

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	
<i>Please read each statement below and tick one option for each.</i>	
1) I can list the names of all my medications I am currently taking.	
<input type="radio"/>	<input type="radio"/>
Strongly agree	Agree
<input type="radio"/>	<input type="radio"/>
Neutral	Disagree
<input type="radio"/>	<input type="radio"/>
Strongly disagree	
2) I can describe when to take all my prescribed medications.	
<input type="radio"/>	<input type="radio"/>
Strongly agree	Agree
<input type="radio"/>	<input type="radio"/>
Neutral	Disagree
<input type="radio"/>	<input type="radio"/>
Strongly disagree	
3) I can describe how to take all my prescribed medications.	
<input type="radio"/>	<input type="radio"/>
Strongly agree	Agree
<input type="radio"/>	<input type="radio"/>
Neutral	Disagree
<input type="radio"/>	<input type="radio"/>
Strongly disagree	
4) I confident I know what all my prescribed medications are for.	
<input type="radio"/>	<input type="radio"/>
Strongly agree	Agree
<input type="radio"/>	<input type="radio"/>
Neutral	Disagree
<input type="radio"/>	<input type="radio"/>
Strongly disagree	
PART B – Smartphone apps	
In the last 3 months, did you have access to Medisafe™ app or My heart my life™ app?	
<input type="radio"/> Yes → Go to Part C	
<input type="radio"/> No	
↳ If no, did you use any other apps to help you take your medication? <input type="radio"/> Yes <input type="radio"/> No	
PART C – Feedback about the smartphone apps	
<i>Please read each statement below and tick one option for each.</i>	
a) I found it useful to have my medication list on my smartphone	
<input type="radio"/>	<input type="radio"/>
Strongly agree	Agree
<input type="radio"/>	<input type="radio"/>
Neutral	Disagree
<input type="radio"/>	<input type="radio"/>
Strongly disagree	
b) I found it useful to set reminders to take my medication on the smartphone	
<input type="radio"/>	<input type="radio"/>
Strongly agree	Agree
<input type="radio"/>	<input type="radio"/>
Neutral	Disagree
<input type="radio"/>	<input type="radio"/>
Strongly disagree	

c) I found it useful to be able to track my measurements (e.g. blood pressure and sugar levels) in the smartphone app

Strongly agree Agree Neutral Disagree Strongly disagree

d) The reminders helped me remember to take my medicines every day in the correct time

Strongly agree Agree Neutral Disagree Strongly disagree

e) I found it easy to download the smartphone app

Strongly agree Agree Neutral Disagree Strongly disagree

f) I found it easy to use the smartphone app

Strongly agree Agree Neutral Disagree Strongly disagree

g) I found it easy to set up the reminders in the smartphone app

Strongly agree Agree Neutral Disagree Strongly disagree

h) I found it easy to track my measurements in the smartphone app

Strongly agree Agree Neutral Disagree Strongly disagree

i) I found it convenient to have this app on my smartphone

Strongly agree Agree Neutral Disagree Strongly disagree

j) How often did you set up the reminders?

3 or more times per day Twice a day Once a day Weekly/Not regularly Never

k) How often did you track your measurements in the smartphone app?

Daily 2 or more times a week Once a week Less than weekly Never

l) How often did you have any technical issues with the smartphone app?

Daily Weekly Monthly Less than monthly Never

m) I will continue using the smartphone app

Strongly agree Agree Neutral Disagree Strongly disagree

n) I would recommend the smartphone app to family and friends
Strongly agree
Agree
Neutral
Disagree
Strongly disagree**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.***o) I found it useful to be able to snooze the reminder**

- Strongly agree Agree Neutral Disagree Strongly disagree

p) I found it useful to track my taken and missed doses

- Strongly agree Agree Neutral Disagree Strongly disagree

q) I found it useful to be able to share my medication history with my family and health professionals

- Strongly agree Agree Neutral Disagree Strongly disagree

r) I found it useful have additional information about my medication in the smartphone app

- Strongly agree Agree Neutral Disagree Strongly disagree

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