

CVD ASSESS paper data collection form

Question	Answer
What is your name?	
Date of the data extraction (dd/mm/yyyy)	
What is the name of the clinic from which you are extracting data?	
Date of birth (dd/mm/yyyy)	
Date of the last visit to the clinic (dd/mm/yyyy)	
Sex (male/female)	
Smoking status (smoker/nonsmoker)	
Has this patient been formally diagnosed with hypertension? (yes/no)	
Date of hypertension diagnosis (dd/mm/yyyy)	
Can you find one or more blood pressure measurements? (yes/no)	
Most recent systolic blood pressure (mmHg)	
Most recent diastolic blood pressure (mmHg)	
Date of most recent blood pressure measurement (dd/mm/yyyy)	
Can you find a second most recent blood pressure measurement? (yes/no)	
Second most recent systolic blood pressure (mmHg)	

Second most recent diastolic blood pressure (mmHg)	
Date of the second most recent systolic blood pressure measurement (dd/mm/yyyy)	
Diagnosis of diabetes (type 1, type 2 or no)	
Can you find one or more HbA _{1c} measurements? (yes/no)	
What is the most recent HbA _{1c} measurement? (include the units)	
What was the date of the measurement? (dd/mm/yyyy)	
Can you find another HbA _{1c} measurement? (yes/no)	
What was the second most recent HbA _{1c} measurement? (include the units)	
What was the date of the second most recent HbA _{1c} measurement? (dd/mm/yyyy)	
Can you find one or more fasting blood glucose measurements? (yes/no)	
What is the most recent fasting blood glucose measurement? (include the units)	
What was the date of the most recent fasting blood glucose measurement? (dd/mm/yyyy)	
Can you find another fasting blood glucose measurement? (yes/no)	
What was the second most recent fasting blood glucose measurement? (include the units)	
What was the date of the second most recent fasting blood glucose measurement? (dd/mm/yyyy)	
Can you find one or more total cholesterol measurements? (yes/no)	

What is the most recent total cholesterol measurement? (include the units)	
What is the date of the most recent total cholesterol measurement? (dd/mm/yyyy)	
Can you find another total cholesterol measurement? (yes/no)	
What is the second most recent total cholesterol measurement? (include the units)	
What is the date of the second most recent total cholesterol measurement? (dd/mm/yyyy)	
Was the patient prescribed a statin? (yes/no)	
What was the date of the prescription? (dd/mm/yyyy)	
What was the drug and dose?	
Does the patient have an existing cardiovascular disease? (yes/no)	
Write the existing cardiovascular disease diagnoses (such as angina)	
Has the patient been prescribed aspirin? (yes/no)	
What was the most recent date aspirin was prescribed? (dd/mm/yyyy)	
Has the patient been prescribed a drug for lowering blood pressure (antihypertensive medication)? (yes/no)	
What was the date of the most recent prescription of a drug for lowering blood pressure? (dd/mm/yyyy)	
Can you find a documented cardiovascular disease risk score? (yes/no)	
Enter the value of the most recent documented cardiovascular disease risk score.	
What was the type of cardiovascular disease risk score?	

What was the date the risk score was documented? (dd/mm/yyyy)	
Can you find a weight, height or body mass index (BMI)? (yes/no)	
Weight (kg)	
Height (cm)	
Body mass index (BMI)	
Please record any important notes about the data extraction here. Examples include an error you think may have been made, clarification of the units for measurements (such as mmol/L versus mg/dL) or notes you would like for yourself.	

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