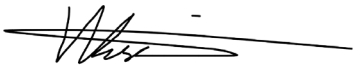
Got a comment on this checklist or the HREC process? You can leave your comments here

IV. Signature/s

Please note that by signing this checklist list as the sole, or Responsible, researcher you are providing approval of the completeness and quality of the submission, as well as confirming alignment between GDPR, Data Management and Informed Consent requirements.

Name of Corresponding Researcher (if different from the Responsible Researcher) (print)

Signature of Corresponding Researcher:



Date: 8-2-2023

Name of Responsible Researcher (print)

Signature (or upload consent by mail) Responsible Researcher:

Date: 8-2-2023

V. Completing your HREC application

Please use the following list to check that you have provided all relevant documentation

Required:

- **Always:** This completed HREC checklist
- **Always:** A data management plan (reviewed, where necessary, by a data-steward)
- **Usually:** A complete Informed Consent form (including Participant Information) and/or Opening Statement (for online consent)

Master thesis

0. Administrative questions

1. Name of data management support staff consulted during the preparation of this plan.

My faculty data steward, Jeff Love, has reviewed this DMP on 20-01-2023.

2. Date of consultation with support staff.

2023-01-20

I. Data description and collection or re-use of existing data

3. Provide a general description of the type of data you will be working with, including any re-used data:

Type of data	File format(s)	How will data be collected (for re-used data: source and terms of use)?	Purpose of processing	Storage location	Who will have access to the data
recordings of the interviews	mp3 file	recorded with phone and saved to phone locally	remembering the interview for better analysing the results. Using quotes in final presentations	one drive password protected	The researcher (marieke wijngaard)
recordings of the interviews	mp4 file	recorders with camera with SD card.	remembering the interview for better analysing the results. Showing clips of how people interact with the designed solution. People will not be recognisable.	one drive password protected	The researcher (marieke wijngaard)
Name, age, and email or phone number of participants.	.xlsx file		have an overview of al the people who will be interviewed and how to contact them.	one drive password protected	The researcher (marieke wijngaard)
Context mapping research booklets	paper	on paper	interview data. preparing people for the interview	on paper, not digital	the researcher + team.
Socialmedia/forums research	.JPEG file	Internet research	see what you can find when you have an eating disorder and are using the internet.	one drive	the researcher + team.

4. How much data storage will you require during the project lifetime?

- 250 GB - 5 TB

It can also be less than 250 GB it depends on how many of the interviews I will film.

II. Documentation and data quality

5. What documentation will accompany data?

- Methodology of data collection

III. Storage and backup during research process

6. Where will the data (and code, if applicable) be stored and backed-up during the project lifetime?

- OneDrive

IV. Legal and ethical requirements, codes of conduct

7. Does your research involve human subjects or 3rd party datasets collected from human participants?

- Yes

8A. Will you work with personal data? (information about an identified or identifiable natural person)

If you are not sure which option to select, ask your Faculty Data Steward for advice. You can also check with the privacy website or contact the privacy team: privacy-tud@tudelft.nl

- Yes

8B. Will you work with any other types of confidential or classified data or code as listed below? (tick all that apply)

If you are not sure which option to select, ask your Faculty Data Steward for advice.

- No, I will not work with any confidential or classified data/code

9. How will ownership of the data and intellectual property rights to the data be managed?

For projects involving commercially-sensitive research or research involving third parties, seek advice of your Faculty Contract Manager when answering this question. If this is not the case, you can use the example below.

The datasets underlying the published papers will be publicly released following the TU Delft Research Data Framework Policy. During the active phase of research, the project leader from TU Delft will oversee the access rights to data (and other outputs), as well as any requests for access from external parties. They will be released publicly no later than at the time of publication of corresponding research papers.

10. Which personal data will you process? Tick all that apply

- Email addresses and/or other addresses for digital communication
- Telephone numbers
- Data collected in Informed Consent form (names and email addresses)
- Signed consent forms
- Special categories of personal data (specify which): race, ethnicity, criminal offence data, political beliefs, union membership, religion, sex life, health data, biometric or genetic data
- Gender, date of birth and/or age

- Names and addresses

Personal data will be stored and protected with a password.

11. Please list the categories of data subjects

1. Teenagers between 16 and 20 who are dealing with an eating disorder.
2. Experts
    1. eating disorder experts
    2. e-health experts
    3. patient experts
3. Teenagers who do not have an eating disorder

12. Will you be sharing personal data with individuals/organisations outside of the EEA (European Economic Area)?

- No

15. What is the legal ground for personal data processing?

- Informed consent

16. Please describe the informed consent procedure you will follow:

All study participants will be asked for their written consent by filling out an informed consent form for taking part in the study and for data processing before the start of the interview.

17. Where will you store the signed consent forms?

- Other - please explain below
- Same storage solutions as explained in question 6

Saved on the paper it is signed on.

18. Does the processing of the personal data result in a high risk to the data subjects?

If the processing of the personal data results in a high risk to the data subjects, it is required to perform a Data Protection Impact Assessment (DPIA). In order to determine if there is a high risk for the data subjects, please check if any of the options below that are applicable to the processing of the personal data during your research (check all that apply).
If two or more of the options listed below apply, you will have to complete the DPIA. Please get in touch with the privacy team: privacy-tud@tudelft.nl to receive support with DPIA.
If only one of the options listed below applies, your project might need a DPIA. Please get in touch with the privacy team: privacy-tud@tudelft.nl to get advice as to whether DPIA is necessary.
If you have any additional comments, please add them in the box below.

- Sensitive personal data

19. Did the privacy team advise you to perform a DPIA?

- No

22. What will happen with personal research data after the end of the research project?

- Anonymised or aggregated data will be shared with others

Some data will be shared in the project report and appendix however everything will be anonymous and only shared if relevant and needed.

25. Will your study participants be asked for their consent for data sharing?

- Yes, in consent form - please explain below what you will do with data from participants who did not consent to data sharing

Only I will review the data shared with me of participants who did not consent to data sharing. The data will anonymously be processed in the analysis of the project. Only the conclusions of the analysis will be shared with others.

V. Data sharing and long-term preservation

27. Apart from personal data mentioned in question 22, will any other data be publicly shared?

- All other non-personal data (and code) underlying published articles / reports / theses

29. How will you share research data (and code), including the one mentioned in question 22?

- My data will be shared in a different way - please explain below

My data will be shared in my thesis and appendix. This will be uploaded to the TU delft repository. This will not include raw data.

30. How much of your data will be shared in a research data repository?

- < 100 GB

31. When will the data (or code) be shared?

- At the end of the research project

32. Under what licence will be the data/code released?

- CC BY

VI. Data management responsibilities and resources

33. Is TU Delft the lead institution for this project?

- Yes, leading the collaboration - please provide details of the type of collaboration and the involved parties below

TU delft supervises the project. The project is commissioned by GGZ Rivierduinen Eetstoornissen Ursula. This is a master thesis, there are two responsible supervisors from TU delft and a mentor from Eetstoornissen Ursula.

34. If you leave TU Delft (or are unavailable), who is going to be responsible for the data resulting from this project?

Question not answered.

35. What resources (for example financial and time) will be dedicated to data management and ensuring that data will be FAIR (Findable, Accessible, Interoperable, Re-usable)?

4TU.ResearchData is able to archive 1TB of data per researcher per year free of charge for all TU Delft researchers. We do not expect to exceed this and therefore there are no additional costs of long term preservation.

Vouw open voor meer opdrachten

Aanmelden bij de GGZ.

Voorbeeld van hoe de tijdlijn er uit kan zien:

Dankjewel dat je mee wilt doen aan dit onderzoek!

Het onderzoek bestaat uit twee onderdelen.

1. **Invullen van dit boekje**
   Neem hier rustig de tijd voor. Je kunt de 6 verschillende opdrachten verdelen over verschillende dagen. Probeer wel overal iets ingevuld te hebben voor het interview.
   Vergeet niet het **boekje mee naar het interview** te nemen. Hiermee zullen we ons gesprek starten. Ik ben benieuwd naar je bevindingen!
   Let op: het gaat over jouw ervaring. Er zijn dus geen foute antwoorden.
2. **Interview**
   Het interview duurt ongeveer een uur. Het interview is met mij alleen. Het is geen onderdeel van de therapie die je ontvangt van GGZ Rivierduinen Eetstoornissen Ursula. Wat je mij verteld wordt niet gedeeld met je behandelaars. Als je het te spannend vindt om alleen te komen mag je iemand meenemen maar dit hoeft niet.

Doel van het onderzoek

Apps kunnen mensen erg helpen. Featback is een programma specifiek voor mensen met een eetstoornis. Het is bewezen dat Featback goed werkt. Maar Featback bereikt weinig jongeren. De meeste mensen zoeken pas hulp als hun eetstoornis al sterk ontwikkeld is. Om dit te verbeteren en jongeren eerder te bereiken heb ik jou nodig om te **leren van jouw ervaringen!**

Als je vragen hebt, neem gerust contact op!
- r.m.wijngaard@student.tudelft.nl
Phone number

Rivierduinen Featback Eat healthy, fight back TU Delft Delft University of Technology

Als ik terug kijk is
dit de eerste keer
dat ik iets merkte.

Ik en eten

2

Hieronder staat een tijdlijn. Kun je aangeven hoe jouw eetprobleem is begonnen?
Je kun dingen opschrijven, tekenen en de stickers gebruiken.

1

Dit ben ik:

Ik en informatie

Als ik iets wil weten dan haal ik hier mijn informatie vandaan.

Voorbeeld:

3 Ik, het internet en mijn eetgedrag

Zet in de cirkel de **apps en websites** die **jij hebt gebruikt** en **aan jouw eetprobleem hebben bijgedragen** (in positieve en negatieve zin). Zet de **belangrijkste voor jou in het midden** en de minder belangrijke aan de buitenkant.

Voorbeeld

5

Dit deed ik om aan mijn omgeving te laten merken dat ik hulp nodig had:

Ik had het vooral behoefte om iets over mijn eetproblemen te delen toen:

Dit is het slechtste wat je kan doen als je wilt herstellen van je eetstoornis:

4

Toen mijn eetstoornis aan het ontwikkelen was heb ik een online zelf test gedaan om te kijken of ik een eetstoornis had:

ja/nee omdat: .....

.....

.....

Toen ik mijn eetstoornis aan het ontwikkelen was heb ik gezocht naar online zelf hulp programma's:

ja/nee omdat: .....

.....

.....

Tijdens mijn herstel proces heb ik veel gehad aan:

.....

.....

.....

6

Mijn ideale online hulp

Als jij een website of app mocht maken om tieners met beginnende eetproblemen te helpen. Hoe zou deze app/website er dan uit zien? Of wat mag er echt niet ontbreken? Teken en schrijf het hieronder.

Onderzoeksvraag

The goal is to make Featback appeal to more teenagers who are struggling with a developing eating problem or eating disorder. + Reach them in an earlier stage.

Vooraf interview:

- Dankjewel dat je mee doet. Heb je vragen?
- Wil je iets drinken? Water/thee/koffie?

- Ik werk aan het verbeteren van Featback. Featback is een website specifiek voor mensen met een eetstoornis. Het is bewezen dat Featback goed werkt. Maar Featback bereikt weinig jongeren. De meeste mensen zoeken pas hulp als hun eetstoornis al sterk ontwikkeld is. Om dit te verbeteren en jongeren eerder te bereiken heb ik jou nodig om te leren van jouw ervaringen!
- Ik ben geen expert op het gebied van eetstoornissen. En wil graag weten wat jouw ervaringen zijn. Er zijn geen goede of foute antwoorden. Ik wil van jou leren.
- Voel je vrij om een pauze te nemen of het interview te stoppen als je dat nodig hebt.
- Consent formulier + geluid opnemen.

Interview

1. Hoe vind jij je informatie?
    a. Als je iets wilt weten waar op het internet ga je opzoek naar antwoorden?
    b. Hoe vind jij informatie waar je niet naar op zoek was? (nieuwe ideeën/media/producten etc)
    c. Gebruik je sociale media?
        i. Zo ja welke? Wat beïnvloed jou het meest?
2. Tijdlijn
    a. Wat heb je ingevuld? (Kan je mij er stap voor stap doorheen praten?)
    b. Wat zijn voor jou de belangrijkste momenten tijdens je eetstoornis geweest?
        i. Vanaf wanneer twijfelde je zelf of je een eetstoornis had?
        ii. Wanneer begon je je zorgen te maken?
        iii. Wilde je meer weten?
    c. Wat belemmerde jou om toe te geven aan jezelf of anderen dat je een eetprobleem had?
    d. Heb je nog aanvullingen op de tijdlijn?
3. Informatie
    a. Welke websites/apps heb je het meest bezocht tijdens het ontwikkelen van je eetstoornis?
    b. Was je opzoek naar informatie? over eten/eetstoornissen?
4. Online hulp
    a. Heb je ooit behoefte gehad aan online hulp?
    b. Zou online anonieme hulp (waarover je dus niks hoeft te vertellen aan anderen) hebben gebruikt tijdens het begin van je eetstoornis/eetprobleem?
    c. Hoe zou deze online hulp er uit moeten zien dat jij/andere mensen met een eetstoornis er gebruik van zouden maken?
    d. Waar denk je aan als ik het woord ‘e-health’ zeg? (of wanneer iemand anders dit aan je zou aanraden?)
5. Extra
    a. Heb jij het idee dat ik nu een goed beeld heb van jouw ervaringen?
    b. Wil je nog iets toevoegen?

Algemene vragen:

1. Kun je een voorbeeld geven?
2. En toen?
3. Hoe reageer je op dat moment?
4. Waarom is dit belangrijk voor je?
5. Waarom X?
6. Je ging hier een beetje snel; kun je daar verder op ingaan?
7. Zijn er nog andere redenen waarom je dat zou kunnen denken?
8. Kun je X samenvatten?

Einde interview:

Je hebt me al veel informatie gegeven en ik ben dankbaar voor je tijd en de inzichten die ik tijdens dit interview heb gekregen. Wil je graag betrokken blijven en sta je open om benaderd te worden voor toekomstige interviews of prototype testen etc.?

Heb jij het idee dat ik nu een goed beeld heb van jouw ervaringen met X ?

Nogmaals bedankt en als je vragen hebt kun je me altijd mailen of bellen.

Participant ID:_____

Redesign Featback to better reach teenagers with eating problems

This research is conducted as part of the MSc study Design for Interaction at TU Delft.

Student: Marieke Wijngaard
Contact person: Marieke Wijngaard; r.m.wijngaard@student.tudelft.nl; Phone number

Informed consent participant

1 I participate in this research voluntarily. ☐

2 I acknowledge that I received sufficient information and explanation about the research and that all my questions have been answered satisfactorily. I was given sufficient time to consent to my participation. I can ask questions for further clarification at any moment during the research. ☐

3 I am aware that this research consists of the following activities: ☐

1. Fill in booklet
2. Interview

4 I am aware that data will be collected during the research, such as notes, photos, video and/or audio recordings. I give permission for collecting this data and for making photos, audio and/or video recordings during the research. Data will be processed and analysed anonymously (without your name or other identifiable information). The data will only be accessible to the researcher and their TU Delft supervisors. ☐

5 The photos, video and/or audio recordings will be used to support analysis of the collected data. The video recordings and photos can also be used to illustrate research findings in publications and presentations about the project.

I give permission for using photos and/or video recordings of my participation:
(select what applies for you)

☐ in which I am not recognisable in publications and presentations about the project.
☐ for data analysis only and not for publications and presentations about the project.

I give permission for using audio recordings of my participation:
(select what applies for you)

☐ in which I am not recognisable in publications and presentations about the project.
☐ for data analysis only and not for publications and presentations about the project.

6 I give permission to store the data for a maximum of 5 years after completion of this research and using it for educational and research purposes. ☐

7 I acknowledge that no financial compensation will be provided for my participation in this research. ☐

8 I understand that I am free to withdraw and stop participation in the research at any given time. I understand that I am not obliged to answer questions which I prefer not to answer and I can indicate this to the research team. ☐

9 The researchers take the applicable COVID-19 measures into account. I confirm to respect the COVID-19 measures taken and will follow instruction about these provided by the researchers. ☐

I will receive a copy of this consent form.

_____ _____
Last name First name

___ / ___ / 2023 _____
Date (dd/mm/yyyy) Signature

Participant ID:_____

Redesign Featback to better reach teenagers with eating problems

Dit onderzoek wordt uitgevoerd als onderdeel van de MSc opleiding DFI aan de TU Delft.

Studenten: Marieke Wijngaard
Contactpersoon: Marieke Wijngaard; r.m.wijngaard@student.tudelft.nl; Phone number

Toestemmingsverklaring participant

1 Ik neem vrijwillig deel aan dit onderzoek. ☐

2 Ik erken dat ik vooraf voldoende informatie en uitleg heb gekregen over dit onderzoek en al mijn vragen zijn naar voldoening beantwoord. Ik heb de tijd gekregen die ik nodig had om in te stemmen met de deelname. Op elk moment kan ik vragen stellen met betrekking tot het onderzoek. ☐

3 Mij is bekend dat dit onderzoek bestaat uit: ☐

1. Invullen boekje
2. Interview

4 Ik ben mij ervan bewust dat tijdens het onderzoek gegevens worden verzameld in de vorm van bijvoorbeeld aantekeningen, foto's en/of geluidsopnames. Ik geef toestemming voor het verzamelen van deze gegevens en het maken van geluidsopnames en foto's tijdens het onderzoek. Gegevens zullen geanonimiseerd worden verwerkt en geanalyseerd (zonder naam of andere identificeerbare informatie). Deze gegevens zijn alleen voor het onderzoeksteam en hun TU Delft begeleiders beschikbaar. ☐

5 De foto's en/of geluidsopnames zullen worden gebruikt ter ondersteuning van het analyseren van verzamelde gegevens. Video opnames en foto's kunnen tevens worden gebruikt ter illustratie van onderzoeksbevindingen in publicaties en presentaties over het project.

Ik geef toestemming voor het gebruik van foto's en van mijn deelname:
(selecteer wat van toepassing is)

☐ waarin ik niet herkenbaar ben voor publicaties en presentaties over het project.
☐ enkel voor data analyse en niet voor publicaties en presentaties over het project.

Ik geef toestemming voor het gebruik audio opnames van mijn deelname:
(selecteer wat van toepassing is)

☐ waarin ik niet herkenbaar ben voor publicaties en presentaties over het project.
☐ enkel voor data analyse en niet voor publicaties en presentaties over het project.

6 Ik geef toestemming om gegevens nog maximaal 5 jaar na afloop van dit onderzoek te bewaren en te gebruiken voor onderwijs- en onderzoeksdoeleinden. ☐

7 Ik erken dat er geen financiële compensatie gegeven wordt voor deelname aan het onderzoek. ☐

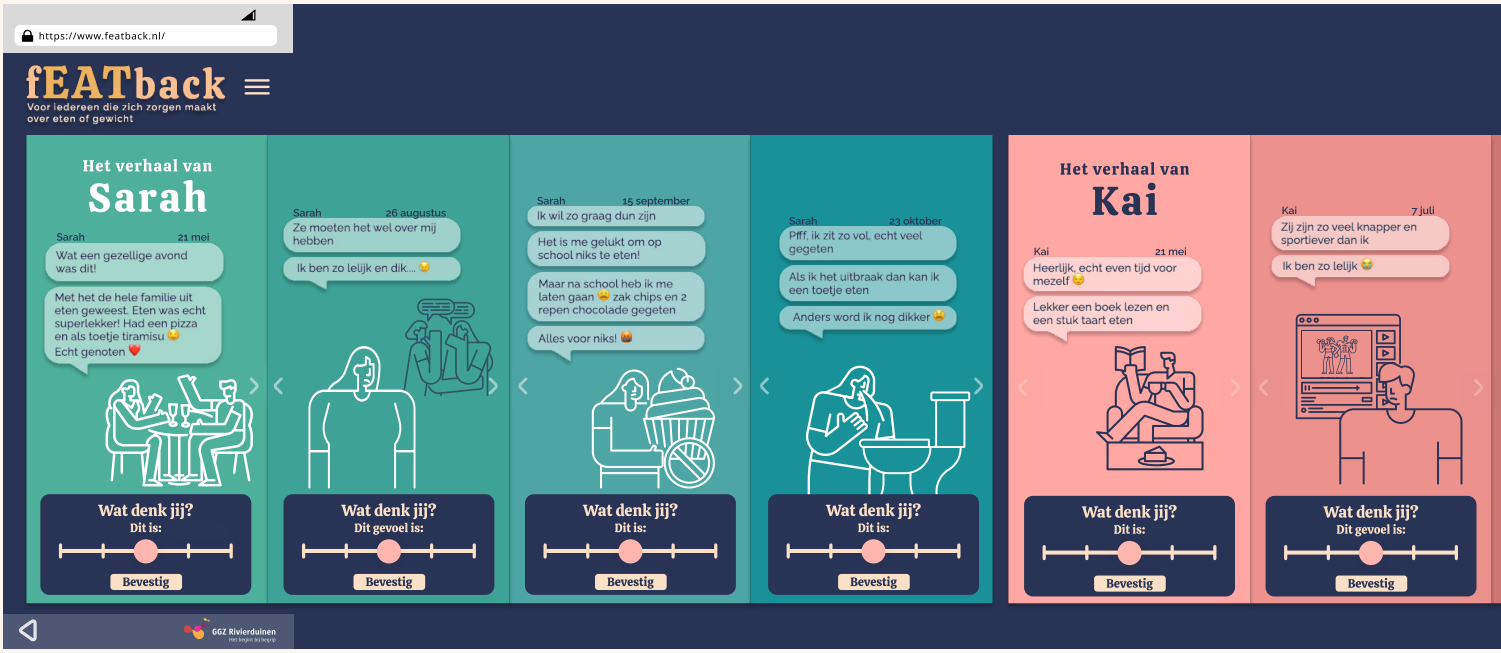
8 Ik begrijp dat ik mijn deelname aan het onderzoek op elk moment kan intrekken of kan stoppen. Ik begrijp dat ik niet verplicht ben om vragen te beantwoorden die ik niet wil beantwoorden en dat ik dit kan aangeven bij de onderzoeker. ☐

9 De onderzoekers nemen de geldende COVID-19 richtlijnen in acht. Als deelnemer aan dit onderzoek zal ik de COVID-19 maatregelen respecteren en de aanwijzingen van de onderzoekers opvolgen. ☐

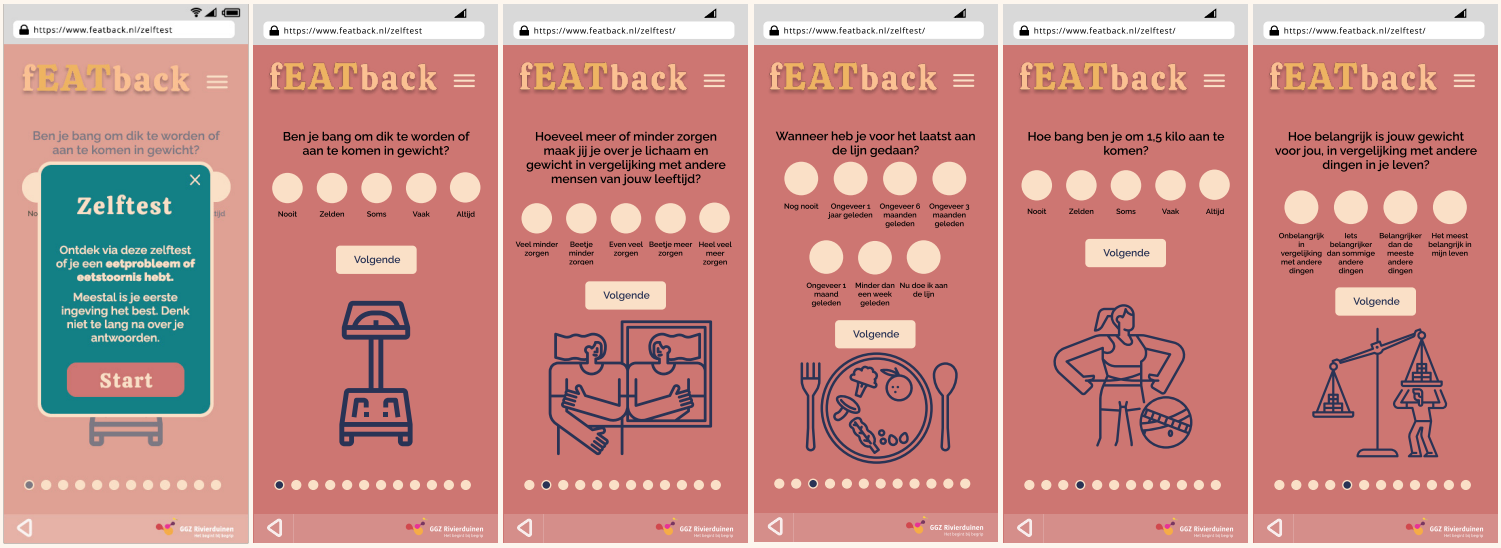
Een kopie van deze toestemmingsverklaring zal aan mij worden gegeven.

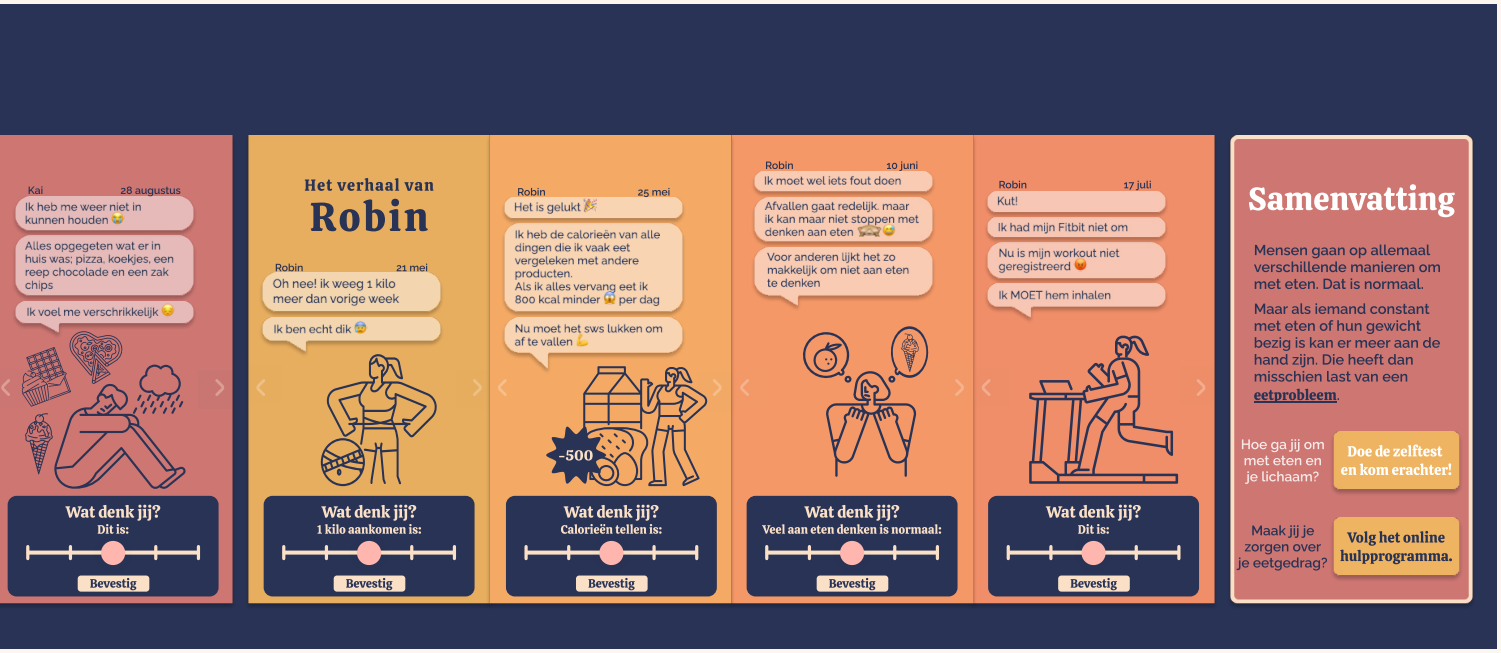
_____ _____
Achternaam Voornaam

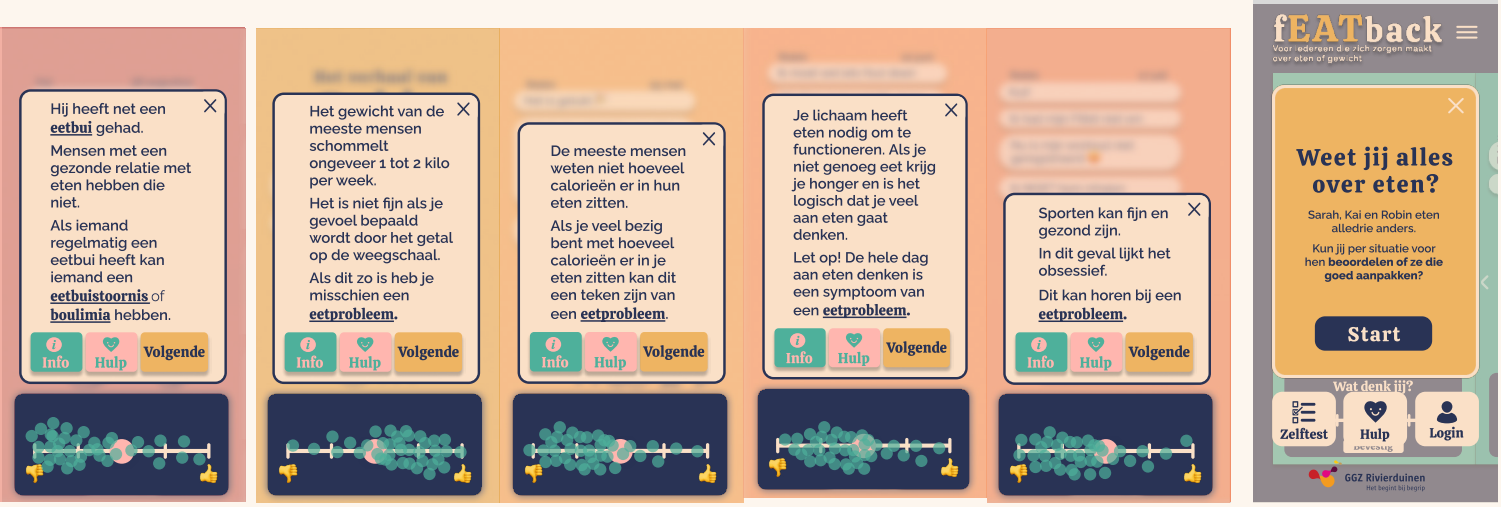
___ / ___ / 2023 _____
Datum (dd/mm/jjjj) Handtekening


https://www.featback.nl/
fEATback
Voor iedereen die zich zorgen maakt over eten of gewicht
Het verhaal van
Sarah
Sarah 21 mei
Wat een gezellige avond was dit!
Met het de hele familie uit eten geweest. Eten was echt superlekker! Had een pizza en als toetje tiramisu
Echt genoten
Sarah 26 augustus
Ze moeten het wel over mij hebben
Ik ben zo lelijk en dik...
Sarah 15 september
Ik wil zo graag dun zijn
Het is me gelukt om op school niks te eten!
Maar na school heb ik me laten gaan zak chips en 2 repen chocolade gegeten
Alles voor niks!
Sarah 23 oktober
Pfff, ik zit zo vol, echt veel gegeten
Als ik het uitbraak dan kan ik een toetje eten
Anders word ik nog dikker
Het verhaal van
Kai
Kai 21 mei
Heerlijk, echt even tijd voor mezelf
Lekker een boek lezen en een stuk taart eten
Kai 7 juli
Zij zijn zo veel knapper en sportiever dan ik
Ik ben zo lelijk
Wat denk jij?
Dit is:
Dit gevoel is:
Bevestig
GGZ Rivierduinen

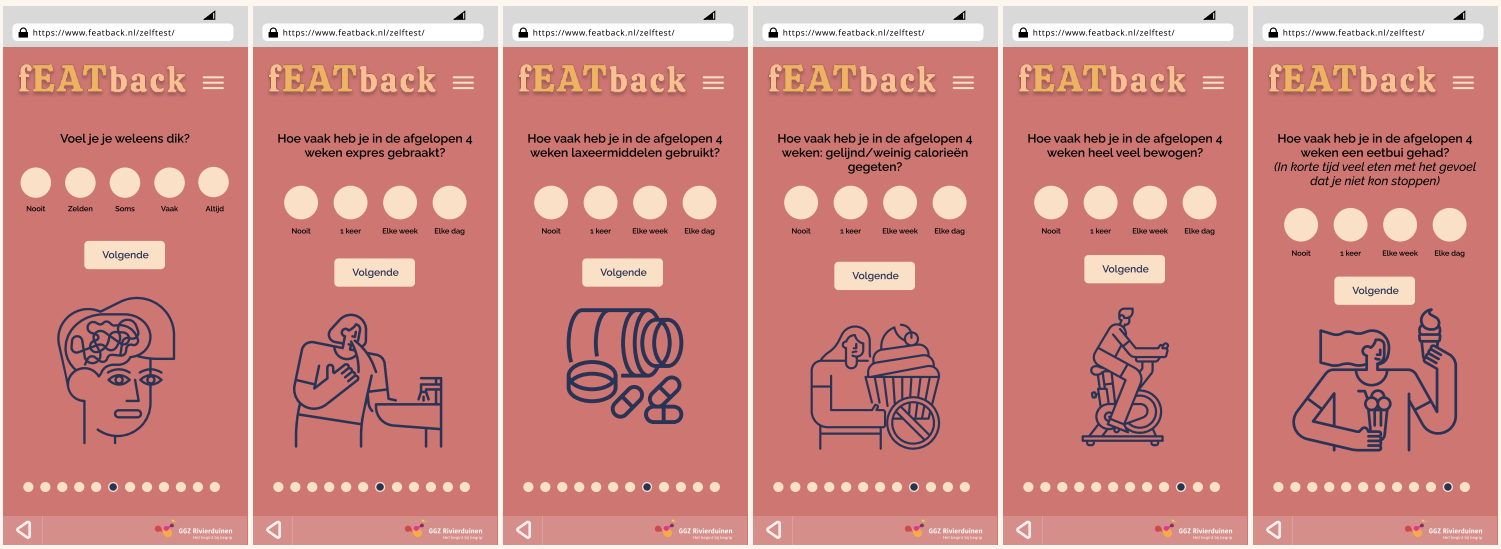

Uit eten gaan met vrienden of familie hoort voor de meeste mensen bij een fijn leven.
Elke dag pizza en tiramisu is niet de meest gezonde keuze. Maar af en toe kan zeker geen kwaad!
Als je niet meer uit eten durft heb je misschien een eetprobleem.
Het is vervelend om het gevoel te hebben dat mensen negatief over je praten.
Veel mensen zijn onzeker. Ze zullen dus eerder met zichzelf bezig zijn dan met jou.
Mensen met een eetprobleem hebben vaak een laag zelfbeeld.
De hele dag niks eten kan 's avonds leiden tot een eetbui.
Dit kan een symptoom zijn van een eetprobleem.
Je mag best een hoofdgerecht en een toetje eten.
Als iemand expres overgeeft na het eten is dit bijna altijd een teken van een eetprobleem.
Als je een gezonde relatie met eten hebt kun je goed aanvoelen waar je zin in hebt, eet je gevarieerd en kun je genieten van eten dat je lekker vindt.
Je mag genieten van eten!
Veel mensen laten online alleen de leukste/beste dingen van zichzelf zien. Vaak zijn beelden ook nog bewerkt. Ze kunnen je een slecht gevoel geven.
Probeer mensen te volgen waar je blij van wordt.
Het volgen van bepaalde accounts kan een eetprobleem verergeren.
Info
Hulp
Volgende


https://www.featback.nl/zelftest
fEATback
Ben je bang om dik te worden of aan te komen in gewicht?
Zelftest
Ontdek via deze zelftest of je een eetprobleem of eetstoornis hebt.
Meestal is je eerste ingeving het best. Denk niet te lang na over je antwoorden.
Start
Nooit
Zelden
Soms
Vaak
Altijd
Volgende
Hoeveel meer of minder zorgen maak jij je over je lichaam en gewicht in vergelijking met andere mensen van jouw leeftijd?
Veel minder zorgen
Beetje minder zorgen
Even veel zorgen
Beetje meer zorgen
Heel veel meer zorgen
Wanneer heb je voor het laatst aan de lijn gedaan?
Nog nooit
Ongeveer 1 jaar geleden
Ongeveer 6 maanden geleden
Ongeveer 3 maanden geleden
Ongeveer 1 maand geleden
Minder dan een week geleden
Nu doe ik aan de lijn
Hoe bang ben je om 1,5 kilo aan te komen?
Hoe belangrijk is jouw gewicht voor jou, in vergelijking met andere dingen in je leven?
Onbelangrijk in vergelijking met andere dingen
Iets belangrijker dan sommige andere dingen
Belangrijker dan de meeste andere dingen
Het meest belangrijk in mijn leven

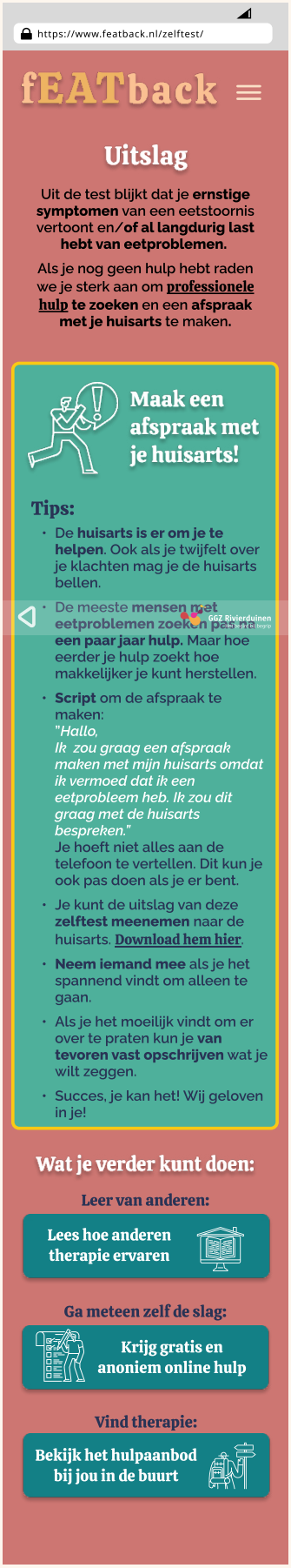

Kai 28 augustus
Ik heb me weer niet in kunnen houden
Alles opgegeten wat er in huis was; pizza, koekjes, een reep chocolade en een zak chips
Ik voel me verschrikkelijk
Wat denk jij?
Dit is:
Bevestig
Het verhaal van
Robin
Robin 21 mei
Oh nee! ik weeg 1 kilo meer dan vorige week
Ik ben echt dik
Wat denk jij?
1 kilo aankomen is:
Bevestig
Robin 25 mei
Het is gelukt
Ik heb de calorieën van alle dingen die ik vaak eet vergeleken met andere producten.
Als ik alles vervang eet ik 800 kcal minder per dag
Nu moet het sws lukken om af te vallen
-500
Wat denk jij?
Calorieën tellen is:
Bevestig
Robin 10 juni
Ik moet wel iets fout doen
Afvallen gaat redelijk. maar ik kan maar niet stoppen met denken aan eten
Voor anderen lijkt het zo makkelijk om niet aan eten te denken
Wat denk jij?
Veel aan eten denken is normaal:
Bevestig
Robin 17 juli
Kut!
Ik had mijn Fitbit niet om
Nu is mijn workout niet geregistreerd
Ik MOET hem inhalen
Wat denk jij?
Dit is:
Bevestig
Samenvatting
Mensen gaan op allemaal verschillende manieren om met eten. Dat is normaal.
Maar als iemand constant met eten of hun gewicht bezig is kan er meer aan de hand zijn. Die heeft dan misschien last van een eetprobleem.
Hoe ga jij om met eten en je lichaam?
Doe de zelftest en kom erachter!
Maak jij je zorgen over je eetgedrag?
Volg het online hulpprogramma.


Hij heeft net een eetbui gehad.
Mensen met een gezonde relatie met eten hebben die niet.
Als iemand regelmatig een eetbui heeft kan iemand een eetbuistoornis of boulimia hebben.
Info
Hulp
Volgende
Het gewicht van de meeste mensen schommelt ongeveer 1 tot 2 kilo per week.
Het is niet fijn als je gevoel bepaald wordt door het getal op de weegschaal.
Als dit zo is heb je misschien een eetprobleem.
De meeste mensen weten niet hoeveel calorieën er in hun eten zitten.
Als je veel bezig bent met hoeveel calorieën er in je eten zitten kan dit een teken zijn van een eetprobleem.
Je lichaam heeft eten nodig om te functioneren. Als je niet genoeg eet krijg je honger en is het logisch dat je veel aan eten gaat denken.
Let op! De hele dag aan eten denken is een symptoom van een eetprobleem.
Sporten kan fijn en gezond zijn.
In dit geval lijkt het obsessief.
Dit kan horen bij een eetprobleem.

https://www.featback.nl/
fEATback
Weet jij alles over eten?
Sarah, Kai en Robin eten alledrie anders.
Kun jij per situatie voor hen beoordelen of ze die goed aanpakken?
Start
Wat denk jij?
Zelftest
Hulp
Login
GGZ Rivierduinen


https://www.featback.nl/zelftest/
fEATback
Voel je je weleens dik?
Nooit
Zelden
Soms
Vaak
Altijd
Hoe vaak heb je in de afgelopen 4 weken expres gebraakt?
Hoe vaak heb je in de afgelopen 4 weken laxeermiddelen gebruikt?
Hoe vaak heb je in de afgelopen 4 weken: gelijnd/weinig calorieën gegeten?
Hoe vaak heb je in de afgelopen 4 weken heel veel bewogen?
Hoe vaak heb je in de afgelopen 4 weken een eetbui gehad?
(In korte tijd veel eten met het gevoel dat je niet kon stoppen)
Nooit
1 keer
Elke week
Elke dag
Volgende
GGZ Rivierduinen


https://www.featback.nl/zelftest/
fEATback
Mijn leeftijd:
Mijn gewicht:
Mijn lengte:
Uitslag
GGZ Rivierduinen


https://www.featback.nl/zelftest/
fEATback
Uitslag
Uit de test blijkt dat je ernstige symptomen van een eetstoornis vertoont en/of al langdurig last hebt van eetproblemen.
Als je nog geen hulp hebt raden we je sterk aan om professionele hulp te zoeken en een afspraak met je huisarts te maken.
Maak een afspraak met je huisarts!
Tips:
De huisarts is er om je te helpen. Ook als je twijfelt over je klachten mag je de huisarts bellen.
De meeste mensen met eetproblemen zoeken pas na een paar jaar hulp. Maar hoe eerder je hulp zoekt hoe makkelijker je kunt herstellen.
Script om de afspraak te maken:
"Hallo,
Ik zou graag een afspraak maken met mijn huisarts omdat ik vermoed dat ik een eetprobleem heb. Ik zou dit graag met de huisarts bespreken."
Je hoeft niet alles aan de telefoon te vertellen. Dit kun je ook pas doen als je er bent.
Je kunt de uitslag van deze zelftest meenemen naar de huisarts. Download hem hier.
Neem iemand mee als je het spannend vindt om alleen te gaan.
Als je het moeilijk vindt om er over te praten kun je van tevoren vast opschrijven wat je wilt zeggen.
Succes, je kan het! Wij geloven in je!
Wat je verder kunt doen:
Leer van anderen:
Lees hoe anderen therapie ervaren
Ga meteen zelf de slag:
Krijg gratis en anoniem online hulp
Vind therapie:
Bekijk het hulpaanbod bij jou in de buurt


https://www.featback.nl/zelftest/
fEATback
Uitslag
Uit de test blijkt dat je zeer waarschijnlijk eetproblemen hebt.
We raden je aan hier iets aan te doen. Veel mensen met een eetprobleem wachten jaren voordat ze hulp zoeken. Maar, hoe eerder je hulp zoekt hoe minder kans dat het erger wordt en hoe groter kans dat je hersteld.
Je hoeft niet bang te zijn dat je problemen niet erg genoeg zijn voor hulp. Je mag er zijn en je mag om hulp vragen. Hoe klein of groot je problemen ook zijn.
Wat jij kunt doen:
Ga meteen zelf de slag:
Krijg gratis en anoniem online hulp
Leer van anderen:
Lees hoe anderen therapie ervaren
Vind therapie:
Bekijk het hulpaanbod bij jou in de buurt


https://www.featback.nl/zelftest/
fEATback
Uitslag
Momenteel blijkt er uit de test dat je geen verhoogd risico hebt op het ontwikkelen van een eetstoornis.
Als je je toch zorgen maakt kun je dit doen:
Leer van anderen:
Lees hoe anderen hun eetproblemen ervaren
Ga meteen zelf de slag:
Krijg gratis en anoniem online hulp
Praat met iemand:
Maak een afspraak bij de POH-GGZ.
Bij de praktijk ondersteuner van de huisarts kun je gratis praten met een psycholoog. Juist voor "kleine" problemen kun je hier terecht.

https://www.featback.nl/informatie/

fEATback

Eetprobleem of eetstoornis?

Als je een eetprobleem of een eetstoornis hebt heb je een **ongezonde relatie met eten.** Maar ze zijn niet hetzelfde.

Beide zijn serieus en verdienen aandacht. Het is verstandig om er met iemand die je vertrouwd over **te praten en om hulp te zoeken.**

Eetprobleem:

Als je een **eetprobleem** hebt **houden (niet) eten en je gewicht je erg bezig** maar ze nemen niet je hele leven over.

Eetstoornis:

Als je een eetstoornis hebt wordt **je hele leven beïnvloed door (niet) eten.** Ook heb je waarschijnlijk een negatief zelfbeeld. Je dagelijks functioneren wordt ernstig beïnvloed door de eetstoornis.

Klik voor meer informatie

Verschillende eetstoornissen:

- Anorexia Nervosa
- Boulimia Nervosa
- Eetbuistoornis - BED
- Anders gespecificeerde eetstoornis - OSFED

https://www.featback.nl/informatie/anorexia_

Anorexia Nervosa

Anorexia nervosa is de meest bekende eetstoornis. Ook al komen andere eetstoornissen meer voor.
Er is veel onbegrip over de ziekte en er gaan veel ideeën rond die niet kloppen. Veel mensen denken dat mensen met anorexia geen honger hebben maar ze hebben wel degelijk trek en hongergevoelens. Ze onderdrukken deze uit angst om hun beheersing te verliezen en aan te komen. Of zelfs vanuit de wens om af te vallen. Mensen met anorexia hebben een verstoord lichaamsbeeld. Ze denken dat ze dik zijn, zelfs wanneer ze ondergewicht hebben.

Kenmerken van Anorexia:

1. Je krijgt minder calorieën binnen dan dat je verbrand, met als resultaat dat je **gewicht te laag** is voor je geslacht, leeftijd en lichamelijke gezondheid.
2. Je hebt een **intense angst om aan te komen of dik te worden,** of je vertoond gedrag dat gewichtstoename tegengaat, zelfs al heb je een te laag gewicht.
3. Je hebt een verstoord beeld van je lichaam. **Je ontkend de ernst van je lage gewicht.**

Herken jij je in (een deel van) de kenmerken?

Dit kan je doen:

- Doe de zelftest om meer inzicht te krijgen.
- Krijg gratis en anoniem online hulp.
- Maak een afspraak met je huisarts.

https://www.featback.nl/informaatie/eetbuist

Eetbuistoornis BED (Binge Eating Disorder):

Mensen met een eetbuistoornis eten regelmatig heel veel voedsel in korte tijd.
Tijdens een eetbui hebben ze het gevoel dat ze geen controle hier over hebben.
Veel mensen schamen zich voor hun eetbuien.

Kenmerken van BED:

1. Je hebt regelmatig een **eetbui**. Een eetbui voldoet aan de volgende 2 dingen:
   a. Heel **veel meer eten in korte tijd** (bijvoorbeeld 2 uur) dan dat andere mensen zouden doen in dezelfde situatie.
   b. Het gevoel hebben **niet te kunnen stoppen** of geen beheersing te hebben over wat en hoeveel je eet).
2. De eetbuien hangen samen met 3 (of meer) van de volgende kenmerken:
   a. Veel **sneller eten** dan normaal.
   b. Door eten totdat je **extreem vol** zit.
   c. Grote hoeveelheden eten ook al heb je **geen honger.**
   d. **In je eentje eten**, door schaamte over hoeveel je eet.
   e. Achteraf van jezelf **walgen,** je **somber** of je erg **schuldig** voelen.
3. De rest van **je leven lijd onder** de eetbuien.
4. De eetbuien komen gedurende drie maanden gemiddeld **minstens een keer per week** voor.
5. **Je compenseert niet** voor de eetbuien. Bijvoorbeeld door veel te sporten, overgeven of laxeermiddelen gebruiken.

Herken jij je in (een deel van) de kenmerken?

Dit kan je doen:

- Doe de zelftest om meer inzicht te krijgen.
- Krijg gratis en anoniem online hulp.
- Maak een afspraak met je huisarts.

https://www.featback.nl/informatie/anders_ge

Anders gespecificeerde eetstoornis - OSFED

Mensen met een 'Anders gespecificeerde eetstoornis' (in het Engels Other Specified Feeding or Eating Disorder; OSFED) zijn mensen met een eetstoornis die niet aan alle kenmerken voldoen van één van de specifieke eetstoornissen, zoals anorexia of boulimia. Het betekent niet dat de symptomen die zij ervaren zwaarder of minder zwaar zijn dan voor mensen die met anorexia, boulimia of eetbuistoornis kampen.

Een paar voorbeelden:

Atypische Anorexia Nervosa:
Je voldoet aan de kenmerken van anorexia nervosa, maar je hebt geen ondergewicht. Je bent wel erg afgevallen.

Boulimia Nervosa (met lage frequentie en/of van beperkte duur):
Je voldoet aan de criteria voor boulimia nervosa, behalve dat je minder dan een keer per week een eetbui en compensatiegedrag hebt. Of dat het minder dan drie maanden gaande is.

Eetbuistoornis (met lage frequentie en/of van beperkte duur):
Je voldoet aan de criteria voor een eetbuistoornis, behalve dat je minder dan een keer per week een eetbui hebt. Of dat het minder dan drie maanden gaande is.

Purgeerstoornis:
Je vertoond compensatie gedrag (zoals het opwekken van braken, misbruik van laxeermiddelen of andere medicijnen) zonder dat je eetbuien hebt.

Nachtelijk Eetsyndroom:
Je eet regelmatig als je 's nachts wakker wordt of je eet heel veel na het avond eten.
Het nachtelijke eten veroorzaakt lijden en/of het beperkt je in je dagelijkse bezigheden.

Herken jij je in (een deel van) de kenmerken van een eetstoornis?

Dit kan je doen:

- Doe de zelftest om meer inzicht te krijgen.
- Krijg gratis en anoniem online hulp.
- Maak een afspraak met je huisarts.

https://www.featback.nl/eetbui/

fEATback

Eetbui

Tijdens een eetbui eet je heel veel in een korte tijd. Tijdens een eetbui heb je het gevoel dat je niet kunt stoppen en geen beheersing hebt over hoeveel je eet. Veel mensen schamen zich hier voor.

Als je vaker een eetbui hebt heb je misschien een eetprobleem of eetstoornis.

Doe de zelftest om meer inzicht te krijgen.

Eetstoornissen waar eetbuien vaak voorkomen:

- **Boulimia Nervosa**
- **Eetbuistoornis - BED**
- **Anders gespecificeerde eetstoornis - OSFED**

https://www.featback.nl/informatie/boulimia_

Boulimia Nervosa

Mensen met boulimia nervosa hebben regelmatig eetbuien met controle verlies. Daarnaast compenseren ze de calorie-inname. Bijvoorbeeld door zelfopgewekt braken, laxeermiddelen gebruiken en overmatig bewegen of sporten.
Mensen met deze eetstoornis overbezorgd over hun eigen lichaam en gewicht.

Kenmerken van Boulimia:

1. Je hebt regelmatig een **eetbui**. Een eetbui voldoet aan de volgende 2 dingen:
   a. Heel **veel meer eten in korte tijd** (bijvoorbeeld 2 uur) dan dat andere mensen zouden doen in dezelfde situatie.
   b. Het gevoel hebben **niet te kunnen stoppen** of geen beheersing te hebben over wat en hoeveel je eet.

2. Je vertoond regelmatig **compensatiegedrag** om te zorgen dat je niet aankomt. Bijvoorbeeld: braken, misbruik van laxeermiddelen of andere medicijnen, vasten of heel veel sporten/bewegen.

3. Je lichaamsvorm en je **lichaamsgewicht** hebben een extreem grote invloed op hoe je **jezelf beoordeeld.**

4. Je hebt **minimaal 1 keer per week** een eetbuien en compensatiegedrag. Voor een periode van drie maanden;

Herken jij je in (een deel van) de kenmerken?

Dit kan je doen:

Doe de zelftest om meer inzicht te krijgen.

Krijg gratis en anoniem online hulp.

Maak een afspraak met je huisarts.

https://www.featback.nl/e-health

fEATback

Online hulp

Welkom bij het online hulp programma voor iedereen die (misschien) een eetprobleem of eetstoornis heeft.
Het is anoniem en gratis.

Start week 1!

Voor wie?

- Iedereen die denkt dat die een eetprobleem of eetstoornis heeft.
- Het is volledig gratis en anoniem.

Hoe werkt het?

- Elke week vul je een korte (4 vragen) vragenlijst in.
- Daarna krijg je advies specifiek voor jou situatie.
- Je leert beter om te gaan met eten en je zelfbeeld.

- Elke week krijg je een herinnering per mail of sms (wat jij fijn vindt) met een link om de vragenlijst in te vullen.
- Het programma duurt in totaal 8 weken.

Begin door de eerste vraag in te vullen:

Op hoeveel dagen in de afgelopen week heb je **gepiekerd over eten, je lichaam en/of je gewicht?**

Helemaal niet | Op 1-3 dagen | Op 4-6 dagen | Elke dag

Volgende

Meer hulp dan alleen online? Klik hieronder om te zien wat er bij jou in de buurt mogelijk is of ga langs bij je huisarts.

Therapie bij jou in de buurt

https://www.featback.nl/e-health

fEATback

Op hoeveel dagen in de afgelopen week heb je **minder gegeten dan de aanbevolen hoeveelheid voeding?**
(Voor jouw leeftijd en geslacht)

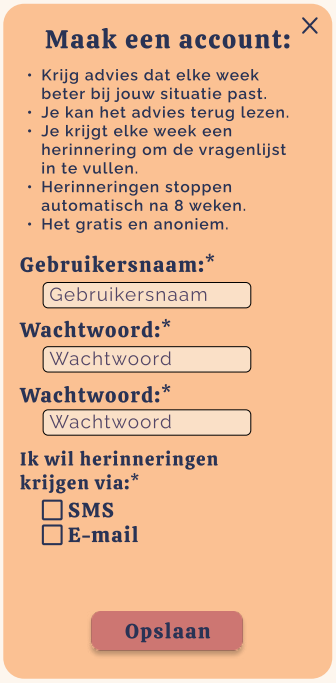
Helemaal niet | Op 1-3 dagen | Op 4-6 dagen | Elke dag

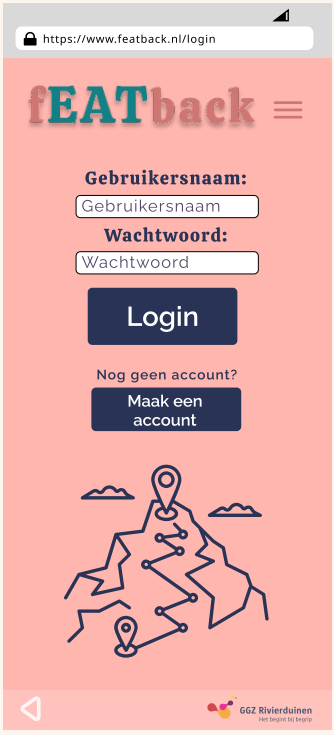
Volgende

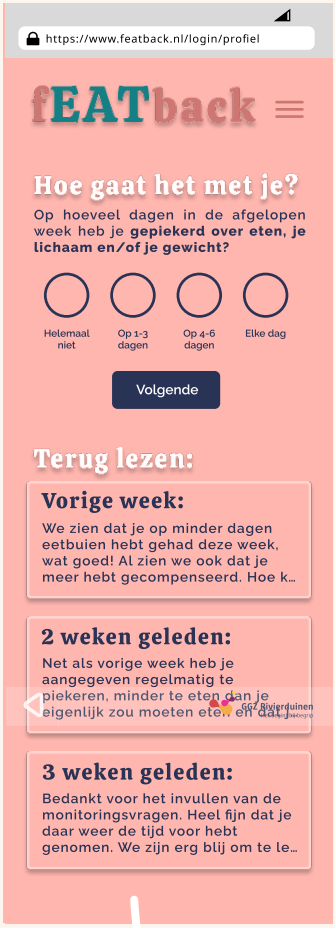

https://www.featback.nl/e-health
fEATback
Op hoeveel dagen heb je in de afgelopen week **een eetbui gehad?**
(In korte tijd veel eten met het gevoel dat je niet kon stoppen)
Helemaal niet
Op 1-3 dagen
Op 4-6 dagen
Elke dag
Volgende
GGZ Rivierduinen


https://www.featback.nl/e-health
fEATback
Op hoeveel dagen heb je in de afgelopen week **gebraakt, gevast, laxeermiddelen gebruikt, of heel veel bewogen uit angst om aan te komen?**
Helemaal niet
Op 1-3 dagen
Op 4-6 dagen
Elke dag
Einde
GGZ Rivierduinen

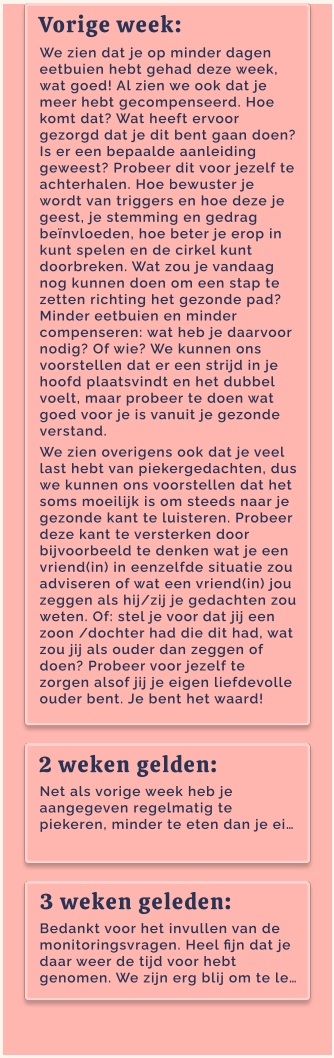

https://www.featback.nl/e-health
fEATback
Maak een gratis account aan!
We zien dat je op minder dagen eetbuien hebt gehad deze week, wat goed! Al zien we ook dat je meer hebt gecompenseerd. Hoe komt dat? Wat heeft ervoor gezorgd dat je dit bent gaan doen? Is er een bepaalde aanleiding geweest? Probeer dit voor jezelf te achterhalen. Hoe bewuster je wordt van triggers en hoe deze je geest, je stemming en gedrag beïnvloeden, hoe beter je erop in kunt spelen en de cirkel kunt doorbreken. Wat zou je vandaag nog kunnen doen om een stap te zetten richting het gezonde pad? Minder eetbuien en minder compenseren: wat heb je daarvoor nodig? Of wie? We kunnen ons voorstellen dat er een strijd in je hoofd plaatsvindt en het dubbel voelt, maar probeer te doen wat goed voor je is vanuit je gezonde verstand.
We zien overigens ook dat je veel last hebt van piekergedachten, dus we kunnen ons voorstellen dat het soms moeilijk is om steeds naar je gezonde kant te luisteren. Probeer deze kant te versterken door bijvoorbeeld te denken wat je een vriend(in) in eenzelfde situatie zou adviseren of wat een vriend(in) jou zeggen als hij/zij je gedachten zou weten. Of: stel je voor dat jij een zoon /dochter had die dit had, wat zou jij als ouder dan zeggen of doen? Probeer voor jezelf te zorgen alsof jij je eigen liefdevolle ouder bent. Je bent het waard!
You are worth it


Maak een account:
Krijg advies dat elke week beter bij jouw situatie past.
Je kan het advies terug lezen.
Je krijgt elke week een herinnering om de vragenlijst in te vullen.
Herinneringen stoppen automatisch na 8 weken.
Het gratis en anoniem.
Gebruikersnaam:*
Gebruikersnaam
Wachtwoord:*
Wachtwoord
Wachtwoord:*
Wachtwoord
Ik wil herinneringen krijgen via:*
SMS
E-mail
Opslaan





The stories expand when pressed.



Evaluatieplan Featback - Jongeren

Doel:

Het doel van de website evaluatie is om te kijken of het nieuwe ontwerp van Featback aansluit bij het ontwerpdoel en de wensen en eisen.

Wie?

- De 5 jongeren die ik al eerder geïnterviewd heb en mee wilden kijken naar het eind ontwerp.
- Groep met jonge meiden die opgenomen zijn. (Degene die mee willen doen)

Waar?

GGZ rivierduinen, kamer aan tafel op 5e verdieping. Of als de deelnemer niet naar leiden kan/wil komen op de TU of bij de deelnemer thuis.

Aan tafel zodat de website makkelijk bekeken kan worden op de telefoon en de vragenlijst gemakkelijk ingevuld kan worden. Tijdens de test mogen de deelnemers de telefoon vast houden en kijk ik mee naar hoe ze door de website navigeren. Het scherm van de telefoon word opgenomen met screen recording software.

Ethics

All people interviewed for the evaluation have consent from the therapists of GGZ Rivierduinen Ursula to participate in the research. Before the evaluation starts the participants will be informed about the evaluation and potential risks. They will be asked to fill out the consent form. Participants are allowed to quit or take a break at any time during the evaluation. During the evaluation audio recordings will be made. Participants will not be recognisable on the recordings. Their face will not be on video. If their face happens to be on video these will not be seen by anyone except the researcher. Participants can state in the consent form how the video and audio recordings can be used.

Uitvoering

De evaluatie zal bestaan uit 4 fases. Ontdekken, opdracht uitvoeren, likert scale en tot slot een interview.

Het onderzoek wordt opgenomen met behulp van mijn IPad of audio opname van de TU Delft.

1 Consentformulier + uitleg

De evaluatie gaat over de website en niet over jou. Er zijn geen goede of foute antwoorden. Het doel is om erachter te komen of de website werkt zoals hij bedoeld is en wat er aangepast moet worden.

Ik zal niet beledigd zijn wat je ook over de website zegt. Voel je vrij om jouw mening te delen. Jij bent de expert en ik ben erg benieuwd naar jouw mening. Die is erg waardevol voor de evaluatie van de website.

Als er tijdens de evaluatie iets onduidelijk is hoor ik dit graag. Laat het me weten als iets te snel gaat of iets onduidelijk is.

Ik zou graag iets meer over jou willen weten voordat we aan het onderzoek beginnen.

- Wat is je naam?
- Wat voor apps/websites gebruik je het meest?

Je hoeft het niet te delen maar ik zou graag willen weten welke eetstoornis je hebt zodat ik weet of de website goed werkt voor alle eetstoornissen.

2 Ontdekken (10 min)

Doel:

- Onderzoeken hoe mensen door fEATback navigeren en waar ze als eerst heen gaan.

Uitvoering:

- **Stel je voor je bent voor het eerst op deze website terecht gekomen. Wat doe je? Vertel mij ondertussen wat denk je en wat doe je?**
- Deelnemers krijgen de website in Figma op mijn telefoon en mogen zelf ontdekken hoe ze hem zouden gebruiken.
- Ondertussen neem ik mijn scherm op om terug te kunnen kijken hoe ze de website gebruiken. (Met toestemming van de deelnemer)

Vraag aan het eind:

- **Wat is je eerste indruk van de website?**

3: Opdrachten uitvoeren (5 tot 10 min)

Doel:

- Onderzoeken of alle belangrijke componenten makkelijk te vinden zijn.

Uitvoering:

Nu ga ik je een aantal opdrachten geven. Er is geen goede of foute manier om deze aan te pakken. Ik wil je vragen hardop na te denken terwijl je de opdrachten uitvoert. Laat me weten wanneer je klaar bent met de opdracht.

- Opdracht 1: Kun je me laten zien wat de mening van anderen is op Kai zijn eerste verhaal?
- Opdracht 2: Kun je mij laten zien hoe je extra informatie over eetstoornissen kunt vinden op de website?
- Opdracht 3: Kun je mij de start pagina van de zelftest laten zien?
- Opdracht 4: Kun je laten zien hoe je vanuit de zelftest naar de online hulpmodule gaat? (Je hoeft de zelftest niet in te vullen, je kan op volgende klikken bij alle vragen)
- Opdracht 5: Kun je me laten zien hoe jij een account zou aanmaken?

Vragen:

Na elke opdracht krijgen mensen de volgende vragen:

- **Hoe makkelijk of moeilijk vond je het om deze taak te volbrengen? 1 heel moeilijk 5 heel makkelijk.**
- **Waarom?**

4. SUS (5 min)

Zou je de volgende vragenlijst willen invullen?

Vragen:

System Usability Scale

1. Ik denk dat ik de website vaak zou willen gebruiken.
2. Ik vond de website onnodig ingewikkeld.
3. Ik vond de website makkelijk te gebruiken.
4. Ik denk dat ik hulp van een technisch persoon nodig heb om de website te gebruiken.
5. Ik vond de verschillende functies van de website goed met elkaar geïntegreerd.
6. Ik vond dat er te veel tegenstrijdigheden in de website zaten.
7. Ik kan me voorstellen dat de meeste mensen snel met de website overweg kunnen.
8. Ik vond de website omslachtig in gebruik.
9. Ik voelde me zelfverzekerd tijdens het gebruik van de website.
10. Ik moest veel over de website leren voordat ik het goed kon gebruiken.

5. Likert scale + Semi-structured interview (5 min)

Uitvoering:

Het interview vindt plaats aan de hand van de likert scale. Mensen krijgen eerst de vraag verbaal gesteld en kunnen dan op een antwoord aangeven op de liktert scale.

Na het aangeven van hun antwoord op de likert scale vraag ik ze naar waarom ze dit antwoord hebben gegeven.

Likert scale

1. De website ziet er mooi uit.
2. Ik begreep de meeste woorden op de website (of ze werden goed uitgelegd).
3. De website heeft een betrouwbare uitstraling.
4. De website schrikt jongeren met een eetprobleem af.
5. Ik zou de website aanraden aan anderen.
6. De boodschap van de website is dat je om hulp mag vragen.
7. Ik herkende me in (een deel van) de verhaaltjes op de website.
8. De verhaaltjes helpen mensen met een eetprobleem beter te begrijpen wat wel en niet bij een eetprobleem hoort.
9. De verhaaltjes zouden me hebben geholpen om te reflecteren op mijn eigen relatie met eten.
10. Door de website zullen jongeren met een eetprobleem zich sneller realiseren dat ze een eetprobleem hebben.
11. Ik zou nieuwsgierig zijn geweest naar de website toen ik mijn eetprobleem aan het ontwikkelen was.
12. Ik zou eerder hulp hebben gezocht als ik deze website was tegengekomen.

Extra vragen:

Nadat de likert scale vragen zijn beantwoord krijgen mensen nog aanvullende vragen die niet met een likert scale zjjn te beantwoorden:

- Zijn er termen/afbeeldingen die afschrikken of niet realistisch zijn?
- Wat zou jij gedaan hebben als jij deze website zou vinden toen je twijfelde of je een eetstoornis had?
- Voor welke leeftijd is de website geschikt?
- Wanneer zou fEATback voor jou het meest waardevol geweest zijn?
- Je zei aan het begin dat je …… en ….. het meest gebruikt. Zou dit ook de plek zijn geweest om jou te bereiken met fEATback toen je je eetstoornis aan het ontwikkelen was?
- Is er iets wat je mist?
- Of iets anders wat je opvalt en waar we nog iets aan zouden moeten doen?

Evaluatieplan Featback - Experts

Doel:

Het doel van de website evaluatie is om te kijken of het nieuwe ontwerp van Featback aansluit bij het ontwerpdoel en de wensen en eisen.

Wie?

- Experts op het gebied van eetstoornissen
    1. Eric van Furth (directeur ursual)
    2. Jiska Aardoom (PHD over feaback gedaan)
    3. Pieter Roback (phd over featback)
    4. Proud2Bme

Locatie

GGZ rivierduinen, kamer aan tafel op 5e verdieping. Of als de deelnemer niet naar leiden kan/wil komen op de TU of bij de deelnemer thuis. Aan tafel zodat de website makkelijk bekeken kan worden op de telefoon en de vragenlijst gemakkelijk ingevuld kan worden.

Ethics

All people interviewed for the evaluation have consent from the therapists of GGZ Rivierduinen Ursula to participate in the research. Before the evaluation starts the participants will be informed about the website evaluation and potential risks. They will be asked to fill out the consent form. Participants are allowed to quit or take a break at any time during the evaluation. During the evaluation audio recordings will be made. Participants will not be recognisable on the recordings. Their face will not be on video. If their face happens to be on video these will not be seen by anyone except the researcher. Participants can state in the consent form how the video and audio recordings can be used.

Uitvoering

Het onderzoek zal bestaan uit 4 fases. Ontdekken, opdracht uitvoeren, likert scale en tot slot een interview.

Het onderzoek wordt opgenomen met behulp van mijn IPad of audio opname van de TU Delft.

1 Consentformulier + uitleg

Uitleg van de website evaluatie + Consent formulier tekenen

2 Ontdekken (10 min)

Doel:

- Eerste indruk van experts op de website.

Uitvoering:

- **Dit is het herontwerp van fEATback. Ik wil graag feedback op de inhoud. Wat vindt jij van de verhaaltjes? Zullen deze aansluiten bij jongeren met eetproblemen?**
- Deelnemers krijgen de website in Figma op mijn telefoon en mogen zelf door de website en verhaaltjes navigeren.
- Ondertussen neem ik mijn scherm op om terug te kunnen kijken hoe ze de website gebruiken. (Met toestemming van de deelnemer)

Vraag aan het eind:

- **Wat is je eerste indruk van de website?**

3: Alle onderdelen van de website bespreken (5 tot 10 min)

Doel:

- Onderzoeken of alle belangrijke componenten makkelijk te vinden zijn.

Uitvoering:

Nu ga ik je een aantal opdrachten geven. Er is geen goede of foute manier om deze aan te pakken. Ik wil je vragen hardop na te denken terwijl je de opdrachten uitvoert. Laat me weten wanneer je klaar bent met de opdracht.

- Opdracht 1: Kun je me laten zien wat de mening van anderen is op Kai zijn eerste verhaal?
- Opdracht 2: Kun je mij laten zien hoe je extra informatie over eetstoornissen kunt vinden op de website?
- Opdracht 3: Kun je mij de start pagina van de zelftest laten zien?
- Opdracht 4: Kun je laten zien hoe je vanuit de zelftest naar de online hulpmodule gaat? (Je hoeft de zelftest niet in te vullen, je kan op volgende klikken bij alle vragen)
- Opdracht 5: Kun je me laten zien hoe jij een account zou aanmaken?

Vragen:

Na elke opdracht krijgen mensen de volgende vragen:

- **Hoe makkelijk of moeilijk vond je het om deze taak te volbrengen? 1 heel moeilijk 5 heel makkelijk.**
- **Waarom?**

4. SUS (5 min)

Vragen:

Likert scale

1. Ik denk dat ik de website vaak zou willen gebruiken.
2. Ik vond de website onnodig ingewikkeld.
3. Ik vond de website makkelijk te gebruiken.
4. Ik denk dat ik hulp van een technisch persoon nodig heb om de website te gebruiken.
5. Ik vond de verschillende functies van de website goed met elkaar geïntegreerd.
6. Ik vond dat er te veel tegenstrijdigheden in de website zaten.
7. Ik kan me voorstellen dat de meeste mensen snel met de website overweg kunnen.
8. Ik vond de website omslachtig in gebruik.
9. Ik voelde me zelfverzekerd tijdens het gebruik van de website.

10. Ik moest veel over de website leren voordat ik het goed kon gebruiken.

5. Likert scale + Semi-structured interview (5 min)

Uitvoering:

Het interview vindt plaats aan de hand van de likert scale. Mensen krijgen eerst de vraag verbaal gesteld en kunnen dan op een antwoord aangeven op de liktert scale.

Na het aangeven van hun antwoord op de likert scale vraag ik ze naar waarom ze dit antwoord hebben gegeven.

Likert scale

1. De website ziet er mooi uit.
2. Ik begreep de meeste woorden op de website (of ze werden goed uitgelegd).
3. De website heeft een betrouwbare uitstraling.
4. De website schrikt jongeren met een eetprobleem af.
5. Ik zou de website aanraden aan jongeren met een eetprobleem.
6. De boodschap van de website is dat je om hulp mag vragen.
7. Jongeren met een eetprobleem zullen zich herkennen in de verhaaltjes op de website.
8. De verhaaltjes helpen mensen met een eetprobleem beter te begrijpen wat wel en niet bij een eetprobleem hoort.
9. De verhaaltjes zullen jongeren met een eetprobleem laten reflecteren op hun relatie met eten.
10. Door de website zullen jongeren met een eetprobleem zich sneller realiseren dat ze een eetprobleem hebben.
11. Jongeren die een eetprobleem aan het ontwikkelen zijn zullen nieuwsgierig zijn naar de website.
12. Jongeren met een eetprobleem zullen eerder hulp zoeken door de website.

Extra vragen:

Nadat de likert scale vragen zijn beantwoord krijgen mensen nog aanvullende vragen die niet met een likert scale zjjn te beantwoorden:

- Zijn er termen/afbeeldingen die afschrikken of niet realistisch zijn?
- Voor wie zal fEATback het meest waardevol zijn?
- Voor welke leeftijd is de website geschikt?
- Waar zou fEATback volgens jou te vinden moeten zijn? (google, instagram, tiktok, proud2Bme, ect.)
- Is er iets wat je mist?
- Of iets anders wat je opvalt en waar we nog iets aan zouden moeten doen?

Deelnemer nr:_____

	Helemaal mee **oneens**				Helemaal mee **eens**
1. Ik denk dat ik de website vaak zou willen gebruiken.	◯	◯	◯	◯	◯
2. Ik vond de website onnodig ingewikkeld.	◯	◯	◯	◯	◯
3. Ik vond de website makkelijk te gebruiken.	◯	◯	◯	◯	◯
4. Ik denk dat ik hulp van een technisch persoon nodig heb om de website te gebruiken.	◯	◯	◯	◯	◯
5. Ik vond de verschillende functies van de website goed met elkaar geïntegreerd.	◯	◯	◯	◯	◯
6. Ik vond dat er te veel tegenstrijdigheden in de website zaten.	◯	◯	◯	◯	◯
7. Ik kan me voorstellen dat de meeste mensen snel met de website overweg kunnen.	◯	◯	◯	◯	◯
8. Ik vond de website omslachtig in gebruik.	◯	◯	◯	◯	◯
9. Ik voelde me zelfverzekerd tijdens het gebruik van de website.	◯	◯	◯	◯	◯
10. Ik moest veel over de website leren voordat ik het goed kon gebruiken.	◯	◯	◯	◯	◯

Jongeren	Heel erg moeilijk				Heel erg makkelijk
1. Opdracht 1: Kun je me laten zien wat de mening van anderen is op Kai zijn eerste verhaal?	◯	◯	◯	◯	◯
2. Opdracht 2: Kun je mij laten zien hoe je extra informatie over eetstoornissen kunt vinden op de website?	◯	◯	◯	◯	◯
3. Opdracht 3: Kun je mij de start pagina van de zelftest laten zien?	◯	◯	◯	◯	◯
4. Opdracht 4: Kun je laten zien hoe je vanuit de zelftest naar de online hulpmodule gaat? (Je hoeft de zelftest niet in te vullen, je kan op volgende klikken bij alle vragen)	◯	◯	◯	◯	◯
5. Opdracht 5: Kun je me laten zien hoe jij een account zou aanmaken?	◯	◯	◯	◯	◯

	Helemaal mee **oneens**				Helemaal mee **eens**
1. De website ziet er mooi uit.	◯	◯	◯	◯	◯
2. Ik begreep de meeste woorden op de website (of ze werden goed uitgelegd).	◯	◯	◯	◯	◯
3. De website heeft een betrouwbare uitstraling.	◯	◯	◯	◯	◯
4. De website schrikt jongeren met een eetprobleem af.	◯	◯	◯	◯	◯
5. Ik zou de website aanraden aan anderen.	◯	◯	◯	◯	◯
6. De boodschap van de website is dat je om hulp mag vragen.	◯	◯	◯	◯	◯
7. Ik herkende me in (een deel van) de verhaaltjes op de website.	◯	◯	◯	◯	◯
8. De verhaaltjes helpen mensen met een eetprobleem beter te begrijpen wat wel en niet bij een eetprobleem hoort.	◯	◯	◯	◯	◯
9. De verhaaltjes zouden me hebben geholpen om te reflecteren op mijn eigen relatie met eten.	◯	◯	◯	◯	◯
10. Door de website zullen jongeren met een eetprobleem zich sneller realiseren dat ze een eetprobleem hebben.	◯	◯	◯	◯	◯
11. Ik zou nieuwsgierig zijn geweest naar de website toen ik mijn eetprobleem aan het ontwikkelen was.	◯	◯	◯	◯	◯
12. Ik zou eerder hulp hebben gezocht als ik deze website was tegengekomen.	◯	◯	◯	◯	◯

Expert	Heel moeilijk				Heel makkelijk
1. Opdracht 1: Kun je me laten zien wat de mening van anderen is op Kai zijn eerste verhaal?	◯	◯	◯	◯	◯
2. Opdracht 2: Kun je mij laten zien hoe je extra informatie over eetstoornissen kunt vinden op de website?	◯	◯	◯	◯	◯
3. Opdracht 3: Kun je mij de start pagina van de zelftest laten zien?	◯	◯	◯	◯	◯
4. Opdracht 4: Kun je laten zien hoe je vanuit de zelftest naar de online hulpmodule gaat? (Je hoeft de zelftest niet in te vullen, je kan op volgende klikken bij alle vragen)	◯	◯	◯	◯	◯
5. Opdracht 5: Kun je me laten zien hoe jij een account zou aanmaken?	◯	◯	◯	◯	◯
	Helemaal mee **oneens**				Helemaal mee **eens**
1. De website ziet er mooi uit.	◯	◯	◯	◯	◯
2. Ik begreep de meeste woorden op de website (of ze werden goed uitgelegd).	◯	◯	◯	◯	◯
3. De website heeft een betrouwbare uitstraling.	◯	◯	◯	◯	◯
4. De website schrikt jongeren met een eetprobleem af.	◯	◯	◯	◯	◯
5. Ik zou de website aanraden aan jongeren met een eetprobleem.	◯	◯	◯	◯	◯
6. De boodschap van de website is dat je om hulp mag vragen.	◯	◯	◯	◯	◯
7. Jongeren met een eetprobleem zullen zich herkennen in de verhaaltjes op de website.	◯	◯	◯	◯	◯
8. De verhaaltjes helpen mensen met een eetprobleem beter te begrijpen wat wel en niet bij een eetprobleem hoort.	◯	◯	◯	◯	◯
9. De verhaaltjes zullen jongeren met een eetprobleem laten reflecteren op hun relatie met eten.	◯	◯	◯	◯	◯
10. Door de website zullen jongeren met een eetprobleem zich sneller realiseren dat ze een eetprobleem hebben.	◯	◯	◯	◯	◯
11. Jongeren die een eetprobleem aan het ontwikkelen zijn zullen nieuwsgierig zijn naar de website.	◯	◯	◯	◯	◯
12. Jongeren met een eetprobleem zullen eerder hulp zoeken door de website.	◯	◯	◯	◯	◯

Participant ID:_____

Test fEATback redesign

This research is conducted as part of the MSc study Design for Interaction at TU Delft.

Student: Marieke Wijngaard
Contact person: Marieke Wijngaard; r.m.wijngaard@student.tudelft.nl;

Informed consent participant

1 I participate in this research voluntarily. ☐

2 I acknowledge that I received sufficient information and explanation about the research and that all my questions have been answered satisfactorily. I was given sufficient time to consent my participation. I can ask questions for further clarification at any moment during the research. ☐

3 I am aware that this research consists of the following activities: ☐

1. Use the website
2. Perform a few tasks on the website
3. Fill out questionnaire
4. Interview

4 I am aware that data will be collected during the research, such as notes, photos, video and/or audio recordings. I give permission for collecting this data and for making photos, audio and/or video recordings during the research. Data will be processed and analysed anonymously (without your name or other identifiable information). The data will only be accessible to the researcher and their TU Delft supervisors. ☐

5 The photos, video and/or audio recordings will be used to support analysis of the collected data. The video recordings and photos can also be used to illustrate research findings in publications and presentations about the project.

I give permission for using photos and/or video recordings of my participation:
(select what applies for you)

☐ in which I am <u>not recognisable</u> in publications and presentations about the project.
☐ <u>for data analysis only</u> and not for publications and presentations about the project.

I give permission for using audio recordings of my participation:
(select what applies for you)

☐ in which I am <u>not recognisable</u> in publications and presentations about the project.
☐ <u>for data analysis only</u> and not for publications and presentations about the project.

6 I give premision to recorde the screen during the evaluation for research perpuses. ☐

7 I give permission to store the data for a maximum of 5 years after completion of this research and using it for educational and research purposes. ☐

8 I acknowledge that no financial compensation will be provided for my participation in this research. ☐

9 I understand that I am free to withdraw and stop participation in the research at any given time. I understand that I am not obliged to answer questions which I prefer not to answer and I can indicate this to the research team. ☐

10 The researchers take the applicable COVID-19 measures into account. I confirm to respect the COVID-19 measures taken and will follow instructions about these provided by the researchers. ☐

I will receive a copy of this consent form.

_____ _____
Last name First name

___ / ___ / 2023 _____
Date (dd/mm/yyyy) Signature

Participant ID:_____

Test fEATback redesign

Dit onderzoek wordt uitgevoerd als onderdeel van de MSc opleiding DFI aan de TU Delft.

Studenten: Marieke Wijngaard
Contactpersoon: Marieke Wijngaard; r.m.wijngaard@student.tudelft.nl;

Toestemmingsverklaring participant

1 Ik neem vrijwillig deel aan dit onderzoek. ☐

2 Ik erken dat ik vooraf voldoende informatie en uitleg heb gekregen over dit onderzoek en al mijn vragen zijn naar voldoening beantwoord. Ik heb de tijd gekregen die ik nodig had om in te stemmen met de deelname. Op elk moment kan ik vragen stellen met betrekking tot het onderzoek. ☐

3 Mij is bekend dat dit onderzoek bestaat uit: ☐

1. Website gebruiken
2. Opdrachten uitvoeren op de website
3. Enquete invullen
4. Interview

4 Ik ben mij ervan bewust dat tijdens het onderzoek gegevens worden verzameld in de vorm van bijvoorbeeld aantekeningen, foto's en/of geluidsopnames. Ik geef toestemming voor het verzamelen van deze gegevens en het maken van geluidsopnames en foto's tijdens het onderzoek. Gegevens zullen geanonimiseerd worden verwerkt en geanalyseerd (zonder naam of andere identificeerbare informatie). Deze gegevens zijn alleen voor het onderzoeksteam en hun TU Delft begeleiders beschikbaar. ☐

5 De foto's en/of geluidsopnames zullen worden gebruikt ter ondersteuning van het analyseren van verzamelde gegevens. Video opnames en foto's kunnen tevens worden gebruikt ter illustratie van onderzoeksbevindingen in publicaties en presentaties over het project.

Ik geef toestemming voor het gebruik van foto's en van mijn deelname:
(selecteer wat van toepassing is)

☐ waarin ik niet herkenbaar ben voor publicaties en presentaties over het project.
☐ enkel voor data analyse en niet voor publicaties en presentaties over het project.

Ik geef toestemming voor het gebruik audio opnames van mijn deelname:
(selecteer wat van toepassing is)

☐ waarin ik niet herkenbaar ben voor publicaties en presentaties over het project.
☐ enkel voor data analyse en niet voor publicaties en presentaties over het project.

6 Ik geef toestemming voor het opnemen van het scherm met screen recording software tijdens de evaluatie voor onderzoeksdoeleinden. ☐

7 Ik geef toestemming om gegevens nog maximaal 5 jaar na afloop van dit onderzoek te bewaren en te gebruiken voor onderwijs- en onderzoeksdoeleinden. ☐

8 Ik erken dat ik geen financiële compensatie ontvang voor deelname aan het onderzoek. ☐

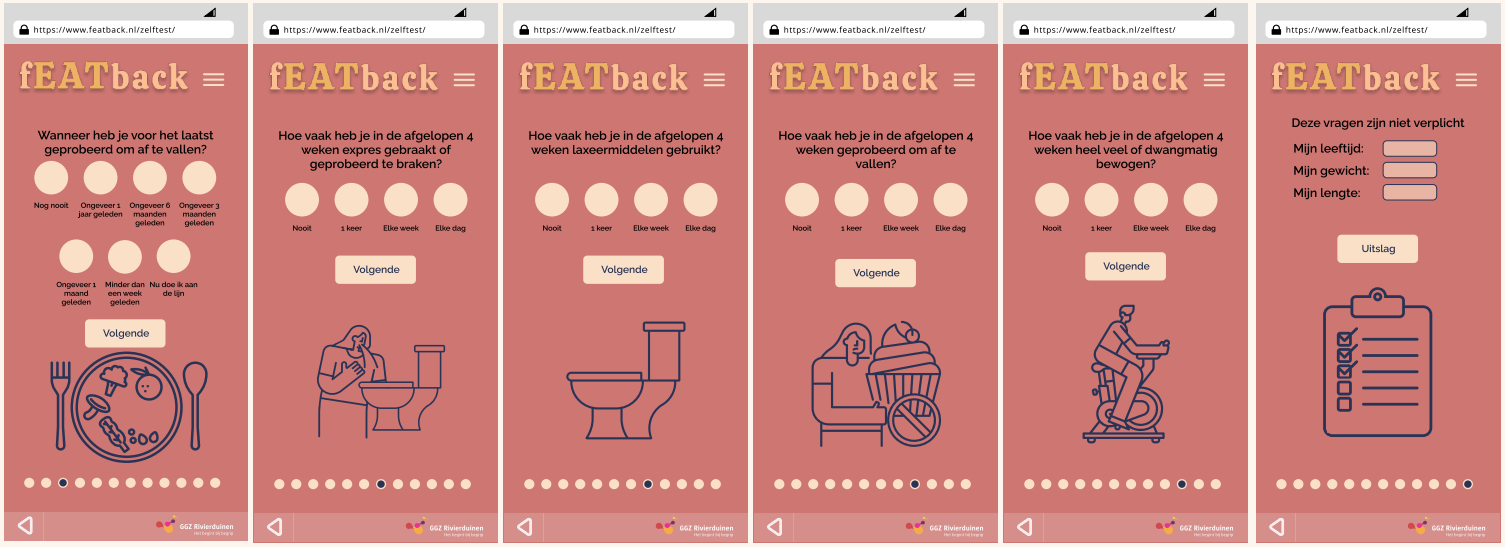
9 Ik begrijp dat ik mijn deelname aan het onderzoek op elk moment kan intrekken of kan stoppen. Ik begrijp dat ik niet verplicht ben om vragen te beantwoorden die ik niet wil beantwoorden en dat ik dit kan aangeven bij de onderzoeker. ☐

10 De onderzoekers nemen de geldende COVID-19 richtlijnen in acht. Als deelnemer aan dit onderzoek zal ik de COVID-19 maatregelen respecteren en de aanwijzingen van de onderzoekers opvolgen. ☐

Een kopie van deze toestemmingsverklaring zal aan mij worden gegeven.

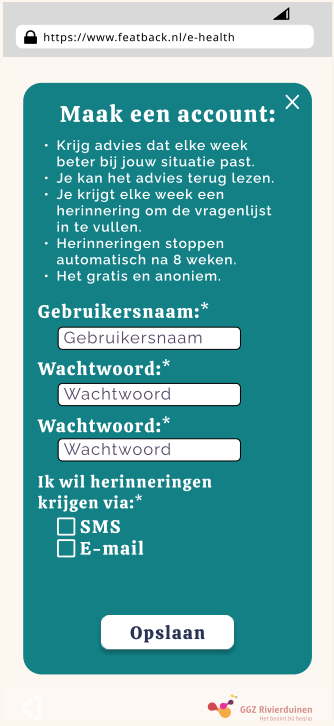
_____ _____
Achternaam Voornaam

___ / ___ / 2023 _____
Datum (dd/mm/jjjj) Handtekening

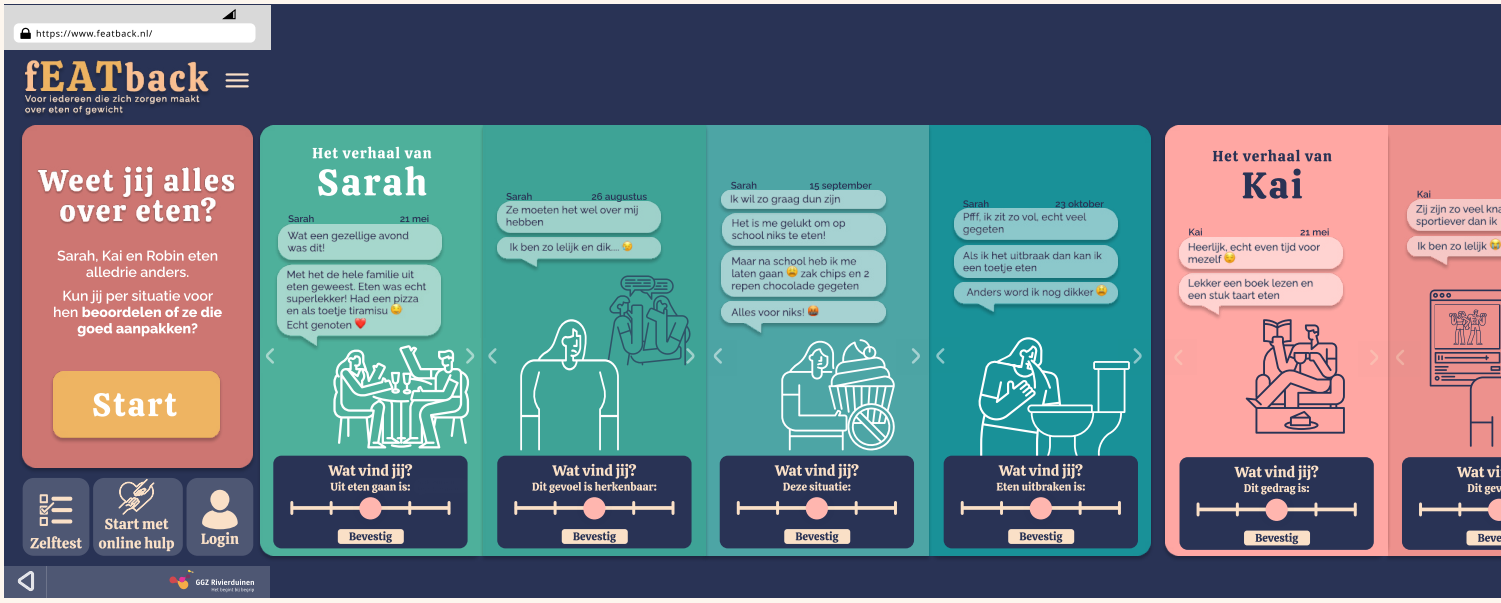

https://www.featback.nl/zelftest/
fEATback
Wanneer heb je voor het laatst geprobeerd om af te vallen?
Nog nooit
Ongeveer 1 jaar geleden
Ongeveer 6 maanden geleden
Ongeveer 3 maanden geleden
Ongeveer 1 maand geleden
Minder dan een week geleden
Nu doe ik aan de lijn
Volgende
Hoe vaak heb je in de afgelopen 4 weken expres gebraakt of geprobeerd te braken?
Hoe vaak heb je in de afgelopen 4 weken laxeermiddelen gebruikt?
Hoe vaak heb je in de afgelopen 4 weken geprobeerd om af te vallen?
Hoe vaak heb je in de afgelopen 4 weken heel veel of dwangmatig bewogen?
Nooit
1 keer
Elke week
Elke dag
Deze vragen zijn niet verplicht
Mijn leeftijd:
Mijn gewicht:
Mijn lengte:
Uitslag


https://www.featback.nl/login
fEATback
Gebruikersnaam:
Gebruikersnaam
Wachtwoord:
Wachtwoord
Login
Nog geen account?
Maak een account


https://www.featback.nl/login/profiel
fEATback
Hoe gaat het met je?
Op hoeveel dagen in de afgelopen week heb je gepiekerd over eten, je lichaam en/of je gewicht?
Helemaal niet
Op 1-3 dagen
Op 4-6 dagen
Elke dag
Volgende
Terug lezen:
Vorige week:
We zien dat je op minder dagen eetbuien hebt gehad deze week, wat goed! Al zien we ook dat je meer hebt gecompenseerd. Hoe k...
2 weken geleden:
Net als vorige week heb je aangegeven regelmatig te piekeren, minder te eten dan je eigenlijk zou moeten eten en dat...
3 weken geleden:
Bedankt voor het invullen van de monitoringsvragen. Heel fijn dat je daar weer de tijd voor hebt genomen. We zijn erg blij om te le...


https://www.featback.nl/e-health
Maak een account:
Krijg advies dat elke week beter bij jouw situatie past.
Je kan het advies terug lezen.
Je krijgt elke week een herinnering om de vragenlijst in te vullen.
Herinneringen stoppen automatisch na 8 weken.
Het gratis en anoniem.
Gebruikersnaam:*
Gebruikersnaam
Wachtwoord:*
Wachtwoord
Wachtwoord:*
Wachtwoord
Ik wil herinneringen krijgen via:*
SMS
E-mail
Opslaan


https://www.featback.nl/e-health
fEATback
Maak een (gratis) account aan
We zien dat je op minder dagen eetbuien hebt gehad deze week, wat goed!
Al zien we ook dat je meer hebt gecompenseerd. Hoe komt dat? Wat heeft ervoor gezorgd dat je dit bent gaan doen? Is er een bepaalde aanleiding geweest? Probeer dit voor jezelf te achterhalen. Hoe bewuster je wordt van triggers en hoe deze je geest, je stemming en gedrag beïnvloeden, hoe beter je erop in kunt spelen en de cirkel kunt doorbreken.
Wat zou je vandaag nog kunnen doen om een stap te zetten richting het gezonde pad? Minder eetbuien en minder compenseren: wat heb je daarvoor nodig? Of wie? We kunnen ons voorstellen dat er een strijd in je hoofd plaatsvindt en het dubbel voelt, maar probeer te doen wat goed voor je is vanuit je gezonde verstand.
We zien overigens ook dat je veel last hebt van piekergedachten, dus we kunnen ons voorstellen dat het soms moeilijk is om steeds naar je gezonde kant te luisteren.
Probeer deze kant te versterken door bijvoorbeeld te denken wat je een vriend(in) in eenzelfde situatie zou adviseren of wat een vriend(in) jou zeggen als hij/zij je gedachten zou weten. Of: stel je voor dat jij een zoon /dochter had die dit had, wat zou jij als ouder dan zeggen of doen?
Probeer voor jezelf te zorgen alsof jij je eigen liefdevolle ouder bent.
Je bent het waard!


https://www.featback.nl/
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Voor iedereen die zich zorgen maakt over eten of gewicht
Weet jij alles over eten?
Sarah, Kai en Robin eten alledrie anders.
Kun jij per situatie voor hen beoordelen of ze die goed aanpakken?
Start
Zelftest
Start met online hulp
Login
Het verhaal van
Sarah
Sarah 21 mei
Wat een gezellige avond was dit!
Met het de hele familie uit eten geweest. Eten was echt superlekker! Had een pizza en als toetje tiramisu
Echt genoten
Wat vind jij?
Uit eten gaan is:
Bevestig
Sarah 26 augustus
Ze moeten het wel over mij hebben
Ik ben zo lelijk en dik....
Wat vind jij?
Dit gevoel is herkenbaar:
Bevestig
Sarah 15 september
Ik wil zo graag dun zijn
Het is me gelukt om op school niks te eten!
Maar na school heb ik me laten gaan zak chips en 2 repen chocolade gegeten
Alles voor niks!
Wat vind jij?
Deze situatie:
Bevestig
Sarah 23 oktober
Pff, ik zit zo vol, echt veel gegeten
Als ik het uitbraak dan kan ik een toetje eten
Anders word ik nog dikker
Wat vind jij?
Eten uitbraken is:
Bevestig
Het verhaal van
Kai
Kai 21 mei
Heerlijk, echt even tijd voor mezelf
Lekker een boek lezen en een stuk taart eten
Wat vind jij?
Dit gedrag is:
Bevestig
Kai
Zij zijn zo veel kna
sportiever dan ik
Ik ben zo lelijk
Wat vi
Dit ge
Beve
GGZ Rivierduinen


https://www.featback.nl/informatie/
fEATback
Eetprobleem of eetstoornis?
Als je een eetprobleem of een eetstoornis hebt heb je een ongezonde relatie met eten. Maar ze zijn niet hetzelfde.
Beide zijn serieus en verdienen aandacht.
Eetprobleem:
Als je een eetprobleem hebt ben je veel bezig met (niet) eten en je gewicht je. Maar dit neemt niet je hele leven over.
Eetstoornis:
Als je een eetstoornis hebt wordt je hele leven beïnvloed door (niet) eten. Ook heb je waarschijnlijk een negatief zelfbeeld. Je dagelijks functioneren wordt ernstig beïnvloed door de eetstoornis.
Leer meer over de verschillen
Herken jij je hierin? Het is verstandig om er met iemand die je vertrouwd over te praten en om hulp te zoeken.
Je mag er zijn! En je verdient het om hulp te krijgen! Iedereen heeft wel eens hulp nodig. Je hoeft het niet alleen te doen.
Verschillende eetstoornissen:
Anorexia Nervosa
Boulimia Nervosa
Eetbuistoornis - BED
Anders gespecificeerde eetstoornis - OSFED


https://www.featback.nl/informatie/anorexia_
Anorexia Nervosa
Anorexia nervosa is de meest bekende eetstoornis. Ook al komen andere eetstoornissen meer voor.
Er is veel onbegrip over de ziekte en er gaan veel ideeën rond die niet kloppen. Veel mensen denken dat mensen met anorexia geen honger hebben maar ze hebben wel degelijk trek en hongergevoelens. Ze onderdrukken deze uit angst om hun beheersing te verliezen en aan te komen. Of zelfs vanuit de wens om af te vallen. Mensen met anorexia hebben een verstoord lichaamsbeeld. Ze denken dat ze dik zijn, zelfs wanneer ze ondergewicht hebben.
Kenmerken van Anorexia:
1. Je krijgt minder calorieën binnen dan dat je verbrand, met als resultaat dat je gewicht te laag is voor je geslacht, leeftijd en lichamelijke gezondheid.
2. Je hebt een intense angst om aan te komen of dik te worden, of je vertoond gedrag dat gewichtstoename tegengaat, zelfs al heb je een te laag gewicht.
3. Je hebt een verstoord beeld van je lichaam. Je ontkend de ernst van je lage gewicht.
Herken jij je in (een deel van) de kenmerken?
Je mag om hulp vragen! Probeer lief te zijn voor jezelf.
Dit kan je doen:
Doe de zelftest om meer inzicht te krijgen.
Ga naar het online hulp programma (gratis en anoniem)
Maak een afspraak met je huisarts.
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https://www.featback.nl/informatie/boulimia_
Boulimia Nervosa
Mensen met boulimia nervosa hebben regelmatig eetbuien met controle verlies. Daarnaast compenseren ze de calorie-inname. Bijvoorbeeld door zelfopgewekt braken, laxeermiddelen gebruiken en overmatig bewegen of sporten.
Mensen met deze eetstoornis overbezorgd over hun eigen lichaam en gewicht.
Kenmerken van Boulimia:
1. Je hebt regelmatig een eetbui. Een eetbui voldoet aan de volgende 2 dingen:
a. Heel veel meer eten in korte tijd (bijvoorbeeld 2 uur) dan dat andere mensen zouden doen in dezelfde situatie.
b. Het gevoel hebben niet te kunnen stoppen of geen beheersing te hebben over wat en hoeveel je eet.
2. Je vertoond regelmatig compensatiegedrag om te zorgen dat je niet aankomt. Bijvoorbeeld: braken, misbruik van laxeermiddelen of andere medicijnen, vasten of heel veel sporten/bewegen.
3. Je lichaamsvorm en je lichaamsgewicht hebben een extreem grote invloed op hoe je jezelf beoordeeld.
4. Je hebt minimaal 1 keer per week een eetbuien en compensatiegedrag, Voor een periode van drie maanden;
Herken jij je in (een deel van) de kenmerken?
Je mag om hulp vragen! Probeer lief te zijn voor jezelf.
Dit kan je doen:
Doe de zelftest om meer inzicht te krijgen.
Ga naar het online hulp programma (gratis en anoniem)
Maak een afspraak met je huisarts.
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https://www.featback.nl/informaatie/eetbuist
Eetbuistoornis BED (Binge Eating Disorder):
Mensen met een eetbuistoornis eten regelmatig heel veel voedsel in korte tijd.
Tijdens een eetbui hebben ze het gevoel dat ze geen controle hier over hebben.
Veel mensen schamen zich voor hun eetbuien.
Kenmerken van BED:
1. Je hebt regelmatig een eetbui. Een eetbui voldoet aan de volgende 2 dingen:
a. Heel veel meer eten in korte tijd (bijvoorbeeld 2 uur) dan dat andere mensen zouden doen in dezelfde situatie.
b. Het gevoel hebben niet te kunnen stoppen of geen beheersing te hebben over wat en hoeveel je eet).
2. De eetbuien hangen samen met 3 (of meer) van de volgende kenmerken:
a. Veel sneller eten dan normaal.
b. Door eten totdat je extreem vol zit.
c. Grote hoeveelheden eten ook al heb je geen honger.
d. In je eentje eten, door schaamte over hoeveel je eet.
e. Achteraf van jezelf walgen, je somber of je erg schuldig voelen.
3. De rest van je leven lijd onder de eetbuien.
4. De eetbuien komen gedurende drie maanden gemiddeld minstens een keer per week voor.
5. Je compenseert niet voor de eetbuien. Bijvoorbeeld door veel te sporten, overgeven of laxeermiddelen gebruiken.
Herken jij je in (een deel van) de kenmerken?
Je mag om hulp vragen! Probeer lief te zijn voor jezelf.
Dit kan je doen:
Doe de zelftest om meer inzicht te krijgen.
Ga naar het online hulp programma (gratis en anoniem)
Maak een afspraak
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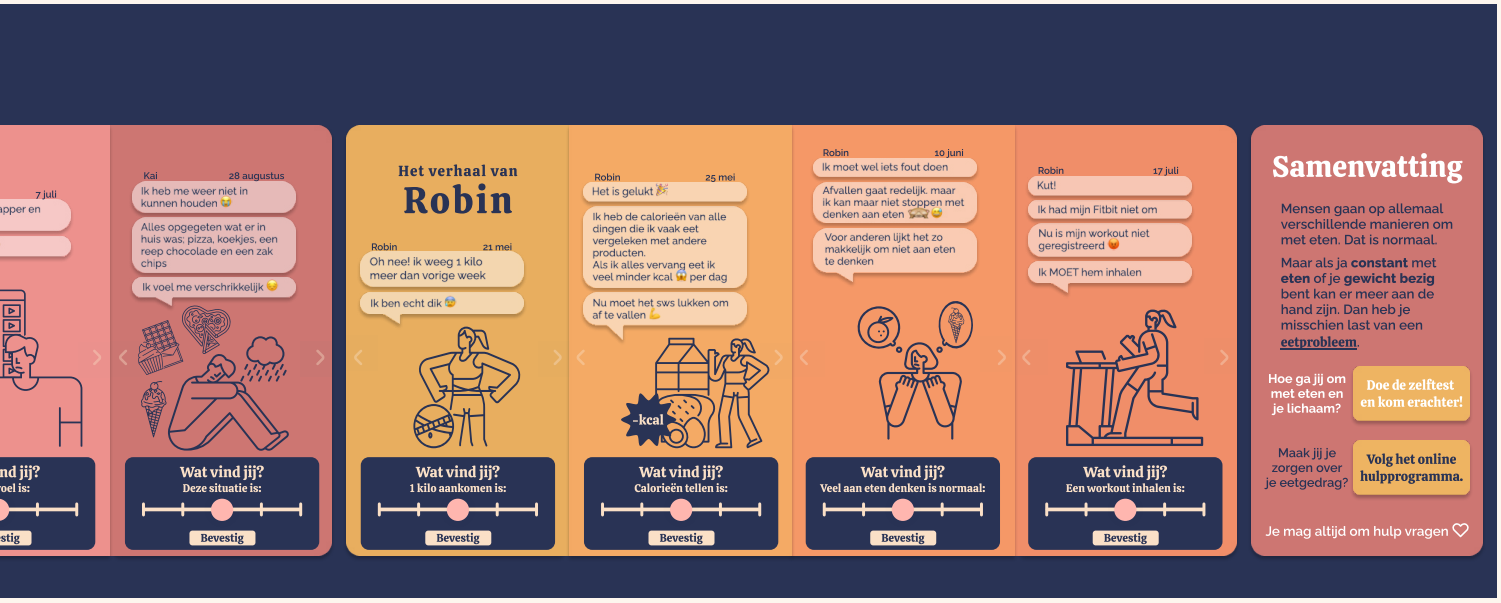
Kai 28 augustus
Ik heb me weer niet in kunnen houden
Alles opgegeten wat er in huis was: pizza, koekjes, een reep chocolade en een zak chips
Ik voel me verschrikkelijk
Wat vind jij?
Deze situatie is:
Bevestig
Het verhaal van
Robin
Robin 21 mei
Oh nee! ik weeg 1 kilo meer dan vorige week
Ik ben echt dik
Wat vind jij?
1 kilo aankomen is:
Bevestig
Robin 25 mei
Het is gelukt
Ik heb de calorieën van alle dingen die ik vaak eet vergeleken met andere producten.
Als ik alles vervang eet ik veel minder kcal per dag
Nu moet het sws lukken om af te vallen
-kcal
Wat vind jij?
Calorieën tellen is:
Bevestig
Robin 10 juni
Ik moet wel iets fout doen
Afvallen gaat redelijk, maar ik kan maar niet stoppen met denken aan eten
Voor anderen lijkt het zo makkelijk om niet aan eten te denken
Wat vind jij?
Veel aan eten denken is normaal:
Bevestig
Robin 17 juli
Kut!
Ik had mijn Fitbit niet om
Nu is mijn workout niet geregistreerd
Ik MOET hem inhalen
Wat vind jij?
Een workout inhalen is:
Bevestig
Samenvatting
Mensen gaan op allemaal verschillende manieren om met eten. Dat is normaal.
Maar als ja constant met eten of je gewicht bezig bent kan er meer aan de hand zijn. Dan heb je misschien last van een eetprobleem.
Hoe ga jij om met eten en je lichaam?
Doe de zelftest en kom erachter!
Maak jij je zorgen over je eetgedrag?
Volg het online hulpprogramma.
Je mag altijd om hulp vragen


https://www.featback.nl/informatie/anders_ge
Anders gespecificeerde eetstoornis - OSFED
Mensen met een 'Anders gespecificeerde eetstoornis' (in het Engels Other Specified Feeding or Eating Disorder; OSFED) zijn mensen met een eetstoornis die niet aan alle kenmerken voldoen van één van de specifieke eetstoornissen, zoals anorexia of boulimia. Het betekent niet dat de symptomen die zij ervaren zwaarder of minder zwaar zijn dan voor mensen die met anorexia, boulimia of eetbuistoornis kampen.
Een paar voorbeelden:
Atypische Anorexia Nervosa:
Je voldoet aan de kenmerken van anorexia nervosa, maar je hebt geen ondergewicht. Je bent wel erg afgevallen.
Boulimia Nervosa (met lage frequentie en/of van beperkte duur):
Je voldoet aan de criteria voor boulimia nervosa, behalve dat je minder dan een keer per week een eetbui en compensatiegedrag hebt. Of dat het minder dan drie maanden gaande is.
Eetbuistoornis (met lage frequentie en/of van beperkte duur):
Je voldoet aan de criteria voor een eetbuistoornis, behalve dat je minder dan een keer per week een eetbui hebt. Of dat het minder dan drie maanden gaande is.
Purgeerstoornis
Je vertoond compensatie gedrag (zoals het opwekken van braken, misbruik van laxeermiddelen of andere medicijnen) zonder dat je eetbuien hebt.
Nachtelijk Eetsyndroom:
Je eet regelmatig als je 's nachts wakker wordt of je eet heel veel na het avond eten.
Het nachtelijke eten veroorzaakt lijden en/of het beperkt je in je dagelijkse bezigheden.
Herken jij je in (een deel van) de kenmerken?
Je mag om hulp vragen! Probeer lief te zijn voor jezelf.
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https://www.featback.nl/over-fEATback
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Over ons
fEATback is gemaakt door GGZ Rivierduinen Eetstoornissen Ursula. Alle informatie op de website is gecontroleerd door onderzoekers en psychologen. De online hulp is wetenschappelijk getest. En het is bewezen dat fEATback helpt om eetstoornissymptomen te verminderen.
Privacy
Wij vinden privacy erg belangrijk. We gaan zorgvuldig om met je data en gebruiken het alleen om jou berichten over de online hulp te sturen.
Contact
Als je vragen of opmerkingen hebt kun je mailen naar:
zelfhulp.eetstoornissen@rivierduinen.nl
GGZ Rivierduinen


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