

Supplementary Fig. 4 Initial 17-item draft Statin Experience Assessment Questionnaire used for expert debriefing

Questionnaire

A statin is a medication used to lower cholesterol and sometimes people will have negative or unwanted experiences because of these medications. This questionnaire asks about your experiences with taking statins. Please select only one answer for each question by circling the number that best describes your experience **over the past 30 days**. There is no right or wrong answers to any of the questions.

	None ▼											As bad as you can imagine ▼
1. Rate the severity of your <u>muscle cramps</u> over the past 30 days.	0	1	2	3	4	5	6	7	8	9	10	
2. Rate the severity of your <u>muscle weakness</u> (for example, a feeling of heaviness or tiredness in the muscles) over the past 30 days.	0	1	2	3	4	5	6	7	8	9	10	
3. Rate the severity of your <u>muscle aches</u> (for example, muscles feeling sore, strained or stiff) over the past 30 days.	0	1	2	3	4	5	6	7	8	9	10	
4. Rate the severity of your <u>muscle pain</u> (for example, a throbbing or shooting pain in the muscles) over the past 30 days.	0	1	2	3	4	5	6	7	8	9	10	

Not
at all

Extremely



5. How much has <u>muscle cramps</u> interfered with your daily life over the past 30 days?	0	1	2	3	4	5	6	7	8	9	10
6. How much has <u>muscle weakness</u> (for example, a feeling of heaviness or tiredness in the muscles) interfered with your daily life over the past 30 days?	0	1	2	3	4	5	6	7	8	9	10
7. How much have <u>muscle aches</u> (for example, muscles feeling sore, strained or stiff) interfered with your daily life over the past 30 days?	0	1	2	3	4	5	6	7	8	9	10
8. How much has <u>muscle pain</u> (for example, a throbbing or shooting pain in the muscles) interfered with your daily life over the past 30 days?	0	1	2	3	4	5	6	7	8	9	10

As bad as you
can imagine

None



9. Rate the severity of your <u>headaches</u> over the past 30 days.	0	1	2	3	4	5	6	7	8	9	10
10. Rate the severity of your <u>nausea</u> over the past 30 days.	0	1	2	3	4	5	6	7	8	9	10
11. Rate the severity of your <u>tiredness</u> (or lack of energy) over the past 30 days.	0	1	2	3	4	5	6	7	8	9	10
12. Rate the severity of your <u>joint pain</u> over the past 30 days.	0	1	2	3	4	5	6	7	8	9	10

For consideration:

	Not at all ▼										Extremely ▼
13. How much have <u>headaches</u> interfered with your daily life over the past 30 days ?	0	1	2	3	4	5	6	7	8	9	10
14. How much have <u>nausea</u> interfered with your daily life over the past 30 days ?	0	1	2	3	4	5	6	7	8	9	10
15. How much has <u>tiredness</u> (or lack of energy) interfered with your daily life over the past 30 days ?	0	1	2	3	4	5	6	7	8	9	10
16. How much has <u>joint pain</u> interfered with your daily life over the past 30 days ?	0	1	2	3	4	5	6	7	8	9	10

	Not at all ▼										Extremely ▼
17. Overall , how much have your statin medication symptoms interfered with your daily life over the past 30 days ?	0	1	2	3	4	5	6	7	8	9	10