**Feedback on home blood pressure monitoring**

Thank you for using the home blood pressure monitoring system. We would be grateful if you could tell us about your experience by answering the following questions. This survey should take no longer than 5 mins to complete and will help us to shape our future services to support patients.

1. What is your age group?
   * Under 18 years
   * 18-24 years
   * 25-34 years
   * 35-44 years
   * 45-54 years
   * 55-70 years
   * Above 70 years
2. What is your gender?

* Female
* Male
* Transgender
* Other
* Prefer not to say

1. Which of these best describes your ethnic group?

* White
* Mixed
* Asian or Asian British
* Black or Black British
* Arab
* Other
* Prefer not to say

1. What are the first four digits of your postcode?

Your 4 digit postcode will be used to identify your approximate location (full postcode is not needed).

1. What was the best thing about using the blood pressure monitor?

*Comments:*

1. What was the worst thing about using the blood pressure monitor?

*Comments:*

1. Did you feel that using a home blood pressure monitor saved you time?

*Yes / No / Not sure*

*Please give details:*

1. Did you feel that using a home blood pressure monitor saved the healthcare assistant/nurse’s and GP’s time?

*Yes / No / Not sure*

*Please give details:*

1. How helpful did you find attending the surgery to understand how to use the machine and clarify your doubts?

*Very Helpful / Helpful / Neither helpful nor unhelpful / Unhelpful / Very unhelpful*

*Please give details:*

1. Did you receive an instruction sheet?

*Yes / No / Not sure*

1. If yes, how helpful was the instruction sheet?

*Very Helpful / Helpful / Neither helpful nor unhelpful / Unhelpful / Very unhelpful*

*Comments:*

1. When returning the equipment, would you prefer to:
   * 1. Have a face-to-face appointment with a GP/nurse/healthcare assistant, or,
     2. Hand the monitor into reception along with your readings and have a GP/nurse/healthcare assistant get back to you on the phone?

*Please give details:*

1. Would you prefer your treatment to be based on:
   * 1. One or two readings in an appointment at the GP’s surgery
     2. A series of readings (more than two) over a set period at home

*Please give details:*

1. Do you now prefer to have a home blood pressure monitor of your own?

*Yes / No / Unsure*

1. Are you willing to buy your own blood pressure monitor? (Average cost £20-£50)

*Yes / No / Unsure*

*Comments:*

1. Would you recommend home blood pressure monitoring to your family and friends?

*Yes / No / Unsure*

*Comments:*

*Thank you for your time, please return this questionnaire within two weeks of receipt to:*

Insert practice name here.

*If you are interested in reading the results from this survey, please refer to:*

Insert practice website, newsletter, or other method of finding the result here.

*If you have any queries, please contact your GP practice using the details below.*

Insert practice contact details here.

*Your information is being collected by [insert practice name here] as part of an evaluation on the home blood pressure monitoring digital pathway. Details of how your data will be processed can be found at [insert link to practice privacy policy here].*