

Appendix

Appendix Figure 1: Patient experience questionnaire

Blood pressure monitoring questions for telephone interviews

Proposed telephone interviews with patients at approximately day three (to identify immediate concerns) and follow-up interviews at the date that drop outs tend to occur

Patient details

Anonymised Name: Age: Suburb you live in: Ethnic group/s: Zoom or Telephone Interview: Contact Number: Zoom Link: Availability for interview (Fill in details below) Date: Time:

Elevator pitch

Hello/Kia ora/Talofa/ Malo e lelei/ Namaste/ Ni hao/ Fakaa alofa lahi atu my name is... from Counties Manukau Health. I am calling to see how you are finding doing your own blood pressure and weight checks from home? Are you happy to speak with me in an interview about how it is going?

- **No...** is there another time that would be better for me to call you?
- **No...** ok thank you for your time, take care and stay safe, goodbye.
- **Yes...** ok thank you... Are you available for 20 minutes now or would you like me to call you back?

Thank you, we will continue.

For the first time we are helping patients to check their own blood pressure and weight from home, while also making sure that you are safe and your health is not getting worse. Our patients' feelings are important to us, so we need to make sure we support you as best we can, this interview will help us to do this. We would like to know your thoughts about checking your own blood pressure and weight changes from home and have some questions we would like to ask you. Your thoughts will also help us to understand what is going well, and not so well and how it may work better.

We are asking patients to take part in telephone interviews lasting around 20 minutes of your time.

We will not be audio recording our conversation, but will write notes as we are speaking. The information you share with us will be confidential and no one involved in your care will know that you have spoken with us. All information you provide is confidential and will not include your name or other personal details that identify you in any of our reports.

There is no pressure for you to participate if you don't want to. If you change your mind about doing this interview, you have the right to leave this interview at any time without telling me why.

If you have any questions, concerns or complaints about this project at any stage, or would like to discuss this information sheet further, please feel free to contact the engagement lead for this project Te Hao or Lynne (details to be added).

Consent questions

1. Would you like to know anything else regarding the purpose of this call?
2. Do you provide verbal consent for us to have this interview? **Yes/No**
3. Do you consent for us to contact you again to ask further questions and get ideas for making the service better? **Yes/No**

Initial questions: first week of the trial to identify any immediate risks to patients?

1. Did you receive a blood pressure monitor? **Yes/No/Had my own**
 - *If yes:* When and where did you receive the blood pressure monitor?
2. Did you receive some weight scales? **Yes/No/Had my own**
 - *If yes:* When and where did you receive the weight scales?

If the patient answers 'no' to either of these questions, ask if they have some weight scales or blood pressure monitor at home already.

Can we just think about checking your blood pressure and weight before you got home?

3. Were you given training on how to use the blood pressure monitor and weight scales?
Yes/No
 - *If yes:*
 - i. When were you trained?
 - ii. Who was doing the training?
 - iii. How many times did you receive training before you started checking your blood pressure and weight from home?
 - *If no:*
 - i. Would it have helped to have training? **Yes/No**
 - ii. How would it have been helpful?
4. Could you please describe to me what happened during the training?
 - What went well?

- What didn't go so well?
 - How could this have been made better?
5. After the training did you understand what you needed to do to check your blood pressure and weight?
6. On a scale of 1 to 5 how confident were you to check your blood pressure while you were at the training? 1 would mean not confident at all and 5 would mean very confident.

1 2 3 4 5 (Circle one number only)

- If confident: What made you feel confident?
- If not confident: What was it about checking your blood pressure and weight that meant that you were not confident while you were being trained?

Can you now just think about how you are getting on while you are home?

7. Can you please describe how you check your blood pressure and weight at home?
- Do you understand what you need to do to check your blood pressure and weight?
 - What is going well?
 - What is not going so well?
 - What would make this better?
 - i. *If not covered:* Do you have someone that helps you to take your blood pressure and weight at home? **Yes/No**
 - ii. *If yes:* Who helps you?
 - iii. *If yes:* How do they help you to check your blood pressure and weight?
 - iv. *If no:* Would you like someone to help you to check your blood pressure and weight? Yes/No
 - v. *If no:* Who would you like to help you?
8. On a scale of 1 to 5 how confident were you to check your blood pressure and weight at home? 1 would mean not confident at all and 5 would mean very confident.

1 2 3 4 5 (Circle one number only)

- If confident – What makes you feel confident?

- If not confident – What is it about checking your blood pressure and weight that is difficult for you?
9. When you have the results for your weight and blood pressure checks, do you write them down somewhere? Yes/No
- *If yes:*
 - i. Where do you write down your results?
 - ii. How is that for you? Good/ Not good
 - iii. If good – What makes that good for you?
 - iv. If not good – what would make that better for you?
 - *If no:*
 - i. Would it be helpful if you had something to write your results on/ or someone to help you to write them down? Yes/No
10. Since you have been checking your blood pressure and weight from home, have you had contact with a heart nurse or doctor? Yes/No/Unsure
- *If yes:*
 - i. How did this happen? E.g. through telephone or in person?
 - ii. Who did you have contact with? (if not answered)
 - iii. When did they contact you?
 - iv. What worked well?
 - v. What did not work well?
 - vi. What can make it better?
 - *If no:*
 - i. How is that for you?
11. If it was possible, would you feel comfortable having some of your follow-up appointments over the telephone? **Yes/No**
- Could you please explain why? or why not?

Can you now just think about taking your medication while you are home?

One of the goals of this process was to make sure you were on the best medicines to protect your heart.

12. Did any changes to your heart medicines (change in medicine type or dose) occur following any of your telephone appointments? **Yes/No**

13. If there were changes, were they explained clearly to you? **Yes/No**

- How have these changes been for you?
- What has worked well?
- What has not worked well?
- What could make that better?

Thank you for the information you have given us, it is very helpful, and we appreciate your time

Follow-up questions: 3/4 weeks? after beginning the trial? Timeframes to be discussed and confirmed with Andy

1. Have you had a follow-up appointment regarding your heart condition? Yes/No
2. How did that happen, was it a phone call or video call or face to face appointment
3. How was it seeing someone/not seeing someone regarding your condition after 3 weeks?
 - a. *If yes:* Did you talk about using your blood pressure monitor and scales in your follow-up appointment?