

Smart questionnaire systems in digital health: Combining UX design and machine learning to improve data accuracy

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Abstract

Because the demand for precise, convenient and scalable data collection in digital health is growing, it has been realized that traditional health questionnaires are not effective in capturing trustworthy data people share about themselves. The main innovation in this work is to design a health questionnaire by using both UX and ML techniques to create an adaptive system. It changes the order of questions to help the user, using their actions as well as suggestions from estimated data reliability. When dealing with chronic patients, case studies showed that filling out forms online is easier, more data is captured, and users report better satisfaction after using the new approach. Because the system is built modularly, it includes adaptive questionnaires, monitors participants' behavior and applies machine learning to deal with issues such as tiredness during a survey and biased answers. The study supports the idea that combining UX design and AI could make data collection in digital health more reliable, helpful to all and trustworthy. Researchers should explore the impact of multimodal data, federated learning and explainable AI to help AI be adopted more widely in the clinical field.

Keywords: Smart Questionnaires; Digital Health; User Experience (UX) Design; Machine Learning; Data Accuracy

1. Introduction

1.1. Background and Motivation

The use of digital health technologies has simplified and improved gathering, checking and using health data. Health questionnaires are essential tools used in clinical studies, diagnosing illnesses and programs for public health surveillance. Still, these types of questionnaires are often unattractive to users, cause them to lose interest quickly and may not always provide accurate results. Mobile applications for health, devices on the body and AI platforms create chances to enhance how questionnaires operate and collect health data.

1.2. Problem Statement

Despite new tech in digital health, most health questionnaires do not consider the habits, situation and thought processes of the user. Besides, response bias and information gaps are common problems that may influence the accuracy of research and machine learning findings. Currently, data quality and engagement are not maximized by using UX design or adaptive algorithms.

1.3. Objectives of the Study

This research considers how integrating UX design with ML can benefit and improve the effectiveness of digital health questionnaires. The study is designed to find out how upholding UX standards can result in more user engagement and

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a lower rate of users quitting the health data collection process. It also examines how machine learning can update questionnaires on the spot to pinpoint and correct issues within people's responses and help reduce bias. The purpose is to combine UX and ML techniques to ensure the smart questionnaire system gives us high-quality, accurate and reliable data from users across many digital health situations.

1.4. Scope and Contributions

To create the smart framework, this study analyzed research findings from UX, HCI, machine learning and health information. The study introduces a strategy that makes use of intelligent systems to improve both user participation and survey data. It also demonstrates the practical side of the approach with the help of a case study and a system model. Overall, the study shows that using smartphone tools for interviews leads to better results and overall satisfaction for both the data and the users when compared to paper questionnaires.

2. Literature review

2.1. Traditional Health Questionnaires: Limitations and Challenges

Most health questionnaires usually follow the same set of questions and do not adapt to anyone. For this reason, many participants in these research projects express frustration with being asked the same questions and receiving incomplete responses. These types of questionnaires remain the same for all users and because of this, they can repeat specific questions and cause the user to feel bored by the same answers. In addition, they often do not care about how students differ in their reading, learning and cultural backgrounds.

2.2. Digital Health and Data Collection: Trends and Tools

Digital health platforms are making it possible to retrieve and save data in large quantities. While REDCap, Qualtrics and Google Forms assist with e-questionnaires, they do not provide much room for changes. Enhancements in technology have encouraged people to use chatbots, voice commands and wearable devices during health surveys.

Table 1 Comparison of traditional vs. smart digital questionnaires

Feature	Traditional Questionnaires	Smart Digital Questionnaires
Format	Static (paper/digital)	Dynamic (mobile/web-based)
Adaptability	None	Real-time, ML-driven
User Experience	Low personalization	UX-optimized, user-centered
Data Quality	Prone to bias/errors	Improved accuracy via AI
Engagement	Often low	Enhanced via interaction design

2.3. UX Design in Healthcare Applications

How digital health tools are adopted by individuals is mostly influenced by UX design. Proper interface design for questionnaires can simplify their use for respondents and encourage more of them to finish the survey. Because their users could require assistance with health issues, these apps should be simple, user-friendly, well-organized and immediately provide feedback. Certain studies have shown that an attractive website and caring design lower the barrier for visitors to trust the site and provide helpful feedback.

2.4. Applications of Machine Learning in Health Data Validation

In healthcare, ML is used for predicting what diseases people have, pinpointing unusual situations and categorizing patients. Integrating it in health questionnaires could greatly benefit the effectiveness of collecting data. With ML, it is possible to predict how a user will act or interact, based on their actual activities. With advanced techniques, the apps can put together questions that suit each user's needs. Besides, machine learning can recognize and address any issues caused by missing or incorrect data through imputation methods. The system can update the collection of questions to make them relevant all through the training session. Although there is much potential, not many health survey systems now use ML in real-time survey design.

2.5. Existing Smart Survey Systems and Gaps in Current Research

Some assessment tools (for instance, PROMIS CAT) adjust the following question based on the answers a person has given. Some organizations make use of AI chatbots to collect information regarding health. Unfortunately, these apps are not very user friendly and cover only certain illnesses. There are only a few scales that have been tested to find out how well they work at eliminating bias and enhancing the accuracy of answers collected from different people.

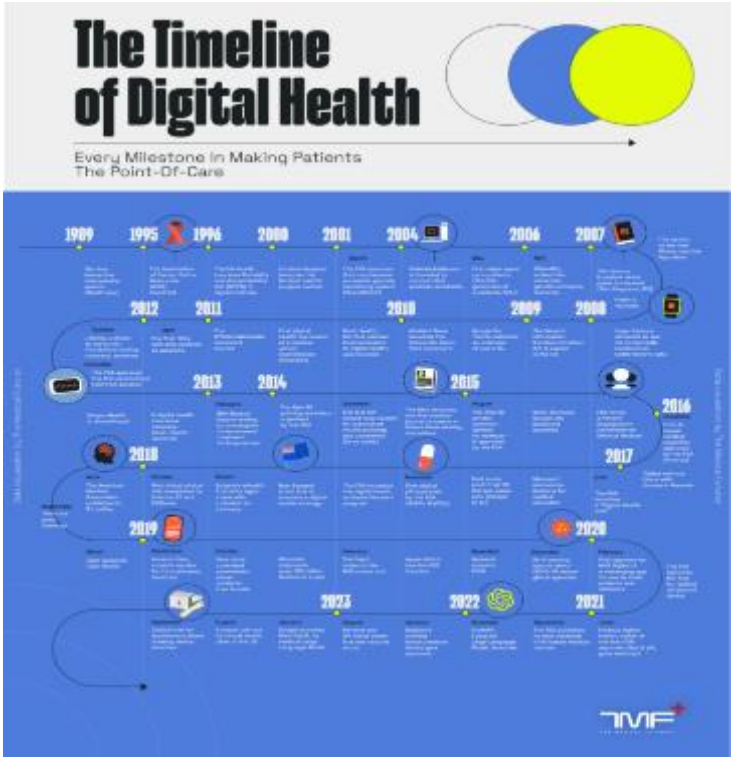


Figure 1 Timeline showing the evolution of questionnaire systems in digital health, from static paper forms to adaptive AI-driven interfaces

3. Theoretical foundations

3.1. Principles of Human-Computer Interaction (HCI) and UX Design

The workings of smart questionnaire systems are guided by HCI which aims to enhance the way people use computers and software. UX design ensures that digital health surveys are easy and satisfying for users to navigate. Ensuring that the system is usable is very important because it allows people with little to no technical expertise or anyone feeling stressed or worried, to use it comfortably. It is also important to simplify things by presenting the questions easily and organizing them rationally to help the respondent retain as little information as possible while answering. Ensuring that design remains the same and alerts users immediately about their progress and actions help keep them engaged. The questionnaire should be accessible to everybody, regardless of their gadgets or physical limitations. If these principles are used wisely, they become a key part of having many people finish the survey and rely on that data.

Table 2 Key UX principles for digital health tools and their impact

UX Principle	Description	Impact on Questionnaire Data
Simplicity	Minimalist, intuitive layout	Reduces dropout and confusion
Feedback	Real-time cues and progress indicators	Increases trust and motivation
Adaptivity	Dynamic content based on user interaction	Enhances relevance and accuracy
Accessibility	Inclusive design features	Expands reach and usability

3.2. Overview of Machine Learning Models Relevant to Survey Data

By having machine learning involved, questionnaires can now respond to user actions in real time. Various kinds of machine learning models have helped bring about this change. Many experts in machine learning use logistic regression, decision trees and random forests to determine the quality of predictions, notice errors and arrange users into helpful groupings. Using NLP, the system can study unstructured text and understanding users' messages and inquiries with higher accuracy. Over a period, reinforcement learning helps find the best and most accurate way to ask questions in data collection. The purpose of using clustering algorithms is to identify common patterns in users' responses which later help design tailored surveys for each user group. Such techniques work together to highlight answers that could harm the quality of the data. All these models run constantly in the background to maintain safe and customized data without disturbing the user.

3.3. Response Bias and Data Quality Metrics

Providing false or biased answers is one of the biggest issues people encounter while using questionnaires. This means the collected data might be less reliable and trustworthy. Social desirability bias often occurs when individuals select answers they think are socially acceptable instead of giving the truth. Something else that plagues surveys is acquiescence bias which means the respondent tends to agree with statements or opinions, regardless of how they truly feel. Furthermore, if a survey is too long or difficult, people often get tired, and their responses become less accurate and standard throughout the process. Addressing these issues is important when preparing digital health questionnaires.

Various innovative elements in these systems constantly track how individuals interact with the questionnaires and alter the process automatically. Monitoring reaction times is another feature that enables the IVR to notice if a person seems unsure or lacks energy. Skippable questions and splitting questions into branches are also used by designers to match the next question to what has been answered before. These tools check the input entered by users, note anything that does not fit and highlight suspect data. If the system notices that someone's attention is waning, the interface will change to help ensure that differences in focus are not a problem.

3.4. Adaptive and Dynamic Questionnaires: Theoretical Models

To personalize their questionnaires, adaptive tools apply branching logic, IRT and reinforcement learning methods. The questions are tailored in real time, reflecting both what you answered and your general behavior while engaged in the conversation. Subjects marked as high-risk are questioned in greater detail to ensure that all crucial points are discussed. Nevertheless, parts of the survey that are irrelevant are harvested for you which gives you a better user experience by cutting down survey fatigue. Models in machine learning are useful as they suggest and ask the most helpful questions, making the questionnaire more efficient. When used together, they ensure you can obtain better, personalized and fewer questions to answer than in previous methods.

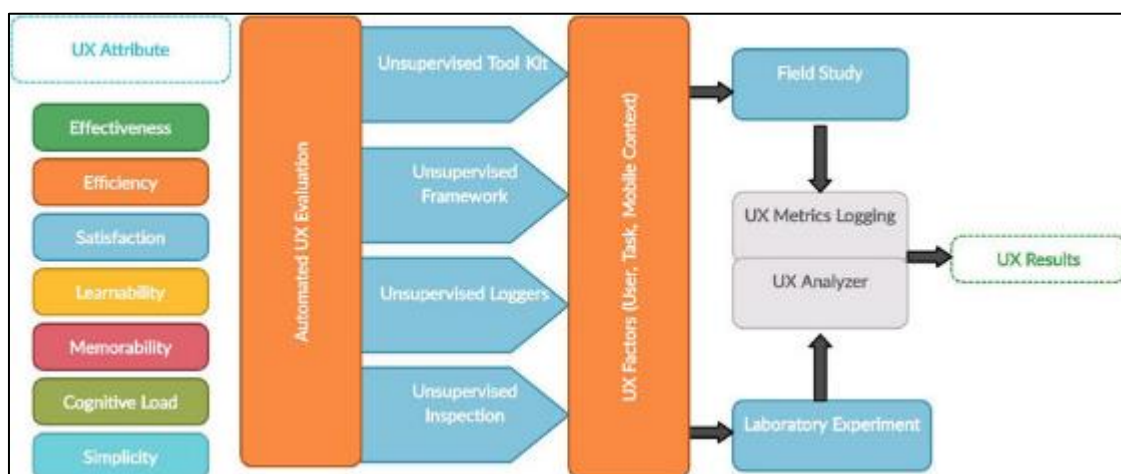


Figure 2 Framework showing the integration of UX and ML in smart questionnaire systems

4. System architecture and design

4.1. System Overview and Components

To make the system effective and user-friendly, the small questionnaire is organized into five key layers where each has a specific role. The focus lies on the user interface which is designed to respond to users using principles based on user experience to help participants engage more. Beneath the survey, the interaction tracking module always measures the user's behavior, analyzing how long they take to answer, how much time they spend deciding and where they navigate in the survey. The engine makes sure that the questions and topics in the survey are arranged in the most suitable sequence and that skip logic is followed as needed. At the same time, the machine learning engine checks all responses and user behavior in real time to find and improve questionnaires with inconsistent data. Besides, this layer handles uploaded information with security, allowing researchers to go over the findings in detail after the survey is completed.

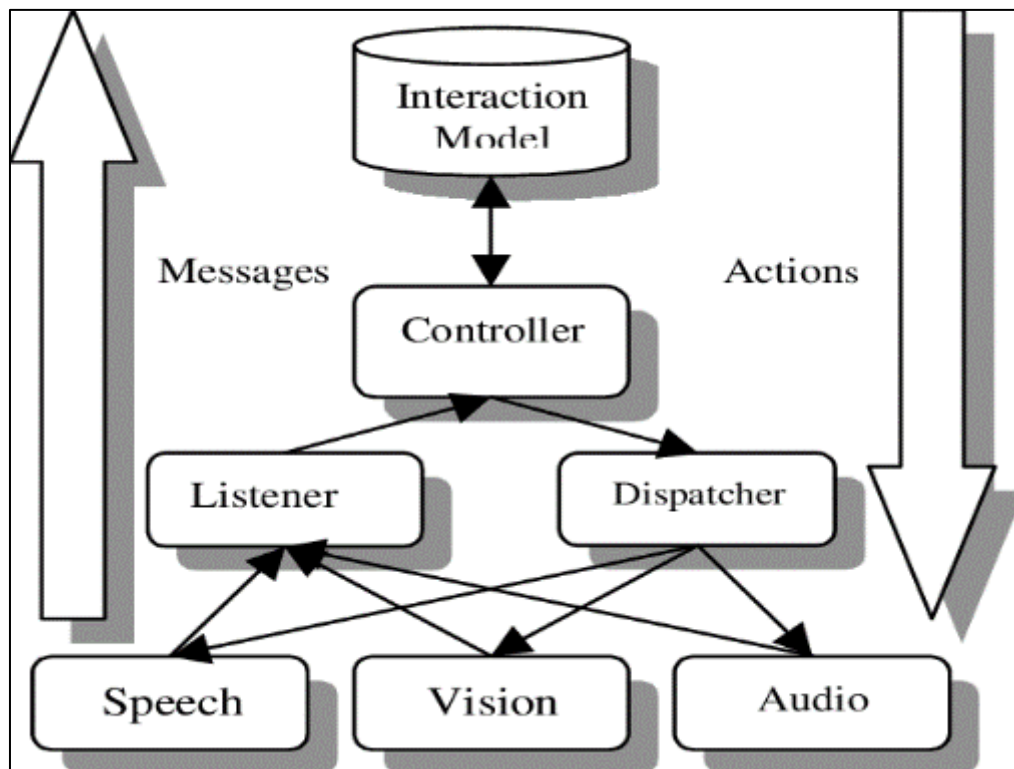


Figure 3 Architecture diagram of the smart questionnaire system

4.2. User Interface Design for Enhanced Engagement

The user interface is designed to allow users to interact smoothly and easily. Indicators of progress display how far the user has advanced in the questionnaire. Whether a user is browsing with a computer, tablet or phone, the design adjusts automatically to any screen size. Short phrases in the interface (microcopy) help users address difficult questions and guide them step by step. Since not everyone uses a smartphone the same way, the system allows users to choose between touch, voice and text input. By including the same visual style, simple and understandable navigation and eliminating unwanted decoration, the effort of navigating and finishing the design is low and enjoyable on any device.

4.3. Backend ML Pipeline: Data Preprocessing, Feature Selection, and Prediction

The pipeline of machine learning is set up as modules to deal with analyzing and processing data from questionnaires correctly. At first, the preprocessing step handles missing values, makes sense of categorical answers and collects information regarding the time each person invests in each question. After that, the process of feature selection looks for the most significant indicators that explain user engagement and the data's quality. The AI is then trained and tested to categorize respondents' answers as having high or low value and to suggest important questions for the next stage. As you answer the questionnaire, live inference ensures the system provides instant predictions for modifying the order of questions. These models continue to improve because they are updated regularly with more data and learn new things.

Table 3 Mapping of user actions to system responses and ML-based triggers

User Behaviour	System Action	ML Trigger
Long response delay	Display helper prompt	Engagement drops detected
Contradictory answers	Ask clarification question	Inconsistency classifier
High engagement	Reduce total number of questions	Adaptive logic optimization
Skipped question	Rephrase or replace item	NLP-based rewording suggestion

4.4. Personalization and Adaptivity: ML-Driven Question Flows

The technology uses machine learning to adapt the survey to a user based on their profile and how they interact in the moment. To get to know each participant well, user profiling uses facts about their demographics and past interactions. Then, algorithms such as decision trees or models based on reinforcement learning find the best route of questions for different people. Since reinforcement feedback is applied, the model finds the most effective sequence of questions to boost the survey's efficiency and accuracy. It also considers the user's device and the current time and makes necessary changes that suit both the situation, and the device used. With this much personalization, users tend to trust the research platform more and give more important and meaningful answers.

4.5. Privacy, Ethics, and Data Governance in Health Questionnaires

The survey adjusts according to a user and how they answer based on information from machine learning. To understand each user, user profiling considers their basic details and their history of interactions with the system. After that, algorithms called decision trees or those based on reinforcement learning choose the best set of questions for everyone. Once the model receives reinforcement feedback, it chooses the sequence of the questions that helps the survey run as efficiently and accurately as possible. Additionally, it considers the device you are using and the current time and modifies graphics to suit both. Extra personalization helps users trust the research and share more important and significant answers.

5. Implementation and case study

5.1. Prototype Development and Technical Stack

To test and review the proposed architectural structure of the smart questionnaire system, a functioning prototype was built. For the frontend, we used React.js, letting us apply Tailwind CSS to make sure our UX design meets the necessary best practices. Back-end developers chose Node.js with Express to ensure that all components could talk to the server through RESTful API. To manage all the data, MongoDB was utilized to log responses and record actions. Scikit-learn and TensorFlow are two frameworks used in the machine learning pipeline for learning models and spacey was applied to analyze text and detect its sentiment. SSL encryption and access permissions were established to ensure that any sensitive or crucial information on the system was safe and out of reach for unauthorized users.

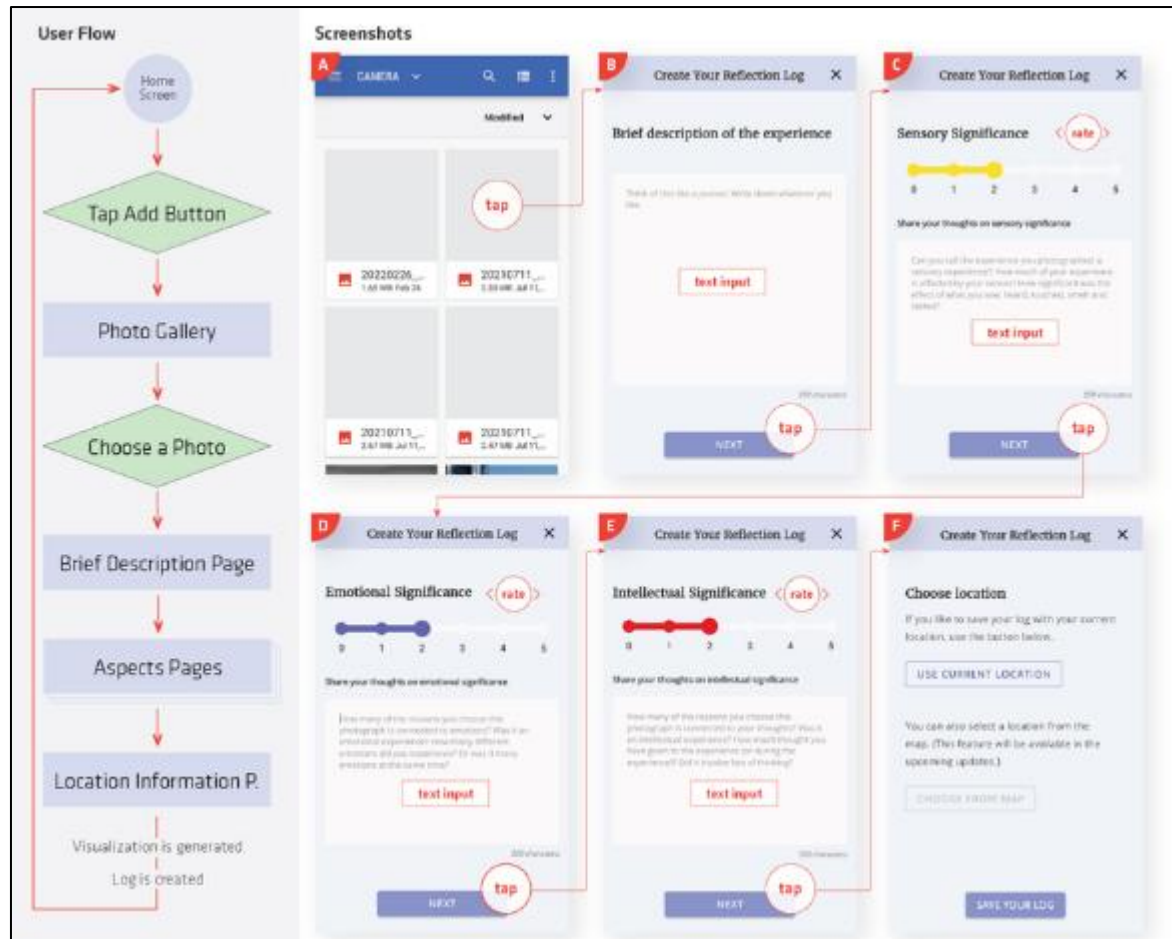


Figure 4 Screenshot of the implemented prototype, highlighting adaptive question behavior and progress tracking

5.2. Use Case Scenario: Chronic Disease Self-Reporting

The idea was shown in practice when patients with chronic diseases like diabetes and hypertension accessed the system through a mobile device and filled in a questionnaire. For the study, 100 participants from the age group of 30 to 65 were recruited from a health clinic in the local area. For four weeks, each person filled out a 25-item questionnaire focused on symptoms, whether they used their medicines and their daily habits. People taking the survey were allocated into two groups for assessing the effectiveness of the smart system efficiently. In the test group, individuals used a smart questionnaire that consisted of machine learning and UX design, while the control group completed a regular digital form on Google. Because of this arrangement, I was able to evaluate the results experienced by users in traditional and advanced digital health surveys.

5.3. Evaluation Metrics and Data Collection

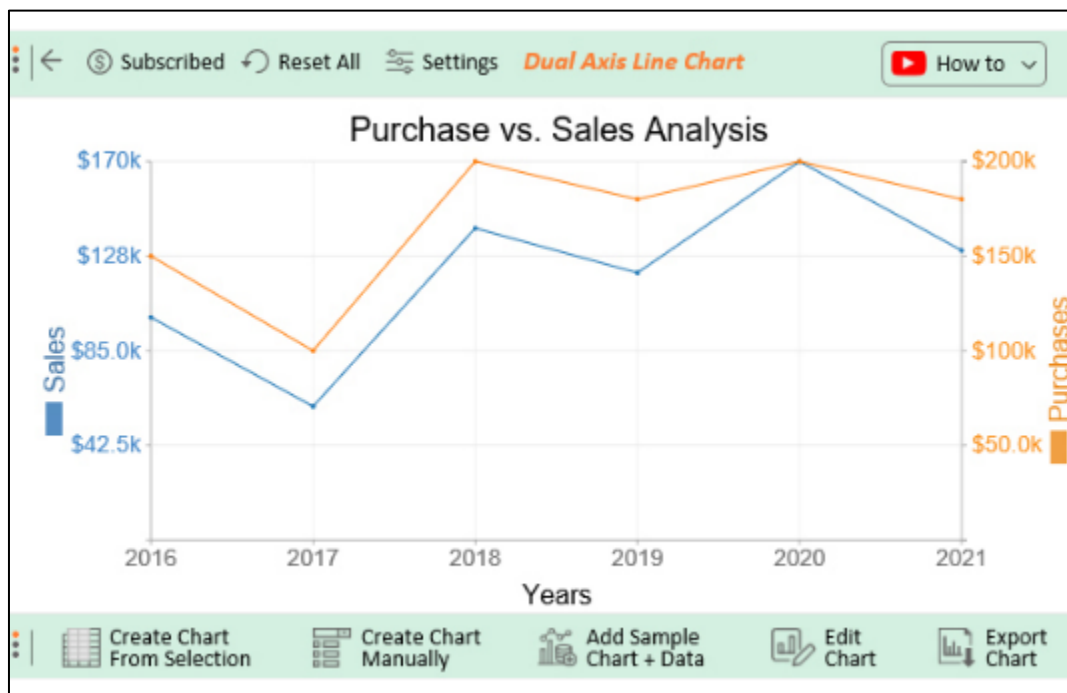
Both numbers and personal feedback were used to inspect the system's success and improve its output. Engagement was measured by checking the questionnaire completion rate, how much time each participant spent on the survey and where most users tended to leave the process. The data quality was assessed with the item non-response rate, the internal consistency examined using Cronbach's alpha and by noting the level of variation among the responses' values. The SUS was also used to collect feedback from users which gave a standard assessment of how usable the system was, along with subjective views from users about how easy the system was to use and how much they liked and would appreciate it.

Table 4 Comparative results between control and test group

Metric	Control Group	Smart System Group
Completion Rate	72%	93%
Avg. Completion Time	12 min	8.5 min
Item Non-Response Rate	15%	4%
SUS Score	62/100	87/100

5.4. Results and Observations

All tested attributes indicated that the smart survey was superior to the static digital version. Using the smart system, most participants completed the survey without skipping many questions and finished it more rapidly which suggests their minds were not overloaded and they were more interested in the survey. Adopting branching logic and personalization made the data gathered more accurate because the answers were always consistent and suitable for every individual. Moreover, most users loved the system for its easy-to-navigate interface, clear direction while answering questions and how it seemed to know when to adapt or change the order of questions.

**Figure 5** Graph comparing engagement and data quality metrics between the two groups

5.5. Limitations and Technical Constraints

While the smart questionnaire system led to good results, some difficulties cropped up during its implementation. It was difficult to avoid the cold start problem because new users have few records for the system to base personalized questions on initially. Moreover, applying machine learning models with real-time predictions put huge demands on the computer, so we used cloud-based GPUs to keep everything operating smoothly. Artificial intelligence also raised privacy concerns for some participants, as they felt unsure about using AI to alter their health-related questionnaires. Therefore, future innovations in the system will make use of federated learning, less demanding deployment procedures and more transparent features.

6. Evaluation and Discussion

6.1. Interpretation of Results

It is clear from the case study that using user-centered design along with machine learning is beneficial for these types of systems. The engaging and intuitive design contributed to a higher number of people finishing the survey. Data became of higher quality as the system directed users to the most important questions and spotted and dealt with inadequate answers right away. Consequently, the collected data had less missing information and matched internally. To sum up, the system was efficient as users finished the questionnaire faster while keeping the integrity of the data.

6.2. Impact on User Experience and Trust

How easy the platform was to use influenced the number of users and the reliability of the data on health. It was clear from the feedback that adaptive questions approached a conversation, making participants appreciate the system more and join it more whole-heartedly. Visual elements in the interface made me feel more confident and surer of myself while filling out the questions. Moreover, statements from the AI explaining its decisions helped create trust in how the process works. It is obvious from these findings that apart from being technically advanced, any digital health data collection tool should put emphasis on trust, clear instructions and simple layout for it to function well.

6.3. Effectiveness of ML-Driven Adaptivity

Thanks to machine learning, the smart questionnaire system became more effective and useful. Its main benefit was in using decision-trees and clustering to weed out unnecessary questions for users, reducing the amount of material presented at an appropriate moment. Furthermore, the system used models that checked for contradictions, inconsistencies or signs of hesitation and provided the speaker with the chance to explain again or ask questions differently. As machine learning used both behavioral and demographic data, the survey system adjusted the order of questions based on each person's responses. Because of this, the system could progress by adapting to the requirements of different users and collecting better results.

Table 5 Examples of machine learning interventions and resulting user/system outcomes

ML Function	Example Trigger	System Outcome
Response time anomaly	Delay > threshold	Prompt simplified rewording
Contradiction detected	Inconsistent self-report	Trigger confirmation step
High-risk answer	Critical symptom flagged	Activate follow-up path

6.4. Challenges and Risks in Real-World Deployment

Deploying these questionnaire systems revealed that several difficulties are linked to their many benefits. The most important point is to provide strong ethical and legal guidance. Any questionnaire that adapts based on personal information should be governed by regulations such as GDPR and HIPAA. Machine learning models can also be biased, causing them to underline or even increase the differences in health care for various communities. It is also important for users to see the reasons why their survey shape has changed. With the advancement of these systems, it will become very important to focus on their explainability, fairness and auditability for them to be implemented safely, ethically and fairly in many situations.

6.5. Comparison with Existing Methods and Tools

In comparison to traditional and earlier types of adaptive surveys, the smart questionnaire system offers a stronger combination of design and artificial intelligence. While platforms such as PROMIS and Qualtrics mainly offer branching options, this tool supports machine learning which helps the survey change in real time. While users can interact with a chatbot during a session, not all chat interfaces can identify and improve data quality live. With adaptive logic, a focus on users and regular quality checks, this mix of methods handles a major drawback of health assessment apps and supports the development of a better and more accurate model.

7. Conclusion and Future Work

7.1. Summary of Key Contributions

A new method explained here uses UX design and ML techniques to ensure self-reported health data is more accurate, relevant and complete. It relies on modular components that use responsive interfaces for users, real-time machine learning and monitoring of behavior, helping to improve user involvement and improve the quality of data. Applying UX rules designed for health questionnaires supports achievements such as improved access, trust and how the users feel about the questionnaire. Using the latest machine learning, it is possible to change the order and topics of the survey regularly to get the best results. This case demonstrates that the system raises the rate of reporting, reduces the risk of concerning results being hidden and gathers accurate health-related information. Integration of design and data science solved the problems present in appealing to hospital staff and ensures future online surveys for healthcare are based on integrity, respect and ease of use.

7.2. Implications for Digital Health

The solution is likely to influence a wide range of digital health applications. Self-reporting data for regular symptoms can be done easily and accurately by using the system's dynamic approach. Engagement and truthfulness are vital in behavioral health, so EHRs play a valuable role there. In addition, because the system is flexible and scalable, it is used for public health surveillance and helps gather important data from many people. Thanks to the smart questionnaire system, clinical trials experience increased compliance among participants and fewer data errors. Since healthcare is shifting towards decentralized systems, including tools like this one will be essential to secure information and make the system more reliable and accessible to all.

7.3. Future Research Directions

Several ways are available to add more and improve the proposed smart questionnaire. Merging different devices for input such as sounds, motions and biometric tools, could help a computer understand answers more fully. Another approach would be to use federated learning to collect data from different locations, keeping it private and still helping the model provide better services for each person. Artificial intelligence modules designed for openness might contribute by explaining why the questionnaire changes automatically for each user. Tracking the system over time would be useful, as it would help researchers understand its progress and see how data submitted by users changes as they use it more often. It is also important to ensure that systems designed for global use are adapted for effectiveness among people from different cultures and languages.

7.4. Final Remarks

There are several techniques for bettering and enhancing the proposed smart questionnaire. Inputting sounds, movements and biometric information into a computer at once may allow it to grasp answers better. We could also employ federated learning to collect information from various locations, making sure it is kept private and allowing the model to improve its services for each person. An explanation by AI could help users understand why the questions must be adapted with each answer. It would be beneficial to check how the system develops, so that researchers can observe how user-supplied data changes with more usage. Care should be taken to make global systems more effective for people of various cultures and languages.

References

- [1] F V Ambra F I Iavarone M L 2020. Evaluation of Health-Habits with the SMART Questionnaire: An Observational Study. *Education Sciences* 10(10) 285. Available from: <https://doi.org/10.3390/educsci10100285>
- [2] S Soedamah-Muthu S S Cramer M J M Kappelle L J Van Der Graaf Y Algra A 2012. Prognostic value of the Rose questionnaire: a validation with future coronary events in the SMART study. *European journal of preventive cardiology* 19(1) 5-14. Available from: <https://doi.org/10.1177/1741826710391117>
- [3] J W Flay B R Johnson C A Hansen W B Grossman L Sobel J L 1984. Reliability of self-report measures of drug use in prevention research: Evaluation of the Project SMART questionnaire via the test-retest reliability matrix. *Journal of drug education* 14(2) 175-193. Available from: <https://doi.org/10.2190/CYV0-7DPB-DJFA-EJ5U>
- [4] H W Gao S Zheng X 2025. Development and application of a questionnaire on the smart care needs of older adults living in long-term care communities. *Geriatric Nursing* 63 51-60. Available from: <https://doi.org/10.1016/j.gerinurse.2025.03.020>

- [5] T Hamamoto S Taguchi K S Inoue T Fukuta H . . . Yasui T 2021. Validation of the Japanese version of the wisconsin stone quality of life questionnaire: results from SMART study Group. *Journal of Endourology* 35(12) 1852-1856. Available from: <https://doi.org/10.1089/end.2021.0292>
- [6] K Nisah M A Kalaji Z H 2024. The impact of excessive use of smart portable devices on neck pain and associated musculoskeletal symptoms. Prospective questionnaire-based study and review of literature. *Interdisciplinary Neurosurgery* 36 101952. Available from: <https://doi.org/10.1016/j.inat.2023.101952>
- [7] D 2017. *Digital health: Critical and cross-disciplinary perspectives*. Routledge. Available from: <https://doi.org/10.4324/9781315648835>
- [8] A 2018. *Digital health and technological promise: A sociological inquiry*. Routledge. Available from: <https://doi.org/10.4324/9781315200880>
- [9] P Hazzard E 2019. Technology approaches to digital health literacy. *International journal of cardiology* 293 294-296. Available from: <https://doi.org/10.1016/j.ijcard.2019.06.039>
- [10] L D Ricci F L Mercurio G Vasilateanu A 2011. Steps towards a digital health ecosystem. *Journal of biomedical informatics* 44(4) 621-636. Available from: <https://doi.org/10.1016/j.jbi.2011.02.011>
- [11] S Nakarada-Kordic I Reay S Chetty T H 2023. Patients' perspectives on digital health tools. *PEC innovation* 2 100171. Available from: <https://doi.org/10.1016/j.pecinn.2023.100171>
- [12] C J Hussain W 2022. Digital healthcare: the future. *Future healthcare journal* 9(2) 113-117. Available from: <https://doi.org/10.7861/fhj.2022-0046>
- [13] B 2018. The user experience (UX) in libraries. *Information and Learning Science* 119(3/4) 241-244. Available from: <https://doi.org/10.1108/ILS-12-2017-0132>
- [14] S Omar R Mahmud M (2013 November). Taxonomies of user experience (UX) evaluation methods. In 2013 international conference on research and innovation in information systems (icriis) (pp. 533-538). IEEE. Available from: <https://doi.org/10.1109/ICRIIS.2013.6716765>
- [15] G 2015. What user experience (UX) means for academic libraries. *New Review of Academic Librarianship* 21(1) 1-3. Available from: <https://doi.org/10.1080/13614533.2015.1001229>
- [16] K Beleigoli A Du H Tirimacco R Clark R A 2022. User Experience (UX) Design as a co-design methodology: lessons learned during the development of a web-based portal for cardiac rehabilitation. Available from: <https://doi.org/10.1093/eurjcn/zvab127>
- [17] M Tractinsky N 2006. User experience-a research agenda. *Behaviour information technology* 25(2) 91-97. Available from: <https://doi.org/10.1080/01449290500330331>
- [18] N T Budiyo C W Yuana R A (2023 January). The use of heuristic evaluation on UI/UX design: A review to anticipate web app's usability. In AIP Conference Proceedings (Vol. 2540 No. 1). AIP Publishing. Available from: <https://doi.org/10.1063/5.0105701>
- [19] H Ma C Zhou L (2009 December). A brief review of machine learning and its application. In 2009 international conference on information engineering and computer science (pp. 1-4). IEEE. Available from: <https://doi.org/10.1109/ICIECS.2009.5362936>
- [20] P P Shah S (2018 August). A review of machine learning and deep learning applications. In 2018 Fourth international conference on computing communication control and automation (ICCUBEA) (pp. 1-6). IEEE. Available from: <https://doi.org/10.1109/ICCUBEA.2018.8697857>
- [21] S (2019 February). A quick review of machine learning algorithms. In 2019 International conference on machine learning big data cloud and parallel computing (COMITCon) (pp. 35-39). IEEE. Available from: <https://doi.org/10.1109/COMITCon.2019.8862451>
- [22] C 2014. Machine learning a probabilistic perspective. Available from: <https://doi.org/10.1080/09332480.2014.914768>
- [23] Y Kaur K Singh G (2020 January). Machine learning aspects and its applications towards different research areas. In 2020 International conference on computation automation and knowledge management (ICCAKM) (pp. 150-156). IEEE. Available from: <https://doi.org/10.1109/ICCAKM46823.2020.9051502>

- [24] L Giusti A Rottondi C Tornatore M (2017 March). QoT estimation for unestablished lighpaths using machine learning. In Optical Fiber Communication Conference (pp. Th1J-1). Optica Publishing Group. Available from: <https://doi.org/10.1364/OFC.2017.Th1J>. 1
- [25] V Borzacchiello M T Ciuffo B 2011. On the assessment of vehicle trajectory data accuracy and application to the Next Generation SIMulation (NGSIM) program data. Transportation Research Part C: Emerging Technologies 19(6) 1243-1262. Available from: <https://doi.org/10.1016/j.trc.2010.12.007>
- [26] . L R Blane D B 1997. Collecting retrospective data: accuracy of recall after 50 years judged against historical records. Social science medicine 45(10) 1519-1525. Available from: [https://doi.org/10.1016/S0277-9536\(97\)00088-9](https://doi.org/10.1016/S0277-9536(97)00088-9)
- [27] P J Williamson H D 1985. The accuracy of ground data used in remote-sensing investigations. International Journal of Remote Sensing 6(10) 1637-1651. Available from: <https://doi.org/10.1080/01431168508948311>
- [28] M Miquel C Boyer F Mercier C Rioux D Coissac E Taberlet P 2014. DNA metabarcoding multiplexing and validation of data accuracy for diet assessment: application to omnivorous diet. Molecular ecology resources 14(2) 306-323. Available from: <https://doi.org/10.1111/1755-0998.12188>
- [29] F A N 1996. Interpolation methods for scattered sample data: accuracy spatial patterns processing time. Cartography and Geographic Information Systems 23(3) 128-144. Available from: <https://doi.org/10.1559/152304096782438882>
- [30] S J Tebo S A Long D M Brem H Mattox D E Loury M E . . . Bryan R N 1993. Frameless stereotaxic integration of CT imaging data: accuracy and initial applications. Radiology 188(3) 735-742. Available from: <https://doi.org/10.1148/radiology.188.3.8351341>