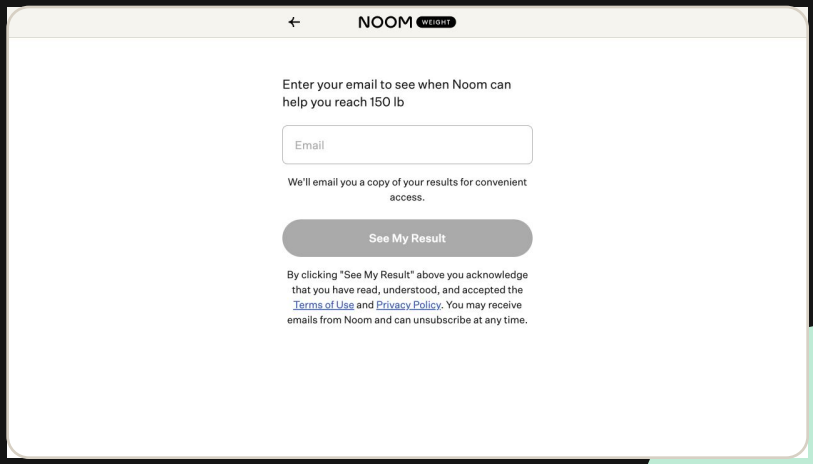
PIQUE INTERESTS / BEHAVIORAL JOURNEY PROOF

Noom asks for trust before it earns it.

Anonymous onboarding teardown: 26 meaningful states from homepage to mandatory email gate.



OBSERVED 10 SEPTEMBER 2026

EXECUTIVE READ

A polished funnel with an unstable trust contract

Bottom line. Noom’s quiz is easy to click through, but users pay with increasingly sensitive information before the product, price, or result becomes concrete. The flow compensates with proof and testimonials, yet its progress regression and late email gate make the persuasion architecture visible.

26 **states captured**

Anonymous desktop journey to the first required contact field.

12 **profile / health asks**

Before the first dedicated reassurance screen appears.

7 **sections promised**

But no total question count or time estimate is shown.

Our decision recommendation: protect the integrity of the value exchange before optimizing the email gate. Fix progress truthfulness now; add a visible value/data contract next; then separate behavioral and qualification routes.

Research boundary: synthetic profile; non-medication route; stopped before entering email, accepting terms, or receiving pricing. Findings are directional hypotheses from one path.

DECISION MATRIX / PAGE 04

RESEARCH DESIGN

A forensic pass, not a conversion verdict

This study documents one anonymous path through Noom’s public desktop onboarding. It identifies high-confidence interaction facts and turns them into behavioral hypotheses for validation.

SCOPE

Direct, non-medication route from homepage to first mandatory contact field.

PROFILE

Synthetic responses: age 30s; 5 ft 8 in; 180 lb current; 150 lb goal; 200 lb highest.

EVIDENCE

26 meaningful UI states, exact copy, progress changes, option structure, and gate conditions.

BOUNDARY

Stopped before email transmission, terms acceptance, account creation, pricing, or purchase.

Interpretation rule: screenshots support what the interface did. Behavioral labels explain plausible user effects. Only controlled experiments or user research can establish magnitude and causality.

DECISION PRIORITY MATRIX

Four P1s, but one sequence

FINDING	BUSINESS RISK	CONFIDENCE	LIKELY IMPACT	EFFORT	PRIORITY
Trust debt before disclosure	High	High	High	Low-Med	P1
Progress regression	Med-High	High	Medium	Low	P1
Personalization / qualification blur	High	Med-High	High	Medium	P1
Weak global control	Medium	Medium	Medium	Medium	P2
Late email value gate	High	High	High	Medium	P1

Priority logic: start with progress integrity because it is directly observed, cheap to correct, and affects the credibility of every later step. In parallel, design the value/data contract because it addresses the highest cumulative trust risk. Ratings are directional judgments from this path, not measured lift.

LEADERSHIP DECISION

Do not optimize the gate first.

The evidence supports a trust-first sequence: make progress truthful, make the data exchange explicit, and make route changes legible before asking the email gate to work harder.

1 FIX NOW

Progress integrity

Replace branch-local percentages with a stable remaining-effort model. Never allow regression.

2 DESIGN NEXT

Value + data contract

Set expectations before disclosure and explain sensitive questions before they appear.

3 SEPARATE

Personalize vs. qualify

Introduce clinical or commercial questions as a distinct, explicitly explained transition.

4 REVEAL

Useful value before email

Show a partial plan and honest outcome range; use email to save or continue.

5 VALIDATE

Completion and trust

Measure conversion, comprehension, lead quality, and perceived control together.

COST OF INACTION: a longer funnel can keep converting while quietly lowering confidence, answer quality, and downstream intent.

The anonymous exchange keeps escalating

ORIENT
01
Home offer

DISCLOSE
02-12
Body + health

REASSURE
13-14
Social proof

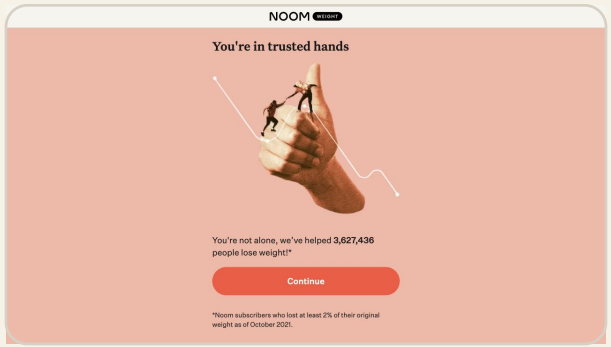
QUALIFY
15-18
Insurance + goals

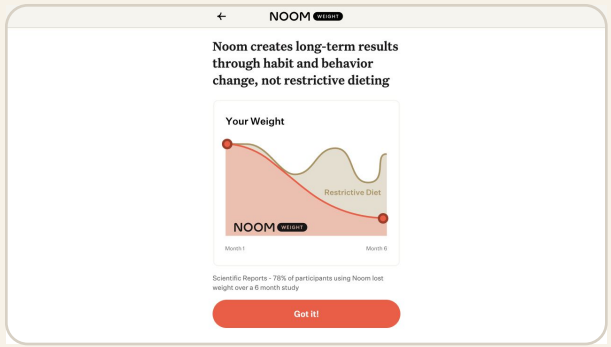
PERSONALIZE
19-24
Motives + meds

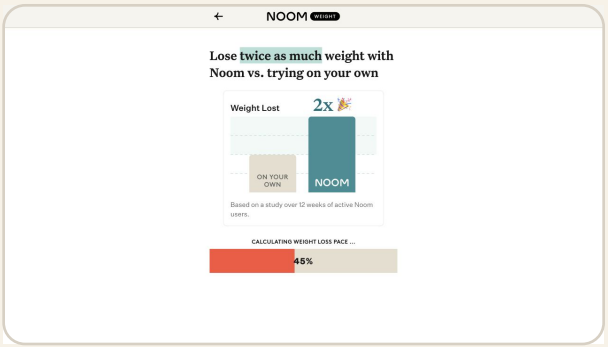
CAPTURE
25-26
Analysis + email

What the user knows: current section and a local percentage.

What the user cannot know: remaining questions, remaining minutes, the output's contents, plan price, or when the path switches from behavior design to product qualification.







Proof is used as a recurring reset after disclosure or before capture.

COGNITIVE-LOAD JOURNEY MAP

Simple screens, accumulating mental work

Each screen is visually spare. The load emerges across the sequence as users must infer why topics change, how much work remains, which product they are entering, and whether the eventual value justifies disclosure.

STAGE	USER TASK	DOMINANT MENTAL WORK	LOAD	LIKELY CONSEQUENCE
Orient	Choose route	Compare medication vs. psychology offers	MOD	Route uncertainty
Disclose	Answer profile	Track relevance across identity, body, work, and health	MOD	Cumulative trust load
Reassure	Read proof	Evaluate outcome and brand claims	LOW	Temporary relief
Qualify	Set goals	Infer insurance, eligibility, and recommendation logic	HIGH	Purpose ambiguity
Personalize	Choose preferences	Reconcile motives, pace, medication branch, regressing progress	HIGH	Finish-line uncertainty
Capture	Give email	Weigh unseen result against terms and possible marketing	HIGH	Commit or abandon

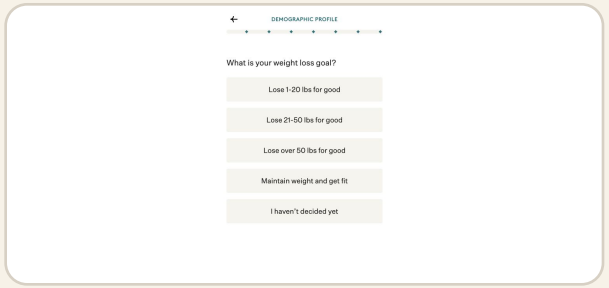
Diagnostic: interaction complexity is low, but inference burden and uncertainty become high. The redesign should not add more explanation everywhere; it should resolve the few unanswered questions users otherwise carry from screen to screen.

EVIDENCE IN CONTEXT

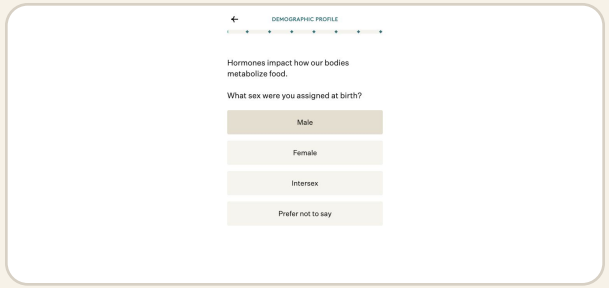
Orientation and disclosure - states 01-09

Behavioral read. The journey begins with a broad goal, then moves quickly into identity, pregnancy, age, body measurements, and employment. One-question screens keep local effort low while the scope of disclosure expands.

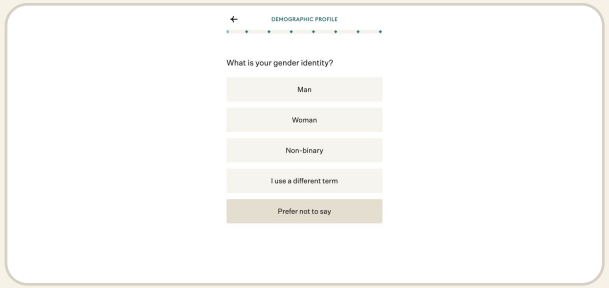
01 HOME



02 GOAL

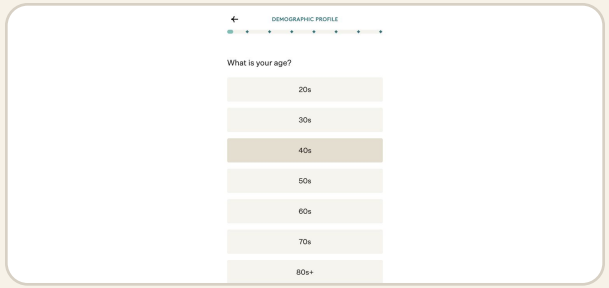


03 SEX

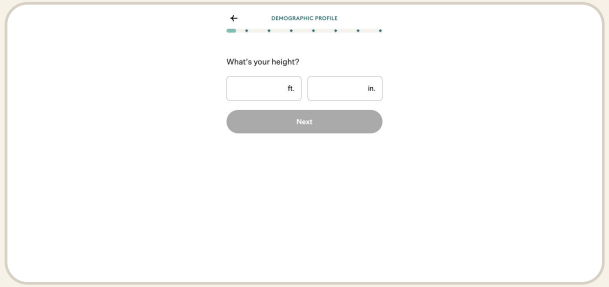


04 GENDER

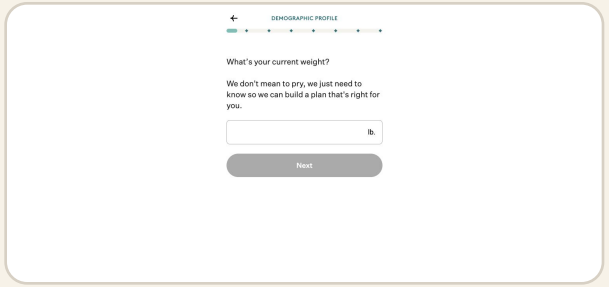
05 PREGNANCY



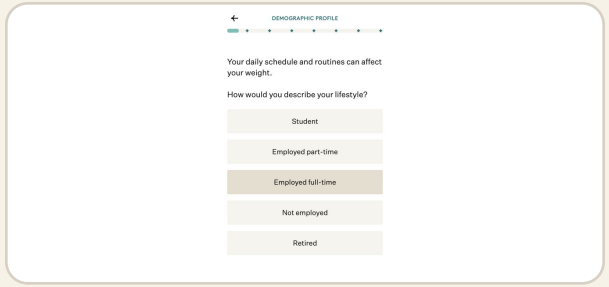
06 AGE



07 HEIGHT



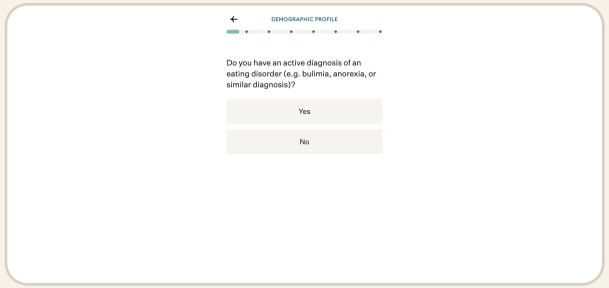
08 CURRENT WEIGHT



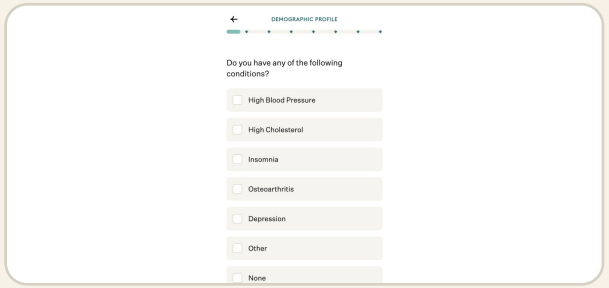
09 LIFESTYLE

Health, reassurance, and qualification - states 10-18

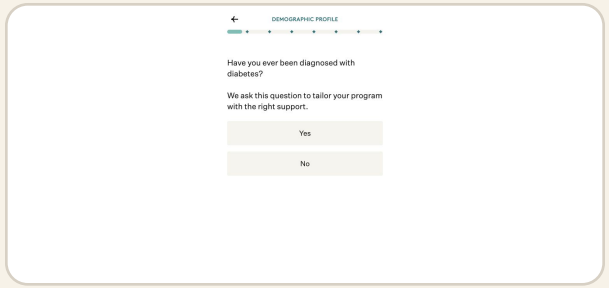
Behavioral read. Diagnoses and conditions complete the first disclosure block. Two proof screens then repair confidence before insurance, goal weight, eligibility context, and a scientific claim.



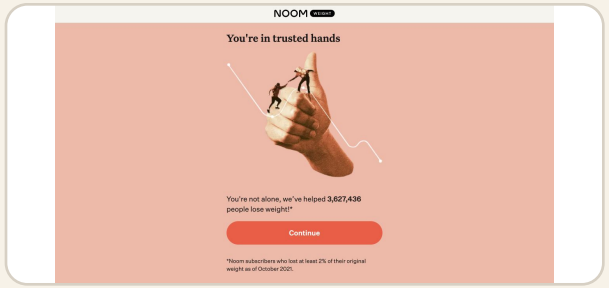
10 EATING DISORDER



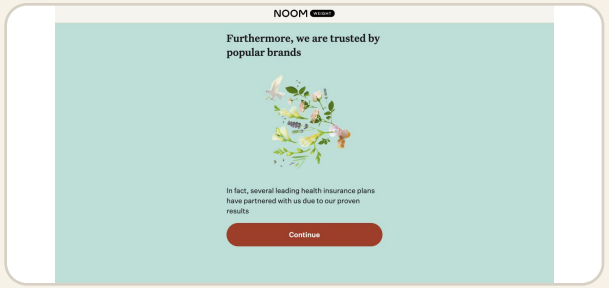
11 HEALTH CONDITIONS



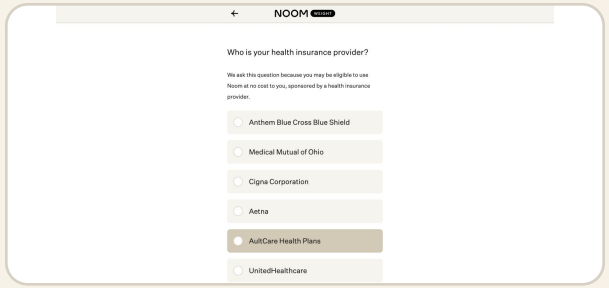
12 DIABETES



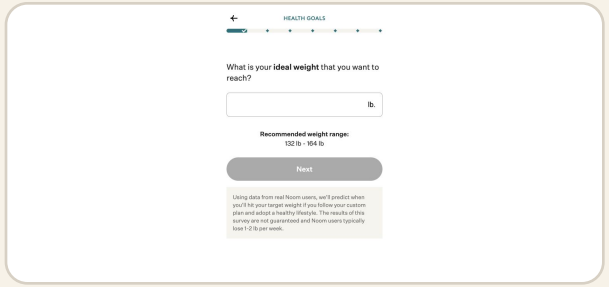
13 TRUSTED HANDS



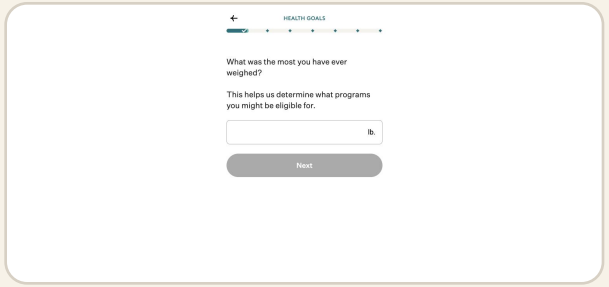
14 TRUSTED BRANDS



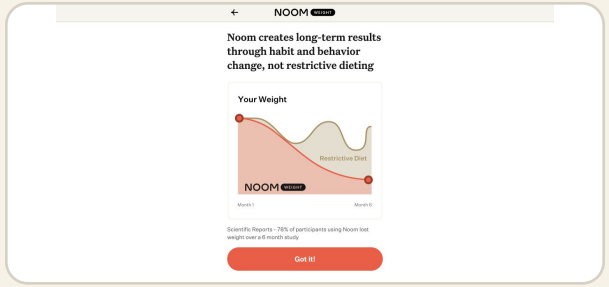
15 INSURANCE



16 IDEAL WEIGHT



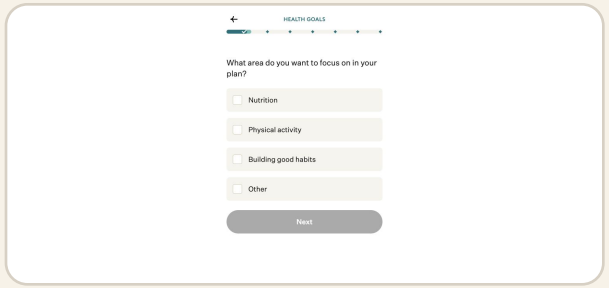
17 HIGHEST WEIGHT



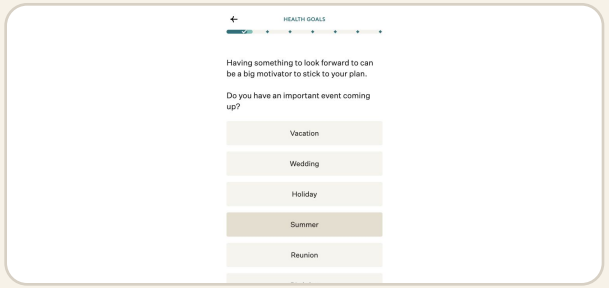
18 SCIENTIFIC PROOF

Personalization and capture - states 19-26

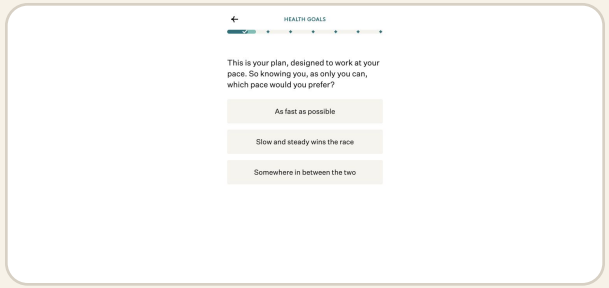
Behavioral read. Preference choices create agency, but medication questions expand the route and progress regresses. An analysis animation builds anticipation immediately before the mandatory email gate.



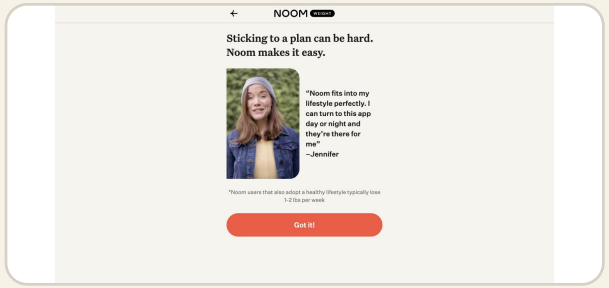
19 FOCUS AREA



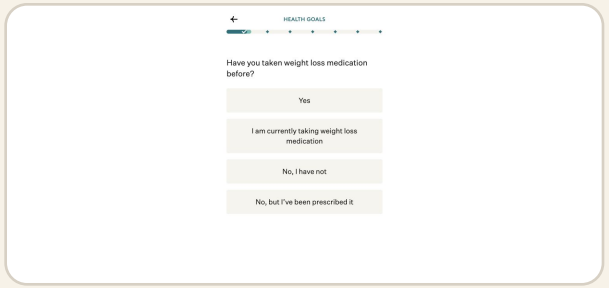
20 EVENT MOTIVATION



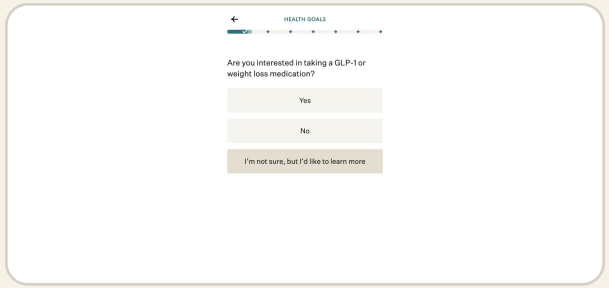
21 PACE



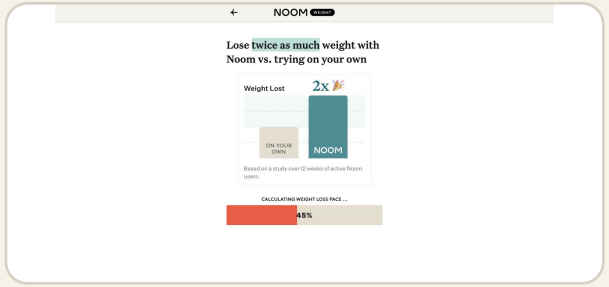
22 TESTIMONIAL



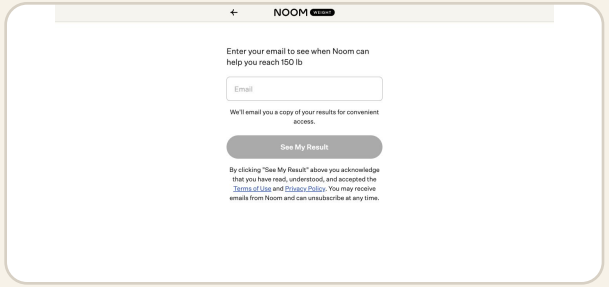
23 MEDICATION HISTORY



24 MEDICATION INTEREST



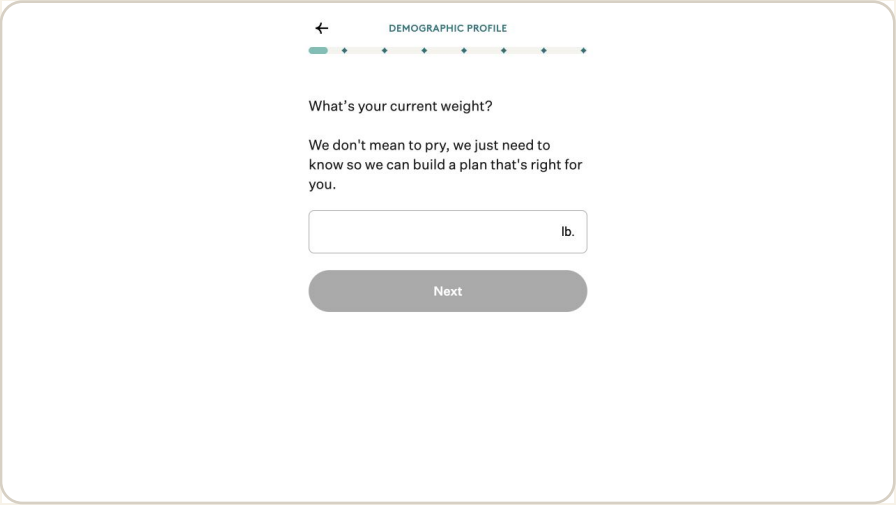
25 ANALYSIS PROOF

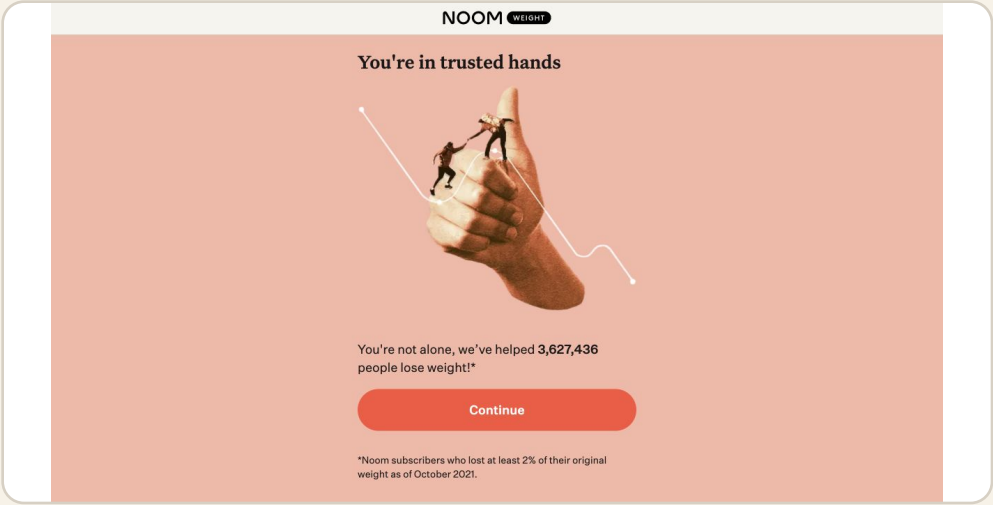


26 EMAIL GATE

FINDING 1

Trust debt precedes trust proof





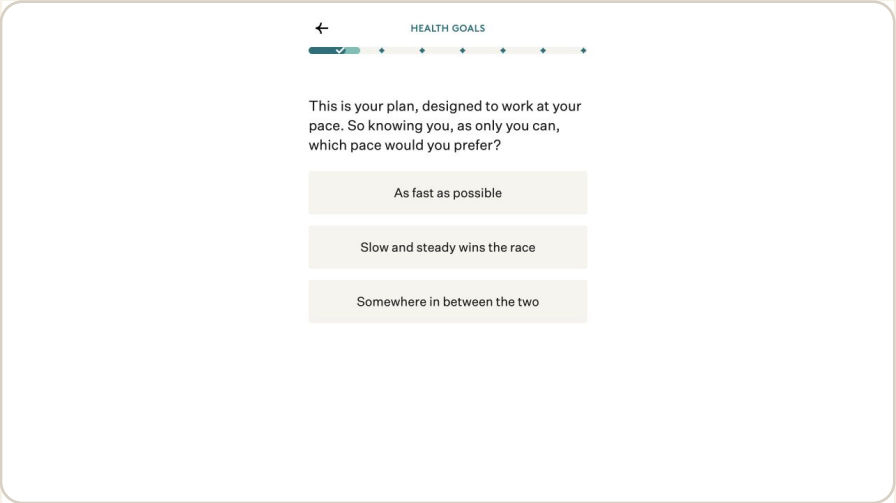
THE FLOW KNOWS TRUST HAS DIPPED

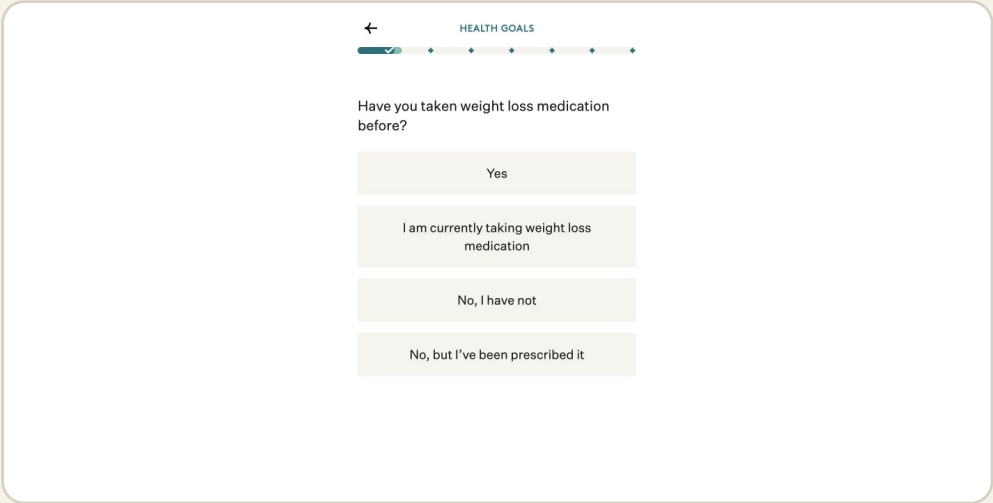
Evidence. Body and diagnosis questions arrive before a clear privacy or value explanation; “we don’t mean to pry” names the discomfort.

Why it matters. Dedicated proof screens immediately follow the first health block, functioning as trust repair rather than trust foundation.

FINDING 2

Progress becomes less credible as the path expands





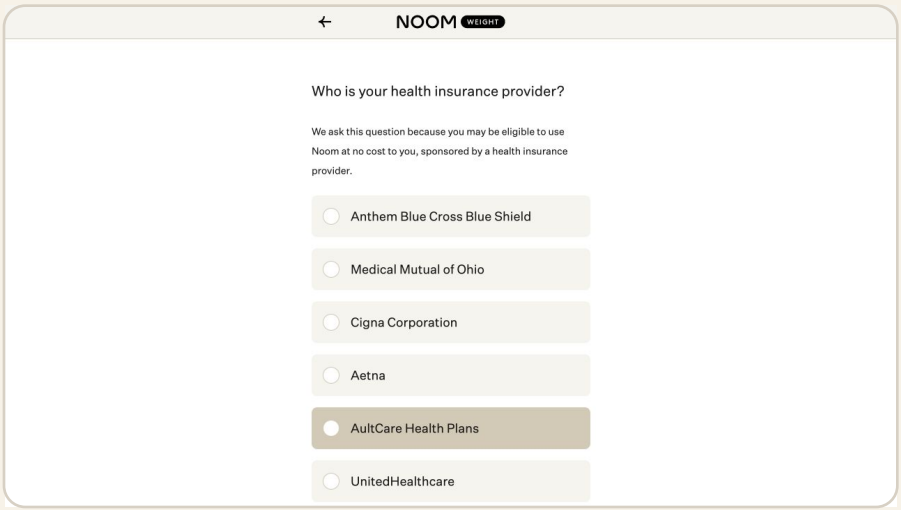
40% BECOMES 20%

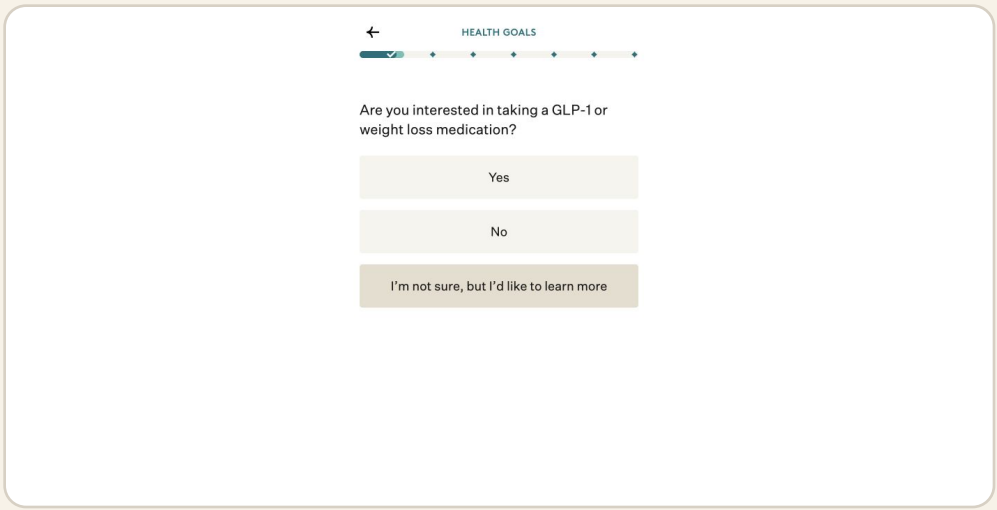
Evidence. Section 2 displayed 40% at pace selection, then 20% at medication history after a testimonial; the next answer moved it to 21%.

Why it matters. A progress bar that reverses amplifies uncertainty and signals hidden branching. It may feel longer precisely because the promised finish line moves.

FINDING 3

Personalization and qualification blur together





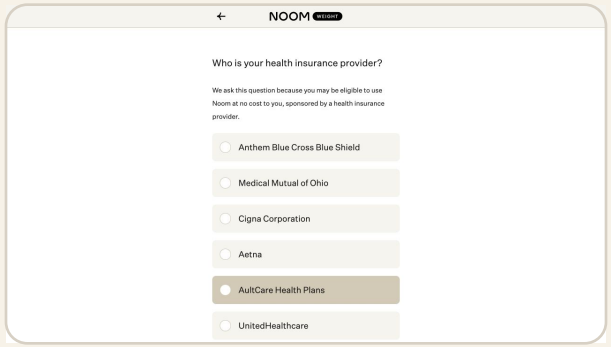
ONE QUIZ, MULTIPLE UNSTATED JOBS

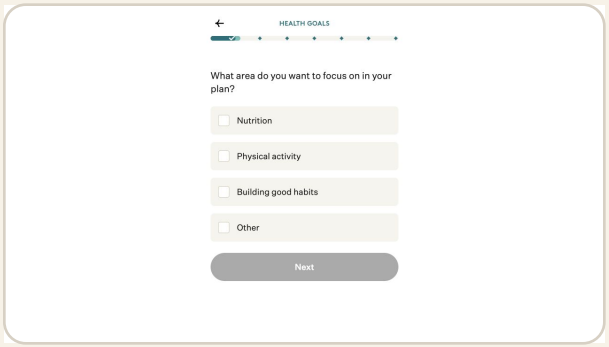
Evidence. The same flow moves from habit goals to insurer, eligibility, medication history, and medication interest without a labeled change of purpose.

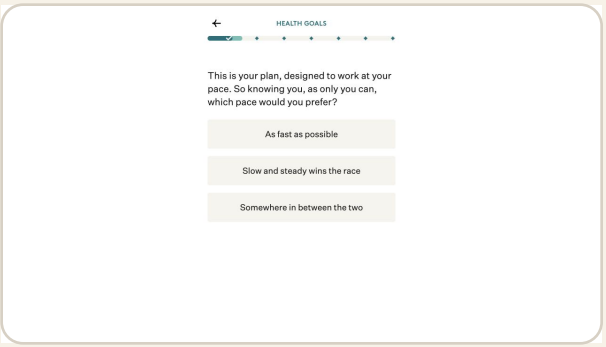
Why it matters. Users cannot tell whether an answer improves their plan, qualifies them clinically, or routes them commercially - a trust and consent problem.

FINDING 4

Local choice does not equal global control







Noom offers meaningful micro-controls - decline insurance, pick focus areas, choose pace - but none answer the larger commitment question: “How much longer, and what do I get?”

GOOD

Optional answers reduce coercion.

GAP

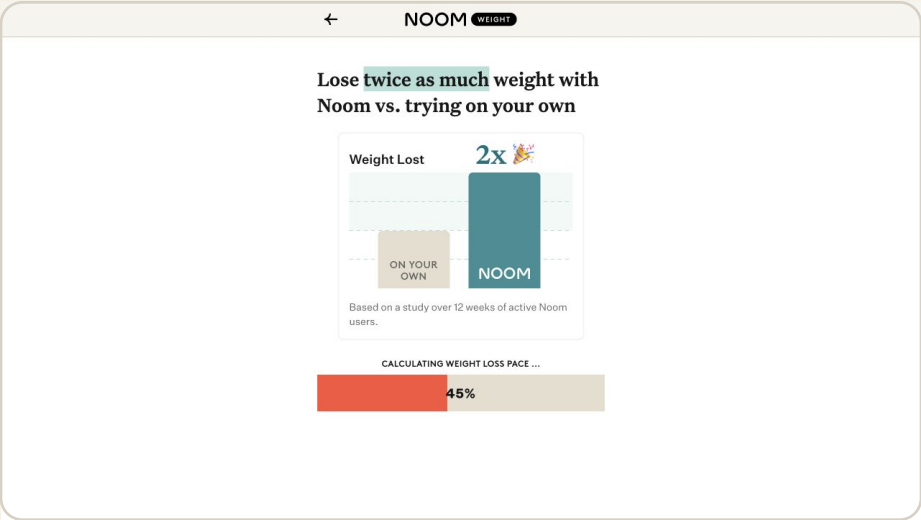
No stable remaining-effort signal.

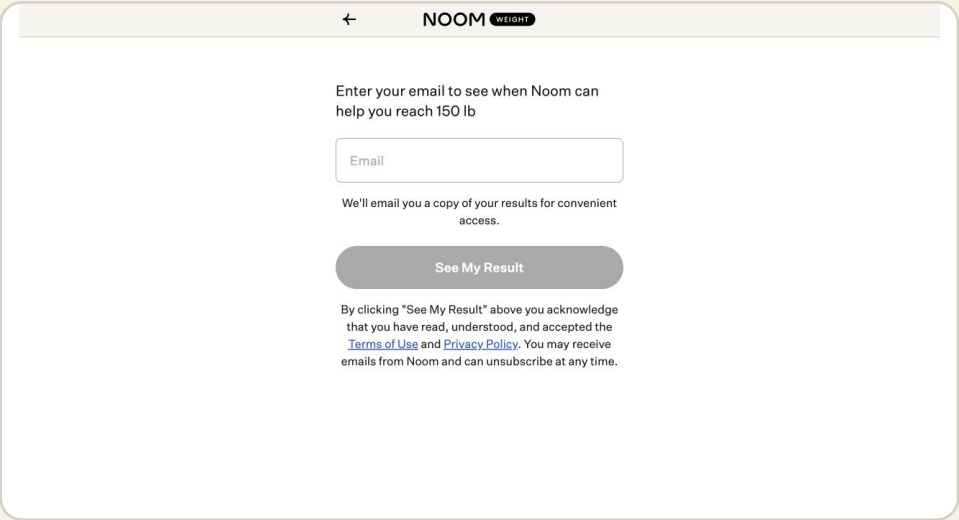
GAP

No preview, save state, or price.

FINDING 5

The result is a lead magnet after sunk effort





The “analysis” animation makes the personalized result feel imminent. The next state withholds that result behind email, terms acknowledgement, and possible marketing contact.

Commitment design insight

A late gate converts accumulated effort into compliance. A stronger trust contract would reveal a useful preview first, then ask for email to save, compare, or continue.

CONCRETE INTERVENTION 1

Make the value/data contract visible before question one

NOOM

PROPOSED

Build a plan around you - in about 6 minutes

7 SHORT SECTIONS

MOST QUESTIONS OPTIONAL

You'll get:

- A target timeline range
- Your plan's primary focus
- A recommended next step

We'll ask about your body and health only when it changes your plan. We'll explain why before each question.

Build my plan

See how we use answers

Decision effect
Replaces an open-ended quiz with an explicit exchange: effort + data in return for a defined outcome.

Implementation detail
Derive the time estimate from observed completion data by branch. Link "how we use answers" to a short, plain-language overlay - not a legal-policy detour.

CONCRETE INTERVENTION 2

Explain sensitive questions before asking them

NOOM

PROPOSED

HEALTH CONTEXT

Before we ask about your health

Some conditions can affect which weight-loss recommendations are appropriate. Your answer helps us keep your plan relevant and safe.

How we'll use this
To adjust recommendations and determine whether another program may be a better fit.

Continue

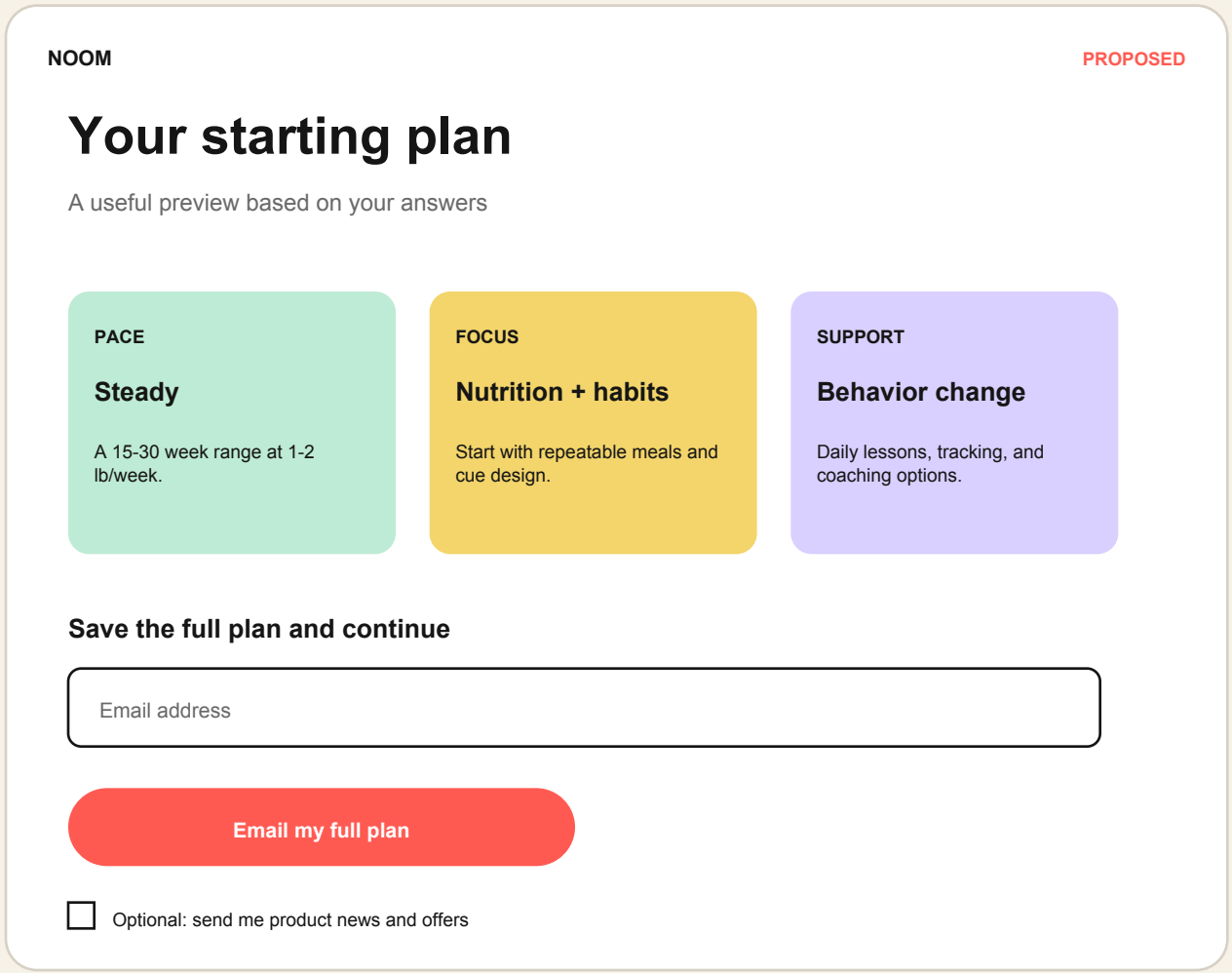
Prefer not to answer

Decision effect
Moves the rationale ahead of disclosure, where it can support informed participation instead of repairing discomfort afterward.

Governance requirement
Product, clinical, privacy, and legal owners must verify the wording against actual data use and routing. This concept does not assert Noom's current practice.

CONCRETE INTERVENTION 3

Reveal useful value before asking for email



Decision effect
Email changes from “unlock the first result” to “save and continue.” The user receives evidence of personalization before making a contact commitment.

Measurement nuance
Judge verified email quality and downstream plan intent alongside raw capture rate.
Separate optional marketing consent from the functional result email.

SYNTHESIS

The friction is cumulative, not isolated

TRUST	HIGH RISK	Sensitive disclosure precedes a complete data/value contract. Proof arrives as repair.
COGNITIVE LOAD	MODERATE	One-question screens are simple, but the overall route and branching logic stay opaque.
UNCERTAINTY	HIGH RISK	No time estimate or total count; progress regresses; output and price remain hidden.
PERCEIVED CONTROL	MIXED	Strong answer-level choice, weak journey-level control and preview.
COMMITMENT	HIGH LEVERAGE	Goal salience, repeated proof, progress, and analysis build investment before capture.

Strategic read: the same mechanics that may lift lead capture - uncertainty, anticipation, and accumulated effort - can also weaken the durable trust required for a health behavior product.

OPPORTUNITY SYSTEM

Turn the critique into a better trust contract

01

Set expectations early

Show time, categories, optionality, and the deliverable before question one.

02

Justify before disclosure

Explain why sensitive data matters and how skipping changes the result.

03

Separate the routes

Mark the switch from habit personalization to clinical or commercial qualification.

04

Make progress truthful

Use stable remaining effort; never let a percentage move backward.

05

Preview value before capture

Reveal target logic, plan ingredients, and price range before asking for email.

NEXT PROOF MOVE

Prototype the first 8 screens with an explicit data contract, then test completion, comprehension, and trust.

VALIDATION ROADMAP

Five hypotheses worth testing next

EXPECTATION SETTER	If users see time, categories, and output up front, start-to-email completion rises without lowering qualified intent.	Primary: email-view rate. Guardrail: qualified-start rate.
SENSITIVE-DATA RATIONALE	If “why we ask” appears before health questions, abandonment at the health block falls.	Primary: health-block completion. Guardrail: skip rate.
STABLE PROGRESS	If progress reflects remaining effort across branches, users report lower uncertainty and complete more often.	Primary: completion. Secondary: perceived duration.
VALUE PREVIEW	If a partial result appears before email, trust and email quality improve even if raw capture rate changes.	Primary: verified email rate. Secondary: plan-start intent.
ROUTE SEPARATION	If medication qualification is explicitly introduced as a separate route, comprehension and consent improve.	Primary: purpose comprehension. Guardrail: med-route entry.

POSITIONING GUARDRAIL

Define Neuro CX without overclaiming

Pique Neuro CX applies behavioral science, cognitive psychology, and decision-friction analysis to customer journeys. It does not claim biometric or clinical neuroscience measurement unless explicitly included in the engagement.

IN SCOPE

- Choice architecture
- Cognitive load
- Trust and uncertainty
- Perceived control
- Commitment dynamics

EVIDENCE USED

- Observed interface states
- Journey sequence
- Language and framing
- Behavioral hypotheses
- Product analytics or research, if supplied

NOT IMPLIED

- EEG or biometrics
- Eye tracking
- Clinical diagnosis
- Brain-based causal claims
- Lab neuromarketing

WHY PIQUE INSTEAD OF “THE DESIGN TEAM CAN DO THIS”

Outside diagnosis. Inside-ready decisions.

Pique does not replace internal expertise. It compresses the path from a familiar journey to a cross-functional decision leadership can own.

01 **INDEPENDENT DIAGNOSIS**

Freedom to challenge assumptions normalized by proximity.

02 **CROSS-FUNCTIONAL FRAME**

Product, growth, design, clinical, privacy, and brand risks in one view.

03 **DECISION OWNERSHIP**

A ranked recommendation, explicit sequence, and cost of inaction.

04 **EXECUTIVE-READY ACTION**

Concrete interventions, metrics, guardrails, and a facilitated decision.

$12.5K OFFER / PROOF STANDARD

RECOMMENDED OFFER SHAPE

$12.5K buys decision velocity, not audit hours

The fee is most credible when the engagement owns the decision from evidence through executive alignment - and targets a journey where small conversion or trust gains are financially meaningful.

1

FORENSIC JOURNEY MAP

Evidence capture, sequence, claims, gates, and behavioral friction.

2

PRIORITY + DECISION MEMO

Impact-confidence-effort matrix, recommendation, sequence, and inaction risk.

3

THREE INTERVENTION CONCEPTS

Exact copy and flow structure at the highest-leverage moments.

4

VALIDATION BLUEPRINT

Hypotheses, primary metrics, guardrails, and instrumentation needs.

5

90-MINUTE EXECUTIVE SESSION

Choose the P1, assign ownership, resolve tradeoffs, and commit to a test.

Best-fit journeys: onboarding, activation, checkout, patient enrollment, AI trust, claims, and benefits selection - where a small improvement has material economic value.