Appendix 1

**This appendix was part of the submitted manuscript and has been peer reviewed.
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Cardiovascular disease risk assessment: GP interview schedule

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PART 1: Initial risk assessment

1. Can you tell me how you make cardiovascular risk assessments for your patients? (note: prompt them to specify all the factors they consider, if needed)

2. Do you use absolute risk scores or not? (if not mentioned)

   a) Why do/don't you like to use this approach? Please explain your concerns about the absolute risk approach (if AR not used)
   b) What do you prefer to use instead? (if AR not used)
   c) How do you use this method to assess risk? (if AR not used)

3. Do you modify your approach to risk assessment for different types of patient? (prompt: older versus younger adults, adults with a family history or obesity)?

4. Are there any other circumstances where you think the absolute risk approach is less appropriate?

5. [If not already discussed] Some doctors have expressed concern that some factors they think are important are not included in the absolute risk approach (such as obesity, exercise, family history) while others do not consider this is a problem.

   a) What are your thoughts on this?

   b) Does this affect your management of patients in those categories in any way (related to obesity, exercise and family history)?

6. Once you have assessed a patient's level of risk, how do you usually communicate this to them?

   a) How do you describe their level of risk? (prompt: can you give examples of terms you use to describe level of risk?)

   b) Do patients have trouble understanding their level of risk?

   c) Do you use any tools to help you communicate risk to patients? (prompt: Do you use colour charts or risk calculators? Does this help patients understand their level of risk?)

   d) Do you modify this for different types of patient? (prompt: which ones? e.g. older/younger, low/high education)

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PART 2: Scenarios

Notes for interviewer:

- *If they can't use the information in the format provided, ask about these scenarios in a more general way – e.g. how do you manage patients if they have one elevated risk factor, such as blood pressure, but their overall risk isn't high enough to start treatment?*

- *Specify AR if they say they would calculate the risk*

7. Please describe how you would manage the following cases

    a) male aged 61, no diabetes or family history of CVD, non-smoker, systolic blood pressure 156, total cholesterol 4.9, HDL cholesterol 1.6, cholesterol ratio 3.0 (total/HDL) - how would you manage this case? *(note: high BP but low AR - 9%)*

    b) male aged 61, no diabetes or family history of CVD, non-smoker, systolic blood pressure 116, total cholesterol 6.4, HDL cholesterol 1.0, cholesterol ratio 6.4 (total/HDL) - how would you manage this case? *(note: high chol but low AR - 9%)*

    c) male aged 61, no diabetes or family history of CVD, smoker, systolic blood pressure 131, total cholesterol 5.4, HDL cholesterol 1.2, cholesterol ratio 4.5 (total/HDL) *(note: ok BP/chol but high AR due to smoking - 16%)*

        i. how would you manage this case?

        ii. what would you do for this patient if he was not willing to quit smoking (if not discussed)?

8. What are the main challenges in managing cases such as these?

9. Are there any other aspects of CVD risk assessment that can be difficult to manage or concern you?

10. When deciding how to manage a patient's CVD risk, how do you use the information about all the different risk factors you've mentioned to come to a decision?
(prompt: you mentioned [family history, obesity etc] - how would you take that into account along with other risk factors like blood pressure and cholesterol?)

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PART 3: Re-assessment

11. How do you manage patients who are at elevated risk of cardiovascular disease, but the risk isn't high enough to start medical treatment straight away? (prompt: if they refer back to cases, ask if they would manage other patients differently)

12. If you re-assess them,

    a) How do you reassess them? (prompt: all tests, some tests, recalculate AR etc?)

    b) How frequently do you reassess them?

    c) What factors influence what you do and how often you do it?

13. What do you tell your patients when recommending re-assessment? (prompt: do you recommend lifestyle changes before the next assessment?)

14. What are your main aims of re-assessment?

15. Are there any aspects of re-assessment that can be difficult to manage or concern you?

16. From your experience, what would you say are the main things the patients want from coming to see you for re-assessment?
    a) Do they ever report feeling worried prior to their appointments or seem anxious while here?
    b) How do you manage patient anxiety or concerns?
    c) Do they report feeling relieved or reassured?

17. Once your patients are on medical treatment, how do you monitor them?

18. Are there any aspects of CVD risk assessment and management that you think could be improved? How? (note: focus on pre-treatment monitoring)