Thank you for your participation in the MedApp-CHD Study. We seek your feedback about the smartphone apps so we can improve it in the future. All responses are strictly confidential.

### Today's Date:

Day _________/ Month _________/ Year _________

### PART A – Medication knowledge

*Please read each statement below and tick one option for each.*

1) I can list the names of all my medications I am currently taking.
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Neutral
   - [ ] Disagree
   - [ ] Strongly disagree

2) I can describe when to take all my prescribed medications.
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Neutral
   - [ ] Disagree
   - [ ] Strongly disagree

3) I can describe how to take all my prescribed medications.
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Neutral
   - [ ] Disagree
   - [ ] Strongly disagree

4) I confident I know what all my prescribed medications are for.
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Neutral
   - [ ] Disagree
   - [ ] Strongly disagree

### PART B – Smartphone apps

In the last 3 months, did you have access to Medisafe™ app or My heart my life™ app?
   - [ ] Yes → Go to Part C
   - [ ] No

If no, did you use any other apps to help you take your medication?
   - [ ] Yes
   - [ ] No

### PART C – Feedback about the smartphone apps

*Please read each statement below and tick one option for each.*

a) I found it useful to have my medication list on my smartphone
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Neutral
   - [ ] Disagree
   - [ ] Strongly disagree

b) I found it useful to set reminders to take my medication on the smartphone
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Neutral
   - [ ] Disagree
   - [ ] Strongly disagree
<table>
<thead>
<tr>
<th>Question</th>
<th>Scale</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>c) I found it useful to be able to track my measurements (e.g. blood pressure and sugar levels) in the smartphone app</td>
<td>Strongly agree</td>
<td>Agree</td>
</tr>
<tr>
<td>d) The reminders helped me remember to take my medicines every day in the correct time</td>
<td>Strongly agree</td>
<td>Agree</td>
</tr>
<tr>
<td>e) I found it easy to download the smartphone app</td>
<td>Strongly agree</td>
<td>Agree</td>
</tr>
<tr>
<td>f) I found it easy to use the smartphone app</td>
<td>Strongly agree</td>
<td>Agree</td>
</tr>
<tr>
<td>g) I found it easy to set up the reminders in the smartphone app</td>
<td>Strongly agree</td>
<td>Agree</td>
</tr>
<tr>
<td>h) I found it easy to track my measurements in the smartphone app</td>
<td>Strongly agree</td>
<td>Agree</td>
</tr>
<tr>
<td>i) I found it convenient to have this app on my smartphone</td>
<td>Strongly agree</td>
<td>Agree</td>
</tr>
<tr>
<td>j) How often did you set up the reminders?</td>
<td>3 or more times per day</td>
<td>Twice a day</td>
</tr>
<tr>
<td>k) How often did you track your measurements in the smartphone app</td>
<td>Daily</td>
<td>2 or more times a week</td>
</tr>
<tr>
<td>l) How often did you have any technical issues with the smartphone app?</td>
<td>Daily</td>
<td>Weekly</td>
</tr>
<tr>
<td>m) I will continue using the smartphone app</td>
<td>Strongly agree</td>
<td>Agree</td>
</tr>
</tbody>
</table>
n) I would recommend the smartphone app to family and friends

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly disagree</td>
</tr>
</tbody>
</table>

Additional comments

*Please provide any further comments or suggestions about the smartphone app.*

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
**PART D – Additional features of the Medisafe™ app**

Did you have access to the Medisafe™ app?
- ○ Yes → Go to Part E
- ○ No → Finished.

**PART E – Feedback about the additional features**

*Please read each statement below and tick one option for each.*

<table>
<thead>
<tr>
<th>o) I found it useful to be able to snooze the reminder</th>
<th>○</th>
<th>○</th>
<th>○</th>
<th>○</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly disagree</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>p) I found it useful to track my taken and missed doses</th>
<th>○</th>
<th>○</th>
<th>○</th>
<th>○</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly disagree</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>q) I found it useful to be able to share my medication history with my family and health professionals</th>
<th>○</th>
<th>○</th>
<th>○</th>
<th>○</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly disagree</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>r) I found it useful have additional information about my medication in the smartphone app</th>
<th>○</th>
<th>○</th>
<th>○</th>
<th>○</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly disagree</td>
</tr>
</tbody>
</table>

**Additional comments**

*Please provide any further comments or suggestions about the smartphone app.*

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________