D:\Users\jcaldous\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\F66F8832.tmp **Virtual Access Survey**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID NUMBER: |  |  |  |  |  |  |  |  | FORM CODE: | V | A | S |  | DATE: 08/30/2021  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.*

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)*

Yes Y

No N ® Save and close form

1. What type of smartphone do you use?

Apple iPhone A ® Go to item 3

Android B ® Go to item 3

Other C

Don’t know D ® Go to item 3

2a. Specify other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Yes Y

No N

Unsure U

1. Would you feel comfortable using a smartphone app to your blood pressure measurements?

Yes Y

No N

Unsure U

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

Yes Y

No N

Unsure U

1. What are the biggest concerns of measuring your blood pressure at home? (Select all that apply)
   1. Finding a quiet environment Yes Y No N
   2. Having an adequate amount of time Yes Y No N
   3. Using the home blood pressure device or cuff Yes Y No N
   4. Experiencing discomfort Yes Y No N
   5. Returning the device to the ARIC field center Yes Y No N
   6. Other Yes Y No N ® Save and close form
      1. Specify other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_