



Virtual Access Survey

ID NUMBER:

FORM CODE:

DATE: 1/18/2022
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

Instructions: This form is completed for all participants who agree to take part in the Home Blood Pressure Monitor (HBPM) ancillary study. This form will be administered after participants hear the instructions and undergo the in-person home measurement.

1. Do you use a smartphone? (i.e., a mobile phone that performs many of the advanced functions of a computer, typically having a touchscreen, internet access, and is capable of downloading applications or “apps”)

Yes Y

No N →

2. What type of smartphone do you use?

Apple iPhone A →

Android B →

Other C

Don't know D →

2a. Specify other: _____

3. Do you have a cellular plan or Wi-Fi at home?

Yes Y

No N

Unsure U

4. Would you feel comfortable using a smartphone app for your blood pressure measurements?

Yes Y

No N

Unsure U

5. Would you feel comfortable electronically sending your blood pressure data to ARIC staff through a secure internet application?

Yes Y

No N

Unsure U

6. Do you have any of the following concerns about measuring your blood pressure at home? (Select all that apply)

- | | | |
|---|---|---|
| 6a. Finding a quiet environment | Yes <input type="checkbox"/> _Y | No <input type="checkbox"/> _N |
| 6b. Having an adequate amount of time | Yes <input type="checkbox"/> _Y | No <input type="checkbox"/> _N |
| 6c. Using the home blood pressure device or cuff | Yes <input type="checkbox"/> _Y | No <input type="checkbox"/> _N |
| 6d. Experiencing discomfort | Yes <input type="checkbox"/> _Y | No <input type="checkbox"/> _N |
| 6e. Returning the device to the ARIC field center | Yes <input type="checkbox"/> _Y | No <input type="checkbox"/> _N |
| 6f. Other | Yes <input type="checkbox"/> _Y | No <input type="checkbox"/> _N → Go to item 6f1 |

6f1. Specify other: _____