Supplemental material

BMJ Publishing Group Limited (BMJ) disclaims all liability and responsibility arising from any reliance placed on this supplemental material which has been supplied by the author(s)

BMJ Open

Appendix 1:

1a: Data collection sheet for baseline reviews

DATA COLLECTION SHEET **BASELINE**

PARICIPANT DETAILS

1. ID code:

2. Gender:

3. Allergies:

APPOINTMENT DETAILS

Pharmacy site:

Appointment date:

GENERAL ASSESSMENT

Medical conditions:

Medication History:

Relevant lifestyle factors:

☐ Diet

1

☐   Physical activity

_____

☐   Smoking:

_____

☐   Other (e.g. alcohol intake):

_____

Family history of the following:

☐   Hypertension

☐   Type II Diabetes

☐   Obesity

☐   Dyslipidaemia

☐   History of cardiovascular events (stroke, myocardial infarction)

☐   Other:

PHYSICAL HEALTH PARAMETERS

Weight (kg):

Height (cm):

Supplemental material

BMJ Publishing Group Limited (BMJ) disclaims all liability and responsibility arising from any reliance placed on this supplemental material which has been supplied by the author(s)

BMJ Open

BMI:

Waist circumference (cm):

Blood Glucose levels (tick relevant):

☐ Random:

☐ Fasting:

Serum Lipid levels (tick relevant):

☐ Random:

☐ Fasting:

TG:

HDL:

Blood Pressure:

	First reading	Second reading	Third reading
Systolic			
Diastolic			

OSA ASSESSMENT

STOP – Bang Questionnaire result:

Action taken (if any):

PATIENT EDUCATION

3

Supplemental material

BMJ Publishing Group Limited (BMJ) disclaims all liability and responsibility arising from any reliance placed on this supplemental material which has been supplied by the author(s)

BMJ Open

Discussion of relevant lifestyle factors

_____

_____

_____

_____

_____

_____

_____

Goals and relevant strategies discussed:

_____

_____

_____

_____

_____

_____

_____

Referral to GP

☐ Yes

☐ No

Reason for referral (if referred):

_____

_____

_____

_____

_____

Pharmacist signature & date: …………………………

4

Extra documentation space (please label and document clearly):

1b: Data collection sheet for follow-up reviews

DATA COLLECTION SHEET **FOLLOW-UP**

PARTICIPANT DETAILS

4.   ID code:

5.   Gender:

6.   Allergies:

APPOINTMENT DETAILS

Pharmacy site:

Appointment date:

GENERAL ASSESSMENT

Medical conditions:

Medication History:

Relevant lifestyle factors:

☐   Diet

6

☐ Physical activity

☐ Smoking:

☐ Other (e.g. alcohol intake):

Family history of the following:

    ☐ Hypertension

    ☐ Type II Diabetes

    ☐ Obesity

    ☐ Dyslipidaemia

    ☐ History of cardiovascular events (stroke, myocardial infarction)

    ☐ Other:

PHYSICAL HEALTH PARAMETERS

Weight (kg):

Height (cm):

BMI:

Waist circumference (cm):

Blood Glucose levels (tick relevant):

- ☐ Random:

- ☐ Fasting:

Serum Lipid levels (tick relevant):

- ☐ Random:

- ☐ Fasting:

TG:

HDL:

Blood Pressure:

	First reading	Second reading	Third reading
Systolic			
Diastolic			

PATIENT EDUCATION

Was the participant previously referred to a GP? **Yes/ No**

If yes -   did the participant act on the referral? **(Why/Why not)**

- **please document** nature of discussion and action taken by GP (e.g referrals, medications etc)

Discussion of relevant lifestyle factors:

8

_____

_____

_____

_____

_____

_____

Goals and relevant strategies discussed:

_____

_____

_____

_____

_____

_____

_____

_____

Referral to GP

- ☐ Yes
- ☐ No

Reason for referral (if referred):

_____

_____

_____

_____

_____

Pharmacist signature & date: …………………………

9

Extra documentation space (please label and document clearly):

10