

## 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
3.	Which c	of these best describes your ethnic group?
		White
		Mixed
		Asian or Asian British
		Black or Black British
		Arab
		Other
		Prefer not to say
4.	What ar	re the first four digits of your postcode?
5.	What w	as the best thing about using the blood pressure monitor?
	Comm	nents:



## Insert your practice logo here.

6.	What was the worst thing about using the blood pressure monitor?
	Comments:
7.	Did you feel that using a home blood pressure monitor saved you time?
	Yes / No / Not sure
	Comments:
8.	Did you feel that using a home blood pressure monitor saved the healthcare assistant/nurse's and GP's time?
	Yes / No / Not sure
	Comments:
9.	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
	Comments:



## Insert your practice logo here.

10.	Did you receive an instruction sheet?
	Yes / No / Not sure
11.	If yes, how helpful was it?
	Very Helpful / Helpful / Neither helpful nor unhelpful / Unhelpful / Very unhelpful
	Comments:
12.	When returning the equipment, would you prefer to:  i. Have a face-to-face appointment with a GP/nurse/healthcare assistant, or, ii. Hand the monitor into reception along with your readings and have a GP/nurse/healthcare assistant get back to you on the phone?
	Comments:
13.	Would you prefer your treatment to be based on:  i. One or two readings in an appointment at the GP's surgery ii. A series of readings (more than two) over a set period at home
	Comments:
14.	Do you now prefer to have a home blood pressure monitor of your own?  Yes / No / Unsure



## Insert your practice logo here.

Со	mments:
Vol	ald you recommend home blood pressure monitoring to your family and friends?
es ,	/ No / Unsure
Co	mments:
	nk you for your time, please return this questionnaire within two weeks of receipt sert practice name here.
Ins	
Ins	sert practice name here.
Ins	sert practice name here.  u are interested in reading the results from this survey, please refer to:

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].