Supplementary Appendix (S1 Appendix)

CARDIOVASCULAR RISK ASSESSMENT

QUESTIONNAIRE

IQBAL FAHS, PharmD Candidate

ZAINAB KHALIFE, PharmD Candidate

**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**