

# Questionnaire Set for Evaluating

## KNOWLEDGE, AWARENESS and PRACTICE

### in Dyslipidemia Patients

#### Part 1. Knowledge about the Treatment of Dyslipidemia

The following ten (T.1 to T.10) statements refer to the participants' knowledge about the dyslipidemia treatment. This questionnaire is designed to assess participants' knowledge about the treatment of dyslipidemia. Please answer all questions truthfully. Your responses will help in evaluating your understanding of dyslipidemia treatment.

#### Instruction:

For each question, select **Yes ①** if you have knowledge about that and **No ②** if you do not.

TREATMENT BASED QUESTIONNAIRE			
T.1.	Has a doctor, nurse, or other healthcare worker ever <b>measured</b> your <b>Lipid profile</b> ?	Yes ①	No ②
T.2.	Have you ever been <b>told</b> by a doctor, nurse, or other healthcare worker that you have <b>imbalance</b> of <b>Lipid profile</b> ?	Yes ①	No ②
T.3.	A <b>single dose</b> of blood cholesterol allows <b>dyslipidemia diagnose</b> .	Yes ①	No ②
T.4.	Have you been <b>newly-diagnosed</b> with Lipid profile in the last 3 months?	Yes ①	No ②
T.5.	Have you <b>ever received treatment</b> for imbalance of Lipid profile prescribed by a doctor, nurse, or other healthcare worker?	Yes ①	No ②
T.6.	Are you <b>on treatment</b> for imbalance of Lipid profile prescribed by a doctor, nurse, or other healthcare worker?	Yes ①	No ②
T.7.	Are you <b>currently</b> taking any <b>herbal</b> or <b>traditional remedy</b> for imbalance of Lipid profile? If yes, which allopathic medicine are you currently taking for Lipid lowering? Allopathy <input type="text"/> Herbal <input type="text"/> <i>Name of drug / Dose / Frequency / Root of administration.</i>	Yes ①	No ②
T.8.	Are you currently using <b>any therapy</b> to treat your high cholesterol prescribed by a doctor, nurse, or other healthcare worker? If yes, <i>Name of the therapy / No. of times in a day</i>	Yes ①	No ②
T.9.	Do your intake your <b>medicine in routine</b> ?	Yes ①	No ②
T.10.	Did your current treatment is <b>showing any effect</b> on your lipid profile?	Yes ①	No ②

## Part 2. Awareness of Dyslipidemia

The following twenty (A.1 to A.20) statements refer to the participants' awareness about the dyslipidemia treatment. This questionnaire is designed to assess participants' awareness about the dyslipidemia risk factors, symptoms and regarding practice. Please answer all questions truthfully. Your responses will help in evaluating your understanding of dyslipidemia awareness.

### Instruction:

For each question, select **Yes** ① if you have awareness about that, **No** ② if you do not and **Do not Know** ③ if you are unsure or silent.

AWARENESS BASED QUESTIONNAIRE				
A.1.	Do you think <b>High Blood Pressure</b> is a risk factor of dyslipidemia?	Yes ②	No ①	Do not Know ③
A.2.	Do you think <b>Diabetes</b> is a risk factor of dyslipidemia?	Yes ②	No ①	Do not Know ③
A.3.	Do you think <b>rich fat in diet</b> is a risk factor of dyslipidemia?	Yes ②	No ①	Do not Know ③
A.4.	Do you think <b>chest pain</b> is a symptom of dyslipidemia?	Yes ②	No ①	Do not Know ③
A.5.	Do you think <b>dizziness</b> is a symptom of dyslipidemia?	Yes ②	No ①	Do not Know ③
A.6.	Do you think <b>lack of physical activity</b> is a risk for dyslipidemia?	Yes ②	No ①	Do not Know ③
A.7.	If you feel <b>tired</b> in <b>usual activity</b> is a symptom of dyslipidemia?	Yes ②	No ①	Do not Know ③
A.8.	Do you think <b>obesity</b> increases the risk of dyslipidemia?	Yes ②	No ①	Do not Know ③
A.9.	Do you think <b>fatigue</b> is a symptom of dyslipidemia?	Yes ②	No ①	Do not Know ③
A.10.	Do you think <b>leg pain while walking</b> is a symptom of dyslipidemia?	Yes ②	No ①	Do not Know ③
A.11.	Do you think <b>tiredness</b> while <b>walking</b> is a symptom of dyslipidemia?	Yes ②	No ①	Do not Know ③
A.12.	Do you think <b>tiredness</b> while <b>climbing stairs</b> is a symptom of dyslipidemia?	Yes ②	No ①	Do not Know ③
A.13.	Do you think <b>healthy lifestyle</b> is important to prevent dyslipidemia?	Yes ②	No ①	Do not Know ③
A.14.	Following <b>urbanization lifestyle</b> is a risk of dyslipidemia?	Yes ②	No ①	Do not Know ③
A.15.	Eat a lot of <b>salt</b> is a risk of dyslipidemia?	Yes ②	No ①	Do not Know ③
A.16.	Eat a lot of <b>sugar</b> is a risk of dyslipidemia?	Yes ②	No ①	Do not Know ③
A.17.	Eat a lot <b>fat rich diet</b> increases the risk of dyslipidemia.	Yes ②	No ①	Do not Know ③
A.18.	Do you think if you intake <b>medicine</b> your <b>lipid profile</b> will be <b>normal</b> ?	Yes ②	No ①	Do not Know ③
A.19.	If you <b>forget</b> to take <b>medicine</b> your <b>lipid profile</b> will be <b>imbalance</b> ?	Yes ②	No ①	Do not Know ③
A.20.	If you <b>do not feel sick</b> you take <b>proper medicine</b> ?	Yes ②	No ①	Do not Know ③

## **Part 3. Practice of Dyslipidemia Management**

The following fifteen (P.1 to P.15) statements refer to the participants' practice on dyslipidemia management. This questionnaire is designed to assess participants' practice for dyslipidemia management. Please answer all questions truthfully. Your responses will help in evaluating your understanding of practice for dyslipidemia management.

### **Instruction:**

For each question, select ①, ②, ③, and ④.

<b>PRACTICE BASED QUESTIONNAIRE</b>					
<b>P.1.</b>	Lipid lowering <b>tablet intake time</b> ?	Anytime ①	After breakfast ②	Afternoon ③	Night ④
<b>P.2.</b>	Do you take <b>medicine</b> when you <b>feel sick</b> ?	Always ①	Most of time ②	Sometime ③	Never ④
<b>P.3.</b>	How many days do you <b>forget to take medicine</b> in a week?	5-6 ①	3-4 ②	1-2 ③	Never ④
<b>P.4.</b>	When you <b>feel better</b> you think you should <b>stop medicine</b> ?	Always ①	Most of time ②	Sometime ③	Never ④
<b>P.5.</b>	Do you <b>follow your diet</b> suggested by <b>doctor</b> ?	Never ①	Sometime ②	Most of time ③	Always ④
<b>P.6.</b>	How many times your <b>intake salad</b> in a week?	0-1 ①	2-3 ②	4-5 ③	6-7 ④
<b>P.7.</b>	How many times your <b>intake fruits</b> in a week?	0-1 ①	2-3 ②	4-5 ③	6-7 ④
<b>P.8.</b>	How many times your <b>intake fast food</b> in a week?	5-7 ①	2-4 ②	0-1 ③	Never ④
<b>P.9.</b>	How many times your intake <b>fat rich food</b> in a week?	5-7 ①	2-4 ②	0-1 ③	Never ④
<b>P.10.</b>	How much <b>salt</b> intake your food?	High ①	Medium ②	Low ③	Saltless ④
<b>P.11.</b>	How much <b>sugar</b> intake your diet?	High ①	Medium ②	Low ③	Sugar free ④
<b>P.12.</b>	How many times do you <b>do yoga</b> in a week? (If never skip P.13.)	Never ①	1-2 days ②	3-4 days ③	5-6 days ④
<b>P.13.</b>	How much <b>time</b> do you <b>spent on yoga</b> in a day?	<30 min. ①	30-60 min. ②	1-1:30hr ③	>1:30hr ④
<b>P.14.</b>	How many times do you <b>go for walking</b> in a week? (If never skip P.15.)	Never ①	1-2 days ②	3-4 days ③	5-6 days ④
<b>P.15.</b>	How much <b>time</b> do you spent on <b>walking</b> in a day?	00-15 min. ①	15-30 min. ②	30-45 min. ③	45-60 min. ④

## Scoring of Questionnaires

**‘T’ Questionnaire Scoring :**    Yes ① = 1 point  
    No ② = 0 point

### **Interpretation of ‘T’ score:**

Interpretation of ‘T’ score will be based on the median score of the group and ranges derived from the following matrix:

Median	Range	Category
Below median	- 2 and less	Poor knowledge
Median	±2	Good knowledge
Above median	+ 2 and more	Good knowledge

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**‘A’ Questionnaire Scoring :**    Yes ① = 1 point  
    No ② = 0 point  
    Do not know ③ = 0 point

### **Interpretation of ‘A’ score:**

Interpretation of ‘A’ score will be based on the median score of the group and ranges derived from the following matrix:

Median	Range	Category
Below median	- 2 and less	Poor awareness
Median	±2	Good awareness
Above median	+ 2 and more	Good awareness

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**‘P’ Questionnaire Scoring :**    For questions 1 and 8:  
    ① = 0, ② = 0, ③ = 0, ④ = 1

    For questions 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, and 14:  
    ① = 0, ② = 0, ③ = 1, ④ = 1

    For questions 13 and 15:  
    ① = 0, ② = 1, ③ = 1, ④ = 1

### **Interpretation of ‘P’ score:**

Interpretation of 'P' score will be based on the median score of the group and ranges derived from the following matrix:

<b>Median</b>	<b>Range</b>	<b>Category</b>
Below median	- 2 and less	Poor practice
Median	$\pm 2$	Good practice
Above median	+ 2 and more	Good practice

