

infotext

info-cross:



info-select

info-correct:

info-mark

We would like you to answer a few questions concerning your new therapy including PCSK-9-inhibitors.

## 1 Personal

1.1 Age [years]

24 and below

25-39

40-64

65-84

85 and above

1.2 Sex

female

male

## 2 Dyslipidemia and therapy

2.1 Time of diagnosis of dyslipidemia

2.2 Before Repatha / Praluent I suffered from side effects of other lipid lowering drugs

Yes

No

2.3 What kind of side effects?

2.4 Lipid lowering drugs were switched in the past?

Yes

No

2.5 I know why my physician switched me to / added Repatha / Praluent?

Yes

No

2.6 If you do not know, try to explain why:

2.7 I know how to handle my new drugs (application, storing, transportation)

Yes

No

2.8 If not, what information do you need?

2.9 There were problems receiving the new drugs from my pharmacy

Yes

No



NONE



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2.10 Medication is stored in the refrigerator

Yes

No

2.11 I injected the medication as prescribed

Yes

No

2.12 If not, why?

2.13 I feel save using new drugs

Yes

No

### 3 Notes

3.1 Additional information you want us to know:



NONE



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