Dyslipidemia Core

Collection date for dyslipidemia information:	
	(DD-MM-YYYY)
DYSLIPIDEMIA	
Has a doctor or healthcare worker ever told the participant that he/she has dyslipidemia?	YesNo
(If Yes) At what age was the participant first told this?	
	(Provide age in years.)
Was it confirmed with a laboratory test?	○ Yes
	○ No
Has the participant ever taken medication for	○ Yes now
dyslipidemia?	Yes not nowNo
(If Yes) At what age did the participant start taking medication for dyslipidemia?	
medication for ajonplacina.	(Provide age in years.)

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