

Home BP monitoring participant acceptability questionnaire

HOME BLOOD PRESSURE MONITORING QUESTIONNAIRE

We would be very grateful if you could help us by answering some short questions about your experience using the home blood pressure monitor as part of the PROHIBIT-ICH study. Please tick the box that most closely matches your level of agreement with each of the following statements. Please give only one answer per line.

		Definitely agree	Moderately agree	Neither agree nor disagree	Moderately disagree	Definitely disagree
1	I liked the fact that the regular readings would provide better information about my blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	It reassured me to know that the equipment would transmit my readings directly to the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	It was helpful to have a telephone number that I could call to discuss my blood pressure readings and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Measuring my blood pressure at home:

4	was not uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	was not too time consuming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	caused me no anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I found it very easy to remember to do it regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate your overall satisfaction with monitoring your blood pressure at home by marking a cross on the following line

0	25	50	75	100

Extremely dissatisfied				Extremely satisfied

Has anyone helped you to fill in the questionnaire? (Please circle) **YES** or **NO**

Thank you very much for taking the time to complete this questionnaire.

If you would like to make any additional comments please use the space provided overleaf