

PPHT Registry Questionnaire For App Based Monitoring

Please read the questionnaire carefully, take your time and answer honestly. Thank you !

PPHT Questionnaire for App Based Monitoring

How satisfied are you with the use of the
Telemonitoring?

- ☐ very happy ☐ satisfied
☐ neutral ☐ dissatisfied
☐ very unhappy

Did you have any problems with the telemonitoring ?

- ☐ I had no issues with the App
☐ using the app was confusing
☐ the app was not visually appealing
☐ technical issues
☐ I didn't have time to use the App
☐ comment

what did you like most about the mobile app ?

- ☐ functionality
☐ that i did not need to come into the hospital
☐ that the doctor had my blood pressure measurements
☐ that the App lead me through the measurement process

did you feel safe using the app/home based monitoring

- ☐ Yes
☐ No

would you use the App in the future for blood pressure
related issues

- ☐ Yes
☐ No

was the experience of taking part in a home based
monitoring study good

- ☐ Yes
☐ No

DATE of filling out this questionnaire

You may also use DESCRIPTIVE TEXT to provide informational text within a survey section.