Department of General Practice, Westmead Hospital

Electronic Decision Support Feasibility Study
End of consultation questions

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Patient ID: I__I__I__I__I__I__I__I Sex (F/M): I__I

We are collecting this information to evaluate the EDS tool and develop it further. This is an untested tool; please use your clinical judgment to manage your patient. Your assistance is appreciated.

Please note that the questions below apply for this patient only

	Please indicate whether you agree or disagree with the statement below	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't know or not applicable
1.	The EDS printout was easy to understand	☐	☐	☐	☐	☐	☐
	The screening/ monitoring recommendations were appropriate	☐	☐	☐	☐	☐	☐
	The treatment recommendations were appropriate	☐	☐	☐	☐	☐	☐
	For patients already taking BP or cholesterol medicines, the recommendations on meeting targets were appropriate	☐	☐	☐	☐	☐	☐

2.	**Did you update your clinical records based on the recommendations of the EDS tool?**	Yes ☐	No ☐
	If yes, which of the following did you add or update?		

- ☐ Family history of cardiovascular disease
- ☐ Past history of cardiovascular disease
- ☐ Smoking status
- ☐ Genetic dyslipidaemia/ Familial Hypercholesterolaemia
- ☐ Diabetes status
- ☐ Other cardiovascular disease related information (please specify):

3.	**Did you order or perform any of the following for your patient in this consultation?**	Yes ☐	No ☐
	If yes, please tick as many as apply.		

☐ Blood pressure	☐ Total cholesterol	☐ Fasting Blood glucose/GTT
☐ Height & weight	☐ HDL	☐ Serum creatinine/ eGFR
☐ Waist circumference	☐ LDL	☐ Urinary Albumin Creatinine Ratio
☐ Urinalysis	☐ Triglycerides	☐ HbA1c
☐ ECG	☐ Electrolytes	
☐ Other tests (please specify):		

4.	**Did you change the treatment plan for your patient?**	Yes ☐	No ☐
	If yes, which of the following did you change or add?		

- ☐ Blood pressure lowering therapy
- ☐ Blood glucose lowering therapy
- ☐ Lipid lowering therapy
- ☐ Anti-platelet therapy (aspirin, clopidogrel, dipyrimadole etc.)
- ☐ Lifestyle modification advice (either Smoking, Nutritional, Alcohol or Physical Activity advice)
- ☐ Other treatments (please specify)