General questions:

Name, Surname, age, number of children, do you smoke (how much per day)? do you drink alcohol (no)

arterial hypertension, what is your chief compliant?

Did you have hypertension before, if yes, have you been prescribed medication for hypertension, and what type of medication?

Do you have hypertension only today or from few days?

important features:

amount of water, salt intake

medicine use

stress or depression

other medical history?

what level of physical activity do you have during the pregnancy? (low, moderate, high)

1. B: Hello, what is your name?

P: Name

1. B: What is your surname:

P: Surname

1. B: How old are you?

P: 26

1. B: since how many weeks you are pregnant?

P: 8

1. B: Do you smoke?

P: yes

1. B: how many cigarettes per day?

P: 10

1. B: do you drink alcohol?

P: no

1. B: do you have some chronic diseases?

P: yes

1. B: choose one from the list:

* Hypertension
* Obesity
* Angina
* Poor vision

P: Hypertension

1. B: Do you suffer from chronic hypertension or not?

P: yes

1. B: Do you take any medicine?

P: no

1. B: What is the range of blood pressure since you monitored?

P: 155/95

1. B: how much was today?

P: 150/90

1. B: after analyzing your answers we are arranging your online-consultation with doctor. Do you want to continue?

P: yes

1. B: please leave your contacts and wait until doctor will get to you on voice/video call for solution.