Patient self-monitoring:

> **Frequency of readings**: the women *will measure their blood pressures each morning* while on treatment initially while their BP is changing and *once per week once stable* on treatment (chronic/essential hypertension) or stable off treatment (for those whose BP returns to normal). If BP is high or low on weekly measurement, they will revert to daily BP readings.
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> **Daily readings:** Participants will take two BP readings each morning (at least one minute between readings) before 12 midday using Microlife WatchBP HOME monitor and add via the app; The 2nd BP will be used to make decisions and high or low readings will be repeated meaning a third BP reading. **If the participant does fewer BP readings than expected on a given day**, then the decision making for that day is based on the most recent BP that day. For example, if they do two BP rather than three

> - If either systolic or diastolic BP reading is above target, then this will be treated as a raised BP reading. e.g. a BP of 120/92 would be raised due to the 92mmHg reading.
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> - In order to help decision making, we are using a colour coded system ("rainbow chart") where red is very high, purple is very low and so on. **Advice is slightly different depending on whether a participant is taking antihypertensive medication.**
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> - **The women have an app which will advise them on their action. Clinicians will receive an email with the same advice.** The section below is provided to give a manual version of the rationale for the recommendations which will come via app / email.
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> - **Clinicians are of course free to make their own decisions** and this is simply advice to aid these.
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> - **First rainbow table is on treatment followed by off treatment/on stable treatment.**
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> - The **drug ladders give advice regarding appropriate steps when making changes of dose up and down.** They are designed so women can make changes without needing multiple new prescriptions each time the dose changes.