Supplementary Appendix (S1 Appendix)

CARDIOVASCULAR RISK ASSESSMENT

 QUESTIONNAIRE

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**A. Patient`s Demographics:**

 Patient`s Number: ……… Urban: Rural:

 Name: ……………………………………………………. Phone Number: …………………………….

 Age: ………………………. Gender: Male: Female:

 Weight: …………….. Height: ……………. BMI: ………… IBW:…….

 Allergy(s): ………………………………………………….

**B .Health Care Access:**

 1-When was the last date a health care provider seen?

 □Within the past year

 □Within the past 2 years

 □Within the past 5 years

 □≥ 5 years ago

 □Never

 2-Are you counseled by your pharmacist at each pharmacy visit?

 □Yes □No

 3-Do you have any kind of health care coverage?

 □Yes □No

 4-Was there a time in the past 12 months when you needed to see a doctor but could not

 Because of any of these: Cost, traveling, transportation, or family issues?

 □Yes □No

**C. Socio-economical status:**

 1-What is your educational level?

 □Illiterate

 □School level

 □University level

 2-What is your marital status?

 □Single

 □Married

 □Divorced

 □Widow

 3-What is your occupational status?

 □Does not work

 □Works

4-Are you a health care provider?

□Yes □ No

 5-What is your average income per month?

 □ Low

 □ Medium

 □ High

 **D. Patient awareness of contributing risk factors:**

1. Do you think that smoking may increase your risk of cardiovascular diseases?

□Yes □No

2. Do you think that alcohol consumption can increase the risk of cardiovascular diseases?

□Yes □No

3 .Do you think that improper diet can increase risk of CV diseases?

□Yes □No

4-Do you think that physical inactivity can increase the risk of developing

 cardiovascular diseases?

 □Yes □No

 5-Do you think that hypertension can increase the risk of developing

 cardiovascular diseases?

 □Yes □No

 6-Do you think that diabetes can increase the risk of developing cardiovascular

 diseases?

 □Yes □No

 7-Do you think that dyslipidemia can increase the risk of developing cardiovascular

 diseases?

 □Yes □No

**E. Family History:**

1-Do you have a family history of cardiovascular diseases?

 □Yes □No

 2-Do you have family history of hypertension?

 □Yes □No

 3-Do you have family history of diabetes?

 □Yes □No

4-Do you have family history of dyslipidemia?

 □Yes □No

**F.Risk Factors Assessment:**

**I. Cardiovascular Disease:**

 1-Had you ever had a heart attack or chest pain from heart disease (angina) or stroke?

 □Yes □No

 2-Are you currently taking any antiplatelet to prevent a heart disease?

 □Yes □No

 3- Which antiplatelet are you taking?

 □Aspirin

 □Clopidogrel

 Other:…..

**II. Tobacco Use:**

1-Describe your current smoking status?

 □ Current smoker

 □ Passive smoker

 □ Ex- smoker

 □ Never smoked

2- If you are a current smoker,how many cigarettes and/or shisha sessions you have per day?

□ <20 cigarettes/day

□>20 cigarettes/day

□<1 shisha session/day

□>1 shisha session/day

 3-Have you ever tried to stop smoking?

 □Yes □No

**III. Alcohol Consumption:**

 1-What is your average daily alcohol consumption?

 □ 0 drinks

 □ 1 drink

 □ 2 drinks

 □ ≥3 drinks

**IV. Diet:**

 1-How often do you usually eat fried foods?

 □Less than once a week

 □1-2 times a week

 □3-6 times a week

 □Every day

 2-How many servings of sweet foods like cakes, biscuits, candies or chocolate do

 you consume a day?

 □ None

 □1-2 serves

 □More than 2 serves

 3- How many pieces of fruit do you usually eat per day?

 □ None

 □1-3 pieces

 □≥4 pieces

 4-How many serves of vegetables do you usually eat per day?

 □ None

 □1-2 serves

 □3-4 serves

 □≥5 serves

 5- Do you often add salt to your food before or while eating it?

 □Yes □No

 6- Do you consume your meals based upon a fixed time?

 □Yes □No

**V. Physical Activity:**

 1- How many times do you have vigorous exercise per week for at least 10 mins ?

 □None

 □1-3 times

 □4-6 times

 □7 times

2- During the last week, how many times did you do moderate physical activities like carrying light loads, bicycling at a regular pace for at least 10 minutes?

 □None

 □1-3 times

 □4-6 times

 □7 times

 3-During the last week, how many times did you walk for at least 10 minutes?

 □None

 □1-3 times

 □4-6 times

 □7 times

 4-How many hours you are approximately used to sit a day?

 □1-6 hours

 □7-11 hours

 □≥12 hours

**VI. Hypertension:**

1-How often do you have your blood pressure measured by a health care provider?

 □ At least once every year

 □ At least once every 2 years

 □ With every visit to healthcare provider

 □ Never

 2-Do you have hypertension diagnosed by a doctor?

 □Yes □No

 3-Do you take any medications to treat hypertension?

 □Yes □No

 4-Do you self-measure your blood pressure at home?

 □Yes □No

 5-Measurment of blood pressure and HR:

 Reading 1 ………….. Reading 2 ………… Reading 3 ………….

 HR1:…... HR2:…. HR3: ……..

**VII. Diabetes**

 1-Have you ever had your FBG or HbA1c done before?

 □Yes □No

 2- What is the frequency of blood glucose measurement?

 □ More than once per year

 □ Once per year

 □ Once every 3 years

 3-Do you have diabetes diagnosed by a doctor?

 □Yes □No

 4-How often do you self-monitor your blood glucose?

 □At least 4 times a day

 □At least once per day

 □None

 5- Have you ever had measured your HbA1c?

 □ Yes □ No

 6-Your HbA1c was:

 □<6.5 % □≥6.5 %

 7-Do you take insulin or anti-hyperglycemic medications to treat your diabetes?

 □Yes □No

 8-Measurment of blood glucose:

 Measurement ………

 **VIII. Dsylipidemia**:

 1-Have you had your lipid profile measured before?

 □Yes □No

 2- How often do you have a complete lipid panel done?

 □ Every 5 years

 □ Every 1-2 years

 □ Every 4-6 months

 □ None

 3-Do you have dyslipidemia diagnosed by a doctor?

 □Yes □No

 4-Are you currently taking any medication to treat dyslipidemia?

 □Yes □No

 5-Lipid profile measurement:

 Total cholesterol ………. TG………. HDL ………. LDL ……….

**Patient ASCVD risk:**

 **THANK YOU**