<u>Supplementary Material 1.</u> Questionnaire on apolipoprotein B (apoB) Testing Knowledge and Practice in Cardiovascular Risk Assessment

Section I: Demographic and Professional Characteristics	
1. What is your age (years)?	a) < 35 years b) 35-40 years c) 41-45 years d) 46-50 years e) >50 years
2. What is your Sex:	a) Male b) Female
3. What is your profession?	a) Physician b) Pharmacist
4. What is your specialty:	a) Cardiology b) Family medicine c) Endocrinology d) Ambulatory care e) Internal medicine f) Community medicine g) Nephrology h) General practice (GP) i) Others
5. What is your current primary workplace?	a) Governmental hospital/Clinics b) Private hospital/Clinics c) Academic Institution
6. How many years of experience as a practicing physician or clinical pharmacist do you have?	a) 1-5 years b) 6-10 years c) 11-15 years d) >15 years
7. On average, approximately, how many patients do you see per week?	a) less than 25 patients b) 25-50 patients c) 51-75 patients d) 76-100 patients e) > 100 patients

Section II: Knowledge regarding the role of apoB in the clinical management of cardiovascular risk in adults before and during treatment with lipid lowering therapy	
1. ApoB measurement provides additional essential information to that found in a standard lipoprotein lipid panel.	a) Yes b) No c) Not sure
2. LDL-C is superior to apoB in ASCVD risk assessment.	d) Yes e) No f) Not sure
3. ApoB measurement is a direct measure that represents the total concentration of the atherogenic lipoprotein particles in the circulation	a) Yes b) No c) Not sure
4. Unlike other lipid tests, there is no suggested prevention or treatment thresholds for apoB	a) Yes b) No c) Not sure
5. There are published clinical guidelines in Saudi Arabia that provide guidance on the apoB analysis	a) Yes b) No c) Not sure
6. ApoB measurement is only beneficial to assess the impact of genetic risk factors of dyslipidemia	a) Yes b) No c) Not sure
7. ApoB testing requires specialized laboratories to be performed which hinders its availability in routine practice	a) Yes b) No c) Not sure
8. ApoB is only measured in patients who have already experienced a cardiovascular event	a) Yes b) No c) Not sure
9. In which clinical scenarios is apoB testing most beneficial for assessing ASCVD risk?	a) Initial risk assessment for all patients with dyslipidemia b) When there is discordance between LDL-C and non-HDL-C levels c) Following lipid-lowering therapy to assess response d) Not sure
10. Which measurement is most reliable for assessing ASCVD residual risk in patients with lipid profile discordance?	a) LDL-C b) Non-HDL-C c) ApoB d) Not sure

Section III: Practice and utilization	
1. How often do you use a risk calculator to estimate the 10-year risk of ASCVD in your practice for primary prevention?	a) Never b) Rarely c) Occasionally d) Frequently
2. Do you routinely assess apoB levels in patients considered at high risk for ASCVD?	a) Yes - for all high-risk patients b) Yes - but only for selected high-risk cases c) No - but would consider testing when available d) No - do not perceive a clinical need e) No - unfamiliar with its clinical use
Section IV: Educational interest	
1. How interested are you in attending continuing education (CE) activity focused on the importance of ApoB in cardiovascular risk assessment?	a) Very interested b) Interested c) Neutral d) Not interested e) Not very interested

Low-Density Lipoprotein Cholesterol (LDL-C), Very-low-density lipoprotein Cholesterol (VLDL-C), Non-High-Density Lipoprotein Cholesterol (non-HDL-C), Apolipoprotein B (ApoB)