Bring this printout to your next doctor's appointment. It will help your doctor find the cholesterol treatment that's right for you.

## 1. My treatment preferences and questions (complete before the visit)

## **Treatment preferences**

Issue	How important is it to me?
Get my cholesterol as low as possible.	<ul> <li>not very important</li> <li>somewhat important</li> <li>very important</li> </ul>
Minimize my risk of side effects.	<ul> <li>not very important</li> <li>somewhat important</li> <li>very important</li> </ul>
Minimize the risk of interactions with my other medications.	<ul> <li>not very important</li> <li>somewhat important</li> <li>very important</li> </ul>
Convenient dosing.	<ul> <li>not very important</li> <li>somewhat important</li> <li>very important</li> </ul>
Affordable cost.	<ul> <li>not very important</li> <li>somewhat important</li> <li>very important</li> </ul>
Other:	<ul> <li>not very important</li> <li>somewhat important</li> <li>very important</li> </ul>
Other:	<ul> <li>not very important</li> <li>somewhat important</li> <li>very important</li> </ul>
Other:	<ul> <li>not very important</li> <li>somewhat important</li> <li>very important</li> </ul>

#### Treatment questions:

Do you think healthy lifestyle changes will be enough to lower my cholesterol, or will I also need medication treatment?
Which medication would you recommend?
What is the most appropriate dose to control my cholesterol?
How do I use the medication?
When can I expect the medication to start working?
How will I know that the medication is working?
What cholesterol levels should I aim for?
What side effects should I watch out for, and what should I do if they occur?
Will the medication interact with my other medications?
Should I have any other tests (e.g., blood pressure, blood sugar, hs-CRP testing) to assess my risk of developing heart disease and its complications?
Other:
Other:
Other:

2. My doctor's recommendations (doctor to complete at visit):

### A. Recommended adjustments to treatment plan (doctor to complete by checking all that apply and filling in dose, if applicable):

Doctor's recommendations (to be filled out by your doctor):	Dose
Statins	
Crestor® (rosuvastatin); generic brands also available	
Lescol/Lescol XL® (fluvastatin)	
Lipitor® (atorvastatin; also available in combination with amlodipine under the brand name Caduet®); generic brands also available	



Doctor's recommendations (to be filled out by your doctor):	Dose
Statins	
Mevacor® (lovastatin); generic brands also available	
<ul> <li>Pravachol® (pravastatin; also available in combination with acetylsalicylic acid [ASA] under the brand name PravASA®); generic brands also available</li> </ul>	
Zocor® (simvastatin); generic brands also available	
Cholesterol absorption inhibitor	
Ezetrol® (ezetimibe)	
Resins	
Colestid® (colestipol)	
Cholestyramine (generic brands)	
Lodalis® (colesevelam)	
Fibrates	
Bezalip SR® (bezafibrate); generic brands also available	
Lipidil Micro®, Lipidil Supra®, Lipidil EZ® (fenofibrate); generic brands also available	
Lopid® (gemfibrozil); generic brands also available	
Niacin (single and combination products)	
Advicor® (niacin plus lovastatin)	
Niaspan®, Niaspan FCT® (extended-release niacin)	
<ul> <li>Other niacin products (e.g., generic brands of slow-release and immediate-release niacin)</li> </ul>	



Doctor's recommendations (to be filled out by your doctor):	Dose	
Healthy lifestyle changes	Goal (e.g., lose 10 pounds in the next month)	
Eat a healthier diet		
Get more physical activity		
Reach or maintain a healthy weight		
Quit smoking		
Use alcohol more moderately		

#### Follow-up appointment date:

Notes:			

