

Appendix 1 Survey questionnaire

Age		Sex	
Hight	cm	Body weight	kg
Education	<input type="checkbox"/> Primary or junior school <input type="checkbox"/> Senior school <input type="checkbox"/> University or post-graduate		
Employment status	<input type="checkbox"/> Retired <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time		
Home location	<input type="checkbox"/> Beijing <input type="checkbox"/> Outside Beijing		
Living status	<input type="checkbox"/> Living alone <input type="checkbox"/> Living only with husband/wife <input type="checkbox"/> Living with children		
Medical History	<input type="checkbox"/> Coronary heart disease <input type="checkbox"/> Hypertension, <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Heart Failure	<input type="checkbox"/> Diabetes <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Cerebrovascular disease <input type="checkbox"/> Peripheral vascular disease	
Current situation of disease management			
How often have you used the Internet to find information about your disease or treatment	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often		
Do you understand the benefits and side effects of the medication you currently taking	<input type="checkbox"/> No <input type="checkbox"/> Yes		
How often have you used to visit hospital clinic	<input type="checkbox"/> Never <input type="checkbox"/> Once per year <input type="checkbox"/> 1-2 times per half of year <input type="checkbox"/> 1-2 times per month <input type="checkbox"/> weekly		
How often have you used to visit community clinic	<input type="checkbox"/> Never <input type="checkbox"/> Once per year <input type="checkbox"/> 1-2 times per half of year <input type="checkbox"/> 1-2 times per month <input type="checkbox"/> weekly		
How often have you used to take lab tests	<input type="checkbox"/> Never <input type="checkbox"/> Once per year <input type="checkbox"/> 1-2 times per half of year <input type="checkbox"/> 1-2 times per month <input type="checkbox"/> weekly		
How often have you measured your blood pressure at home	<input type="checkbox"/> Never <input type="checkbox"/> 1-3 per year <input type="checkbox"/> 1-3 times per month <input type="checkbox"/> 1-3 times per week <input type="checkbox"/> Everyday		
Do you record blood pressure at home	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you use pill box at home	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you use wearable devices at home	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Evaluation of health self management			
I feel I am able to control my health	<input type="checkbox"/> Disagree Strongly		

status	<input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Agree Strongly
I feel I am able to manage my health behavior	<input type="checkbox"/> Disagree Strongly <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Agree Strongly
I feel I am able to take care of myself at home	<input type="checkbox"/> Disagree Strongly <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Agree Strongly
I feel I have enough health knowledge to take care of myself	<input type="checkbox"/> Disagree Strongly <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Agree Strongly
Current usage of mobile internet technology	
How often do you use smartphone	<input type="checkbox"/> Never <input type="checkbox"/> 1-3 per year <input type="checkbox"/> 1-3 per month <input type="checkbox"/> 1-3 per week <input type="checkbox"/> Nearly every day
How often do you use tablet	<input type="checkbox"/> Never <input type="checkbox"/> 1-3 per year <input type="checkbox"/> 1-3 per month <input type="checkbox"/> 1-3 per week <input type="checkbox"/> Nearly every day
How often do you use personal computer	<input type="checkbox"/> Never <input type="checkbox"/> 1-3 per year <input type="checkbox"/> 1-3 per month <input type="checkbox"/> 1-3 per week <input type="checkbox"/> Nearly every day
Are you able to connect to wifi using your mobile phone or tablet	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you able to install a new app on your mobile phone or tablet	<input type="checkbox"/> No <input type="checkbox"/> Yes
Willingness to use a mHealth solution with a self-management system	
Are you willing to use a mHealth app or solution to manage your disease	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, why are you willing to try mHealth solution	<input type="checkbox"/> I just want to try <input type="checkbox"/> I feel it will be helpful for my disease management <input type="checkbox"/> I am willing to use if it is recommended by physicians or nurses <input type="checkbox"/> Others
If No, why	<input type="checkbox"/> I am not familiar with high technology

	<ul style="list-style-type: none"><input type="checkbox"/> I don't think it is helpful for my disease management<input type="checkbox"/> I think it is valueless for me<input type="checkbox"/> I feel the solution is too complex to use<input type="checkbox"/> Other
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