

SUPPLEMENTAL MATERIAL

Table S1. Adverse Symptom Example Survey Questions.

Example side effect and symptom related questions from the PALM patient survey.

Have you experienced any of the following symptoms while taking a statin?

Please select all that apply.

If currently or previously on a statin

- muscle aches/cramps
 - memory loss, forgetfulness, or confusion
 - weakness
 - nausea/vomiting/stomach upset
 - constipation
 - fatigue
 - hives/itching
 - other (free text)
 - I have not experienced any symptoms
 - I don't know/can't remember
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What was the reason for stopping your last statin? Please select all that apply.

If not on a statin now, but previously on a statin

- My doctor felt it was no longer needed
 - I didn't like taking a medication every day
 - Too expensive/cost
 - I lost/changed my insurance
 - I did not notice any improvement in how I felt while on this medication
 - I prefer natural remedies or supplements instead of prescription medicines
 - I had side effects
 - A friend or relative recommended I stop
 - Information I read (online, magazine) or heard suggested that I stop
 - Other _____
 - I don't know/can't remember
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