

## **Self-assessment survey**

Coding of participant: \_\_\_\_\_

Date: \_\_\_\_\_

How do you rate your competence in the following areas?

Please tick the boxes.

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<i>1. I feel able to correctly measure blood pressure in the community pharmacy.</i>	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Rather disagree	<input type="checkbox"/> Rather agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
<i>2. I feel confident in the use of oscillometric upper-arm blood pressure monitors.</i>	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Rather disagree	<input type="checkbox"/> Rather agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
<i>3. I feel confident in choosing the proper blood pressure monitor.</i>	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Rather disagree	<input type="checkbox"/> Rather agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
<i>4. I know the necessary steps for an accurate blood pressure measurement with an oscillometric upper-arm blood pressure monitor.</i>	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Rather disagree	<input type="checkbox"/> Rather agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
<i>5. If hypothetically, I am given the task of measuring blood pressure again in a month, I will be able to measure blood pressure accurately.</i>	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Rather disagree	<input type="checkbox"/> Rather agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree