Recallify Long Covid Pilot Study

Feasibility, Acceptability and Perceived Utility of an AI Assisted Memory and Organisation Platform in Adults Living with Long Covid

April 2026

Contents

1. Background

Long Covid (LC), a term initially coined by patients (Callard & Perego, 2021) during the first few months of the pandemic, is also known as Post-Acute Sequelae of SARS-CoV-2 (PASC) or Post-Covid-19 Condition (PCC). These terms describe the constellation of symptoms that linger more than 12 weeks beyond an acute Covid-19 infection and prevent an individual returning to their pre-Covid health (NHS, 2023). Millions of people worldwide are affected (Al-Aly et al., 2024), and prevalence among infected adults ranges between 26 to 41 per cent (Nittas et al., 2022).

Although much attention has been given to physical symptoms, cognitive dysfunction has emerged as one of the most debilitating and persistent manifestations of LC (Ceban et al., 2022; Hampshire et al., 2024). A recent systematic review and meta-analysis identified consistent post-Covid impairments across memory, attention, executive function and processing speed (Fanshawe et al., 2025), and up to 85 per cent of LC patients are reported to experience some form of cognitive impairment, with significant impact on daily functioning, capacity to work and quality of life. The cognitive symptoms most commonly described include word-finding difficulties, short-term memory lapses, slowed processing and reduced attention, often grouped under the term "brain fog", have been linked to functional decline (di Filippo et al., 2023; Jennings et al., 2022; Premraj et al., 2022) and to poorer performance on standardised cognitive assessment (Guo et al., 2022; Hampshire et al., 2024).

Working memory has been a particular focus of recent work, with deficits reported both in the immediate aftermath of acute infection (Becker et al., 2025) and persisting over time (Mazza et al., 2021). Reductions in working memory capacity are known to predict difficulty with everyday tasks (D'Esposito & Postle, 2015) and longitudinal evidence indicates that verbal recognition memory and processing speed can remain impaired up to five years post-infection despite some recovery in other domains (Roberts et al., 2026). Fatigue is one of the most persistent LC symptoms (Kim et al., 2023).

Qualitative work has consistently shown that people with LC describe these cognitive symptoms as having a profound impact on identity, employment and independence (Burton et al., 2022; Callan et al., 2022; Ireson et al., 2022; Ladds et al., 2020). Participants in semi-structured interviews have described a reliance on multiple repetitions, written prompts, calendars, alarms, smart-home assistants and increasingly artificial intelligence (AI) tools to compensate for memory difficulties (Roberts et al., 2026), echoing the broader literature on external memory aids in clinical populations such as acquired brain injury (ABI), where rehabilitation explicitly encourages internal and external compensatory strategies (Cicerone et al., 2019; Kinsella et al., 2009; Velikonja et al., 2014).

Despite this body of evidence, formal interventions for LC-related cognitive symptoms remain limited. The Office for National Statistics has reported that 78 per cent of people with LC have had to stop, reduce or change their workload (ONS, 2024), and 19 per cent are unable to work at all (Ziauddeen et al., 2022). LC clinics across the UK have been progressively defunded, with only 46 of the original 120 specialist clinics confirmed operational as of May 2025 (Long Covid Support, 2025). Digital tools that reduce cognitive load are therefore a promising adjunct to clinical care, but evidence of feasibility and acceptability in this population remains scarce.

Recallify is an AI assisted memory and organisation platform that allows users to capture information by voice, automatically generate summaries, extract tasks and reminders, and synchronise these to a personal calendar. This pilot was designed to assess the usability, perceived utility and acceptability of Recallify with adults living with LC, and to identify priorities for further development.

2. Methods

Participants

Ten adults living with Long Covid were recruited (n = 8 female, n = 2 male; age range 40 to 61 years, mean 50.2, SD = 6.26). The age and sex distribution is consistent with the wider LC literature, in which prevalence is highest in women and in those aged 45 to 54 years (Thompson et al., 2022). Nine participants completed the full two-week pilot during February and March 2026; one participant discontinued use early because the app did not yet support repeating reminders for their primary use case.

Procedure

Participants were on-boarded with an orientation video of the app and given the opportunity to ask questions. Participants then used Recallify in their everyday lives for two weeks. A check-in meeting took place at the end of week one. At the end of the pilot, participants completed three validated usability scales and a semi-structured qualitative exit interview. Semi-structured interviews allow the researcher to probe responses while preserving lived-experience perspectives (Braun & Clarke, 2021), an approach increasingly recommended in LC research to bridge the gap between cognitive performance and daily-life impact (Loft et al., 2022).

Measures

System Usability Scale (SUS-10). 10-item Likert scale (Brooke, 1996); total score 0 to 100; ≥68 indicates above-average usability.

User Experience Questionnaire – Short (UEQ-S). 8 semantic-differential items (Schrepp et al., 2017) yielding a Pragmatic Quality score (efficiency / clarity) and a Hedonic Quality score (originality / stimulation) on a −3 to +3 scale.

Single Ease Question (SEQ). Single 1 to 7 item rating overall ease of use.

Interviews asked questions covering most valuable features, the most helpful single moment, points of friction, unmet needs, patterns of use, perceived facilitators and barriers, changes participants would make, and how they would describe Recallify to someone else with similar struggles.

3. Quantitative findings

Across the validated scales, Recallify performed well. SUS scores were strongly skewed towards the upper end, with seven of ten participants returning a score in the "excellent" band (≥80). Pragmatic quality was clearly positive and ease of completing tasks (SEQ) was at ceiling for all but one participant.

Measure	Mean	Range	Interpretation
SUS (0–100)	78.5	40.0 – 97.5	Good / above average; 7 of 10 in the "excellent" band (≥80)
UEQ-S Pragmatic (−3	+1.05	−0.75 – +2.00	Clearly positive (above the +0.8

Measure	Mean	Range	Interpretation
to +3)			threshold)
UEQ-S Hedonic (−3 to +3)	+0.63	−1.25 – +2.00	Neutral to positive; suggests scope to make the experience more engaging
SEQ (1–7)	6.9	6 – 7	At ceiling for 8 of 9 respondents; tasks felt easy to complete

Note. n = 10 for SUS and UEQ-S; n = 9 for SEQ (one participant did not provide an SEQ score).

Nine of ten participants completed the full two-week pilot. The single low SUS score (40) reflects the absence of a repeating-reminder feature for that participant's primary medication use case rather than a usability problem with the app itself; the participant's UEQ-S Hedonic rating remained positive.

4. Qualitative findings

Four themes were generated from the interview data, alongside design feedback summarised in section 6.

Theme 1. Cognitive offloading and memory support

Participants consistently described Recallify as a way to externalise information and reduce mental load. Several explicitly framed the app as a "second brain", a place to deposit thoughts, tasks and reminders so that the cognitive resource needed to hold them in mind could be released for other things. This was particularly valued during fatigue or cognitive flares.

> *"Just be my brain really. If I think of something I'll put it in the app and let that deal with it."*

> *"If you're just relying on your mind to manage your tasks, you might forget things, having it there as a digital reminder helps."*

Theme 2. Voice recording reduces cognitive effort

The voice-capture function was the most frequently cited "best bit" of the app. Participants described the act of typing as effortful, especially during fatigue, and contrasted this with the speed of speaking a thought directly into Recallify. The combination of voice capture and automatic task extraction was repeatedly described as the feature that made the app feel different from a generic notes or reminders app.

> *"You just have to say it once and it will save it as a task and set reminders for you and everything."*

> *"Being able to record myself talking to it rather than typing it in, it just is so much easier dictating as you're going along."*

Theme 3. Usability and intuitive design

Most participants found the app intuitive and were able to navigate the core features after a short period of self-directed exploration. The home screen layout, with the record button positioned prominently, was praised as supporting fast capture in the moments when participants needed it most.

> *"The whole home screen really, as it stands, is pretty good, everything that I want to do is right there in front of me."*
>
> *"It's pretty straightforward, it's user friendly."*

Theme 4. Barriers to sustained use

Several participants noted that their cognitive symptoms made it hard to remember to use the app, particularly in the first week. Importantly, this was framed as a behavioural-adoption issue rather than a fault of the design. Once embedded into a daily routine, the app was described as helpful. Participants valued the coaching support at the end of the first week to discuss potential use and habit formation.

5. What participants valued most

- **Voice-first capture.** Speaking is faster, easier and lower effort than typing during cognitive fatigue.
- **AI summarisation.** Condensing meetings, calls and uploaded documents into key points; valued for medical appointments, financial reviews and lengthy presentations.
- **Automatic task extraction.** Pulling discrete tasks out of "rambling" voice notes, reframing a single overwhelming project into manageable steps.
- **Calendar integration.** Reminders pushed automatically into Google Calendar and other calendars participants already used.
- **Quizzes from uploaded content.** Used to test understanding of medical reports and recorded calls; described as "really useful" for retaining information when concentration is impaired.
- **Document handling and privacy.** Ability to upload PDFs, presentations and clinical papers; participants noted the on-device encryption as a meaningful trade-off for slightly slower processing.

6. Recallify feedback

Several specific design improvements were identified by participants during the pilot. Three of these (the time-picker, repeating reminders, and append-to-list functionality) are being addressed in Recallify's current development cycle.

Issue	Feedback from participants
Analogue clock time-picker	Confusing to set; the dual-layer dial allowed accidental edits. Users wanted a numeric default with the dial as an option.

Issue	Feedback from participants
No repeating reminders	Blocked the medication reminder use case; the principal driver of the one early discontinuation.
Adding to existing items	Difficulty appending to a running list (e.g. shopping); each addition created a new item rather than adding to an existing list.
Image import	No support for image uploads.

7. Recallify in participants' own words

"It's an organisational help, using AI to organise your life."

"It will consolidate the different methods you use to organise your day and your life, and it will help remind you so you don't forget things."

"For somebody with chronic illness or difficulty concentrating, it can be very useful to process your thoughts quickly and store them, without having to physically write them down or type them out."

"I literally used it as a dumping ground and then could filter out stuff."

"I have been forgetting less things and doing things that I needed to do or wanted to do more consistently."

"I was really impressed with its ability to handle that more complex data."

"Useful, beneficial, and intuitive, with a degree of ease of use."

"It takes me 30 seconds rather than me being sidetracked by something else."

"When your brain's whirring and you've got a ton of things going around, it's just to talk to it and just let it sit there."

"It's a good place for me to stop stressing."

"I have remembered some of it which is a good thing and I like that the app reminds you, going 'hey I'm still here'."

"It works over the noise of the child playing."

"I think the voice thing makes it really easy to use. Nothing really got in the way."

"Honestly, it's very, very easy to schedule something."

"It's really good for managing your time and your tasks during a day or a week. So it's very, very easy."

"It just enables you to really get a handle on things you've got to do."

On AI summaries of doctor's appointments: *"you haven't got to re-read the whole transcript or listen back to a 40-minute appointment."*

8. Discussion

This pilot provides early but consistent evidence that Recallify is feasible, acceptable and perceived as useful by adults living with LC. Quantitative ratings cluster in the "good" to "excellent" usability range, and qualitative accounts confirmed this. Below, each of the principal findings is interpreted in the context of the wider literature on cognitive impairment, fatigue and compensatory strategy use in LC and related clinical populations.

8.1 Cognitive offloading as a core mechanism

Participants' framing of Recallify as a "second brain" maps directly onto the construct of cognitive offloading, the use of physical or technological action to reduce internal cognitive demand. Prior work has shown that external aids such as journals and structured planners support recall and independence (Kinsella et al., 2009). The pilot findings are consistent with this literature and suggest that an AI assistive tool may be acceptable and useful for people with LC.

8.2 Why voice-first capture matters

The strong preference for voice over typing reported here is best understood in light of two converging features of LC. First, processing speed is reduced in some people with LC (Roberts et al., 2026). Typing places demands on motor planning, spelling and visual attention simultaneously; speech largely bypasses these demands. Second, fatigue compounds these effects: it is often resistant to improvement even when other cognitive symptoms improve (Kim et al., 2023). Voice capture therefore aligns with the principles of energy conservation and pacing recommended in fatigue-management interventions for LC and ME/CFS (Goudsmit et al., 2012). The repeated participant comment that they could "speak it once" and have a task created speaks directly to the reduction of cumulative cognitive load that pacing approaches aim to achieve.

8.3 Habit formation, behavioural adoption and the value of coaching

Theme four, "remembering to use the app", is consistent with the well-documented difficulty people with LC have with prospective memory and routine maintenance. The fact that participants in this pilot specifically valued the coaching check-in at the end of week one is consistent with literature suggesting that behavioural adoption of any new compensatory strategy in this population is unlikely to occur without scaffolded support. This has direct implications for product design, suggesting that onboarding should include explicit habit-formation prompts and a structured first-week check-in, rather than relying solely on in-app cues. Self-management interventions framed within the Common Sense Model of Self-Regulation (Leventhal et al., 2016) and self-management approaches developed for chronic conditions (Wright et al., 2003) provide a useful theoretical scaffold for designing such onboarding.

8.4 The hedonic gap and the importance of feeling better, not just doing more

The UEQ-S hedonic score (+0.63) was lower than the pragmatic score (+1.05). This is a meaningful pattern. People with LC describe the condition as profoundly affecting identity, confidence and self-worth (Burton et al., 2022; Callan et al., 2022), descriptions consistent with illness-identity theory (Oris et al., 2016) and with the chronic-grief frameworks used to characterise the experience of

acquired brain injury (Carroll & Coetzer, 2011; Nochi, 1998). One pilot participant's description of Recallify as "a good place for me to stop stressing" suggests that the affective dimension of using the platform, not only what it lets users do, but how it makes them feel, is a route to deeper engagement and an area of ongoing design attention.

8.5 Friction points in the context of LC specific cognitive profiles

Several of the friction points identified take on additional significance when interpreted alongside the cognitive profile of LC. The analogue clock time-picker, for example, may seem minor in isolation, but for users with reduced working memory and slowed processing it represents a disproportionate cognitive load (Mazza et al., 2021). Difficulty in appending to existing lists is similarly more than a usability inconvenience: people with LC describe themselves as relying on "dumping grounds" that they later filter, and any feature that fragments rather than consolidates that store works against the very offloading mechanism they value most.

8.6 Directions for further research

Priorities for further work follow from these findings. An extended pilot with a larger and more demographically diverse LC sample, with a follow-up of at least 8 to 12 weeks, would test whether the early benefits reported here translate into sustained behaviour change and measurable improvements in daily functioning. Additionally, the inclusion of standardised functional outcome measures, for example the Cognitive Failures Questionnaire (Broadbent et al., 1982), fatigue scores (Chalder et al., 1993) and quality-of-life measures (EQ-5D-5L), alongside the usability scales would provide quantitative evidence of impact rather than only acceptability.

9. Conclusion

The voices in this pilot are the voices of people who have spent years living with the cognitive after-effects of Long Covid, often without adequate clinical support. Their feedback has been generous, candid and practical, and we are deeply grateful to each of them.

What comes through most clearly is that Recallify, when it sits well in someone's daily routine, can give a meaningful piece of cognitive capacity back. A "second brain" to lean on during a fatigue flare. A way of speaking a thought into existence rather than losing it. A small but real reduction in the load that brain fog places on everyday life.

That is the promise we want to keep building on. The next steps for Recallify are clear: ship the design improvements participants asked for, broaden the evidence base with a larger and longer follow-up study, and continue building the case for Recallify to be available through NHS commissioning routes so that the people most likely to benefit are not the people least able to access support. Our parallel feasibility study with adults living with acquired brain injury, funded by the National Institute for Health and Care Research, is part of that wider commissioning pathway.

Long Covid has been described, rightly, as one of the defining health challenges of this decade. The evidence base on what helps is still thin, and the specialist clinical infrastructure that supports people with LC has been progressively narrowed. In that context, accessible digital tools are not a substitute for clinical care, but they are a credible part of the support stack, and a hopeful one. We are committed to making Recallify the best possible part of that stack for the people who need it.

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Appendix A. Measurement notes

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User Experience Questionnaire – Short (UEQ-S). Schrepp, M., Hinderks, A., & Thomaschewski, J. (2017). 8 semantic-differential items; −3 to +3; ≥0.8 = positive, ≤−0.8 = negative, between = neutral. Pragmatic = items 1 to 4 (clarity / efficiency); Hedonic = items 5 to 8 (originality / stimulation).

Single Ease Question (SEQ). Single 1 to 7 item rating overall ease of use.