

PID:

Visit Date: dd MMM yy

Visit:

DYSLIPIDEMIA

1. Has a doctor or healthcare worker ever told you that you have dyslipidemia? Yes No Don't know
→ *Skip to end of form.*

1.1. If Yes, at what age were you first told this? years **OR** Don't know

1.2. Was it confirmed by a laboratory test? Yes No Don't know

1.3. Have you ever taken medication for dyslipidemia? Yes, now
 Yes, not now
 No
 Don't know
← *Skip to end of form.*

1.3.1. If yes, then at what age did you begin taking medicine for this? years **OR** Don't know