

Supplementary File

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Provision of informed consent prior to any study-specific procedures 	<ul style="list-style-type: none"> • Contraindication to rosuvastatin, i.e., patients with hypersensitivity to rosuvastatin or any of the excipients
<ul style="list-style-type: none"> • Women or men aged 18-80 years, diagnosed with dyslipidemia or hyperlipidemia (LDL-C \geq100.5 mg/dL and TG <400.4 mg/dL) at high risk^a and prescribed rosuvastatin 	<ul style="list-style-type: none"> • Active liver disease including unexplained, persistent elevations of serum transaminases exceeding 3x the upper limit of normal
<ul style="list-style-type: none"> • Access to a smartphone compatible with the patient support tool and clinical evaluation questionnaire, and comfortable with using interactive smartphone applications 	<ul style="list-style-type: none"> • Severe renal impairment (creatinine clearance <30 mL/min)
<ul style="list-style-type: none"> • Ability to read, understand, and write Chinese 	<ul style="list-style-type: none"> • Myopathy
<ul style="list-style-type: none"> • Statin naïve or without statin use during the last 4 weeks prior to enrollment, except for patients receiving \leq7 doses of statin during current hospitalization before enrollment 	<ul style="list-style-type: none"> • Concomitant use of cyclosporine
	<ul style="list-style-type: none"> • Pregnant or lactating females and women of childbearing potential not using appropriate contraceptive measures
	<ul style="list-style-type: none"> • Involvement in the planning and/or conduct of the study
	<ul style="list-style-type: none"> • Previous enrollment or randomization in the study
	<ul style="list-style-type: none"> • Participation in another clinical study with an investigational product or device during the last 30 days^b

Table S1: Inclusion and exclusion criteria for patients eligible to participate in the study.

^aHigh risk was defined as including any of the following: documented cardiovascular disease by invasive or non-invasive testing (such as coronary angiography, nuclear imaging, stress echocardiography, carotid plaque on ultrasound), previous myocardial infarction, acute coronary syndrome, coronary revascularization, coronary artery bypass graft, and other arterial revascularization procedures, ischemic stroke and peripheral arterial disease, patients with type 2 diabetes, patients with type 1 diabetes with target organ damage (such as microalbuminuria), and patients with moderate-to-severe chronic kidney disease (glomerular filtration rate <60 mL/min/1.73m²); ^bExcluding prospective/retrospective register-based studies that do not require any extra visits in addition to ordinary healthcare.

Abbreviations: LDL-C: low-density lipoprotein cholesterol; TG: triglycerides.

1. Over the past 4 weeks, did you see a doctor to get your rosuvastatin prescription? (No/Yes)
(If No – go to Q4, if Yes – go to Q2)
2. When did you last see a doctor to get your rosuvastatin prescription? (Date from pop-up calendar showing the past 4 weeks)
3. At that last visit, how many days of rosuvastatin treatment did you get on your prescription? (Number from 1 to 28)
4. Over the past 4 weeks, did you take your rosuvastatin pills everyday? (No/Yes)
(If No – go to Q5; if Yes – go to Q8)
5. Over the past 4 weeks, how many days did you take your rosuvastatin medication? (Number from 0 to 27)
6. When you did not take your rosuvastatin medication over the past 4 weeks, how often did you forget taking it? (Never/Sometimes/Often)
7. When you did not take your rosuvastatin medication over the past 4 weeks, how often did you deliberately not take it? (Never/Sometimes/Often)
8. Do you think it is harmless if you sometimes do not take your rosuvastatin medication? (No/Yes)
9. Did you ever have problems remembering taking your rosuvastatin medication? (No, never/Sometimes/Yes, often)
10. Do you find it inconvenient or difficult sticking to your rosuvastatin medication plan? (No, not at all/Somewhat/Yes, very)
11. Do you understand why you are taking your rosuvastatin medication? (No, not at all/Partly/Yes, completely)
12. Do you think that the good things about taking your rosuvastatin medication outweigh the bad? (No, not at all/Partly/Yes, completely)

Table S2: Rosuvastatin Adherence Questionnaire (RAQ).

We would like to ask you your personal views about medicines in general.				
• These are statements other people have made about medicines in general.				
• Please indicate the extent to which you agree or disagree with them by ticking the appropriate box.				
• There are no right or wrong answers. We are interested in your personal views.				
• Please only tick one box per question.				
11) Doctors use too many medicines				
Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) People who take medicines should stop their treatment for a while every now and again				
Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Most medicines are addictive				
Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Natural remedies are safer than medicines				
Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Medicines do more harm than good				
Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) All medicines are poisons				
Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Doctors place too much trust on medicines				
Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) If doctors had more time with patients, they would prescribe fewer medicines				
Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table S3: Beliefs about Medicine Questionnaire-General (BMQ-G)¹.

¹Horne R, Weinman J, Hankins M (1999) The beliefs about medicines questionnaire: the development and evaluation of a new method for assessing the cognitive representation of medication. Psychol Health 14: 1-24.

LSQ-V1	LSQ-V1
1. I eat a healthy diet. [Agree fully/Agree partly/Disagree/Don't know - Not applicable]	Compared to when I started in this study, I eat a more healthier diet. [Agree fully/Agree partly/Disagree/Don't know - Not applicable]
2. I exercise regularly. [Agree fully/Agree partly/Disagree/Don't know - Not applicable]	2. Compared to when I started in this study, I exercise more. [Agree fully/Agree partly/Disagree/Don't know - Not applicable]
3. Which of the following describes you? [I currently smoke/I'm trying to give up smoking/I have given up smoking/I have never smoked]	3. Which of the following describes you? [I currently smoke/I'm trying to give up smoking/I have given up smoking/I have never smoked]

Table S4: Lifestyle Questionnaire-Visit 1 (LSQ-V1) and Visit 2 (LSQ-V2).

