Table S1: Survey questions and evidence.

Q number in bold as presented in the published paper. (q number) in brackets as ordered in the original survey.
Q1 (q2) **Aspirin after TIA** A 75 year old man has a TIA. He is a non-smoker, does not have AF and his blood pressure and lipids are treated according to guidelines. If he is prescribed Aspirin 75mg daily: a) What is the percentage Absolute Risk Reduction for stroke over 5 years? b) What is the Absolute Risk Increase for major GI bleeding over 5 years? **Correct answers:** 10% and 1% respectively **Evidence:** Antithrombotic Trialists C. Aspirin in the primary and secondary prevention of vascular disease: collaborative meta-analysis of individual participant data from randomised trials. *The Lancet* 2009;373(9678):1849-60.
Q2 (q8) **Anti-coagulation for Atrial Fibrillation** A 75 year old man has Atrial Fibrillation. He also has hypertension and Type 2 Diabetes which are well controlled and has previously had a TIA . His renal and liver function are normal, he does not drink excessively and is not taking any other medication which increases bleeding risk. a) If we prescribe an anticoagulant (assume warfarin or NOACs have approximately the same benefit/harm), what is the percentage Absolute Risk Reduction for stroke over 1 year? b) If we prescribe an anticoagulant (assume warfarin or NOACs have approximately the same benefit/harm), what is the percentage Absolute Risk Increase of major bleeding (intracranial, GI bleed needing hospital admission/transfusion or haemoglobin drop > 2g/dL) over 1 year? **Correct answers:** 6% and 1.5% respectively **Evidence:** Calculated using Patient decision aid. National Institiute for Health and Care Excellence. Atrial fibrillation: management 2014.
Q3 (q6) **Mediterranean Diet** A 55 year old man has had an ST-Elevation Myocardial Infarction in the last year and is advised to follow a Mediterranean Style Diet. What is the percentage Absolute Risk Reduction (ARR) in Cardiovascular Mortality over 2 years? **Correct answer:** 4% **Evidence:** de Lorgeril M, Renaud S, Salen P, et al. Mediterranean alpha-linolenic acid-rich diet in secondary prevention of coronary heart disease. *The Lancet* 1994;343(8911):1454-59.
Q4 (q11) **Beta-blockers after MI** A 55 year old man who is a smoker has an ST-elevation myocardial infarction. Afterwards he has a normal left ventricle. Assuming his blood pressure is well-controlled and other aspects of his treatment are optimized, if we prescribe a beta-blocker to the recommended dose:

What is the percentage Absolute Risk Reduction (ARR) in Cardiovascular mortality after two years?

Correct answer : 2.3%
Evidence: BHAT Research Group. A randomized trial of propranolol in patients with acute myocardial infarction: I. mortality results. *JAMA* 1982;247(12):1707-14.

Q5 (q15) **ACE inhibitors after MI**

A 60 year old man has a normal left ventricle following a ST-Elevation Myocardial Infarction.
He does not have diabetes, his blood pressure is well controlled and he is taking aspirin, a statin and a beta-blocker. If we add an ACE inhibitor at the recommended dose to his treatment regime:

What is the percentage Absolute Risk Reduction (ARR) in combined adverse events (MI, coronary revascularisation and death) after 5 Years?

Correct answer: 1%
Evidence: Al-Mallah MH, Tleyjeh IM, Abdel-Latif AA, et al. Angiotensin-Converting Enzyme Inhibitors in Coronary Artery Disease and Preserved Left Ventricular Systolic Function: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Journal of the American College of Cardiology* 2006;47(8):1576-83.

Q6 (q12) **Beta-blockers for Heart Failure**

A 63 year old man has heart failure due to ischaemic heart disease with a reduced left ventricular ejection fraction of 32%. Assuming other aspects of his treatment (such as diuretics and ACE inhibitor) are optimised, if we prescribe a beta-blocker to the recommended dose:

What is the percentage Absolute Risk Reduction in total mortality over 2 years?

Correct answer: 3.4%
Evidence: Dargie HJ. Effect of carvedilol on outcome after myocardial infarction in patients with left-ventricular dysfunction: the CAPRICORN randomised trial. *Lancet*. 2001 May 5;357(9266):1385-90

Q7 (q14) **ACE inhibitors for Heart Failure**

A 61 year old woman has a history of MI and Heart Failure with a reduced Left Ventricular Ejection Fraction (at 25%). She is breathless on moderate exertion and her blood pressure is 125/77mmHg. If we treat her with an ACE inhibitor:

a) What is the percentage Absolute Risk Reduction (ARR) in Cardiovascular death after 3 years?
What is the percentage Absolute Risk Increase in the following side effects over 3 years?
b) Cough?
c) Dizziness or fainting?

Correct answers: 5%, 6% and 7% respectively
Evidence: The SOLVD Investigators. Effect of Enalapril on Survival in Patients with Reduced Left Ventricular Ejection Fractions and Congestive Heart Failure. *NEJM* 1991 325;5:293-302

Q8 (q7) **ACE inhibitors for CKD**

A 66 year old man has hypertension and CKD. His blood pressure is well controlled at 130/75mmHg with a thiazide and calcium channel blocker. His eGFR is 56 ml/min/1.73m2 and he has no albuminuria. If we prescribe him an ACE inhibitor:

a) What is the percentage Absolute Risk Reduction for End-Stage Renal Disease over 5 years?
b) What is the percentage Absolute Risk Reduction for Cardiovascular Events over 5 years?

Correct answers: 0%
Evidence: Qaseem A, Hopkins RH, Jr., Sweet DE, et al. Screening, monitoring, and treatment of stage 1 to 3 chronic kidney disease: A clinical practice guideline from the American College of Physicians. *Ann Intern Med* 2013;159(12):835-47.

Q9 (q17) **Treating Hypertension - part 1**

A 58 year old woman of Black Carribean ethnicity is diagnosed with Hypertension on home blood pressure readings of 152/92mmHg. She has no other cardiovascular risk factors.
If we treat her hypertension with medication to a BP target of <140/85mmHg:

What is the percentage Absolute Risk Reduction (ARR) in cardiovascular events over 10 years?

Correct answer: 1%
Evidence: This is based on applying a 20% RRR to her 10 year Cardiovascular risk of 5% calculated using QRisk 3.
Viera AJ, Hawes EM. Management of mild hypertension in adults. *BMJ* 2016;355
Hippisley-Cox J, Coupland C, Brindle P. Development and validation of QRISK3 risk prediction algorithms to estimate future risk of cardiovascular disease: prospective cohort study. *BMJ* 2017;357

Q10 (q18) **Treating Hypertension - part 2**

A 58 year old man of South Asian ethnicity is diagnosed with Hypertension on home blood pressure readings of 183/105mmHg. He has no other cardiovascular risk factors and his BMI is 26kg/m^2. If we treat his hypertension with medication to a BP target of <140/85mmHg:

What is the percentage Absolute Risk Reduction (ARR) in cardiovascular events over 10 years?

Correct answer: 5%
Evidence: This is based on applying a 33% RRR to his 10 year Cardiovascular risk of 5% calculated using QRisk 3.
Musini VM, Tejani Am Fau - Bassett K, Bassett K Fau - Wright JM, et al. Pharmacotherapy for hypertension in the elderly. *Cochrane Database Syst Rev.* 2017, Issue 8. Art. No.: CD008276.

Q11 (q9) **Statins - Primary Prevention**

A 64 year old woman of South-Asian ethnicity has a Cholesterol:HDL level of 6.1
She has a significant family history of ischaemic heart disease and treated hypertension. Her QRisk score is 20%. If we prescribe her Atorvastatin 20mg once daily:

What is the Absolute Risk Reduction (ARR) for Cardiovascular Events over 10 years? **Correct answer:** 7% **Evidence:** Calculated using Patient decision aid. National Institiute for Health and Care Excellence. Cardiovascular disease: risk assessment and reduction, including lipid modification. 2014
Q12 (q4) **Diabetes and Blood Pressure - part 1** A 56 year old Caucasian man has had Type 2 diabetes for 2 years. He has no complications and his HbA1c is 52mmol/mol (6.9%). Total cholesterol 5.6mmol/L, eGFR 70ml/min/1.73m2. His blood pressure is 154/87 in clinic. If we treat his blood pressure with medication to lower it to a target of 140/80mmHg : What is the percentage Absolute Risk Reduction (ARR) for stroke after 5 years? **Correct answer:** 1% **Evidence:** Group UKPDS. Efficacy of atenolol and captopril in reducing risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 39. *BMJ : British Medical Journal* 1998;317(7160):713-20.
Q13 (q5) **Diabetes and blood pressure - part 2** If we treated the same patient to an even lower blood pressure target, aiming for below 120/80mmHg : What is his percentage Absolute Risk Reduction (ARR) of stroke after 5 years? Compared to treating him to the previous target of 140/80. **Correct answer:** 1% **Evidence:** Group AS. Effects of Intensive Blood-Pressure Control in Type 2 Diabetes Mellitus. *New England Journal of Medicine* 2010;362(17):1575-85. doi: 10.1056/NEJMoa1001286
Q14 (q10) **Type 2 diabetes - glycaemic control** A 55 year old Caucasian man has Type 2 diabetes and an HbA1c of 64mmol/L (8.0%). Assuming we address his other risk factors, if we lower his HbA1c to 57mmol/L (7.4%) using Metformin : What is the Absolute Risk Reduction for the following outcomes over 10 years? a) Myocardial Infarction b) Combined microvascular end-points (blindness in one eye, amputation, end-stage renal disease) c) Deaths (overall mortality) **Correct answer:** 3%, 0% and 0% respectively **Evidence:** UKPDS 34. Effect of intensive blood-glucose control with metformin on complications in overweight patients with type 2 diabetes (UKPDS 34). *The Lancet* 1998;352(9131):854-65.
Q15 (q20) **Type 2 diabetes - glycaemic control** A 60 year old Caucasian man has had Type 2 Diabetes for 10 years. His HbA1c has been averaging 68mmol/mol (8.4%) with diet and medication. If we intensify his treatment (by any means) and achieve a HbA1c of 53mmol/mol (7%): What is the Absolute Risk Reduction for the following outcomes over 5 years? a) Myocardial Infarction

b)Combined microvascular end-points (blindness in one eye, amputation, end-stage renal disease)
c)Deaths (overall mortality)
d) On this intensive treatment, what is the percentage Absolute Risk Increase in severe hypoglycaemia over 5 years?

Correct answer(s): 0%, 0%, 0% and 5% respectively.
Evidence: Duckworth W, Abraira C, Moritz T, et al. Glucose Control and Vascular Complications in Veterans with Type 2 Diabetes. *New England Journal of Medicine* 2009;360(2):129-39. doi: 10.1056/NEJMoa0808431

Q16 (q13) **COPD - Inhaled steroids/LABA**
A 60 year old woman has severe COPD with a FEV1 of <50% predicted. She has one or two exacerbations every year. If we prescribe a combined Corticosteroid/LABA inhaler to be taken daily:

What is the percentage Absolute Risk Reduction (ARR) for the following outcomes over 2 years?
a)Exacerbations and/or hospital admissions
b)Death from any cause
c) What is her percentage Absolute Risk Increase in getting pneumonia over 2 years?

Correct answers: 2%, zero and 1% respectively
Evidence: Nannini LJ, Poole P, Milan SJ, et al. Combined corticosteroid and long-acting beta2-agonist in one inhaler versus placebo for chronic obstructive pulmonary disease. *Cochrane Database of Systematic Reviews* 2013(11)

Q17 (q1) **Calcium and Vitamin D**
A 75 year old Caucasian woman who lives independently at home and has no additional risk factors for osteoporosis is prescribed a twice daily Calcium and Vitamin D supplement (1500mg + 400iU b.d.)

What is the percentage Absolute Risk Reduction (ARR) for any fracture over 2 years?

Correct answer: 0.2%
Evidence: Avenell A, Mak JC, O'Connell D. Vitamin D and vitamin D analogues for preventing fractures in post-menopausal women and older men. *Cochrane Database Syst Rev* 2014(4):CD000227.

Q18 (q16) **Alendronate for fracture prevention**
A 54 year old Caucasian woman has a bone density scan as part of a private health check. She has no risk factors for osteoporosis and her BMI is 26.Her femoral neck T-score is reported as -1.8. If we prescribe her Alendronate 70mg per week (with Calcium and Vitamin D):

What is the percentage Absolute Risk Reduction (ARR) in the following outcomes after 3 years?
a) Hip Fracture?
b) Any Osteoporotic Fracture?

Correct answers: 2.8% and 0.4% respectively

Evidence: A RRR of 50% has been applied to baseline fracture rates predicted from the FRAX prediction tool.
Wells GA, Cranney A Fau - Peterson J, Peterson J Fau - Boucher M, et al. Alendronate for the primary and secondary prevention of osteoporotic fractures in postmenopausal women. *Cochrane Database Syst Rev* 2008 Jan 23;(1):CD001155.
University of Sheffield. FRAX Fracture Risk assesment Tool 2008

Q 19 (q3) **Alendronate for Fracture Prevention**
A 71 year old Caucasian woman has had a Colles fracture. She is a non-smoker and has no other major risk factors for osteoporosis. She has a Bone Density Scan and her combined T score is -2.1. If we prescribe her Alendronate 70mg per week (with Calcium and Vitamin D):

a) What is the percentage Absolute Risk Reduction (ARR) for hip fracture over 3 years?
b) What is the percentage Absolute Risk Reduction for ANY fracture (hip+wrist+spine+others) over 3 years?

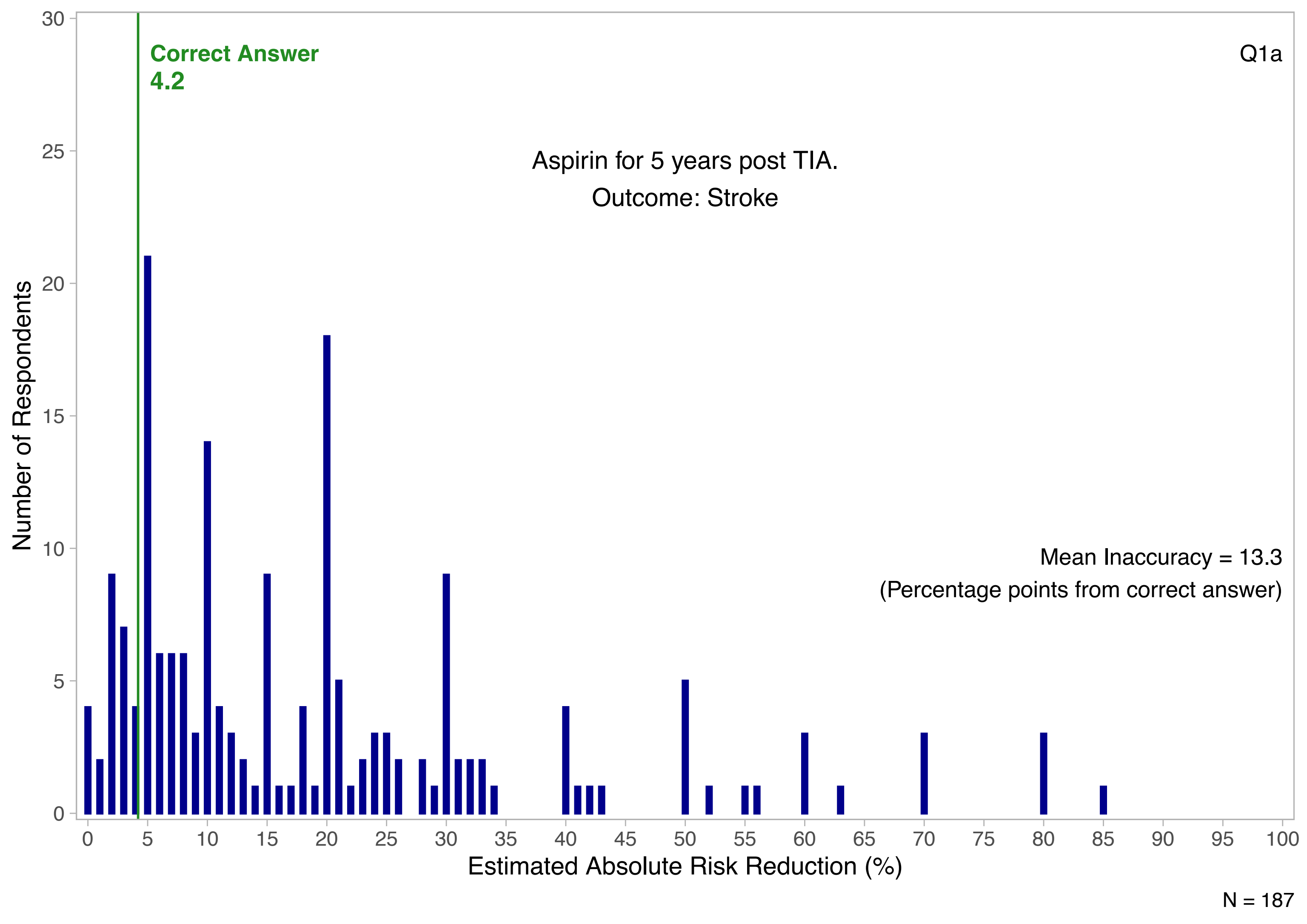
Correct answers: 1% and 6% respectively
Evidence: Wells GA, Cranney A Fau - Peterson J, Peterson J Fau - Boucher M, et al. Alendronate for the primary and secondary prevention of osteoporotic fractures in postmenopausal women. *Cochrane Database Syst Rev* 2008 Jan 23;(1):CD001155

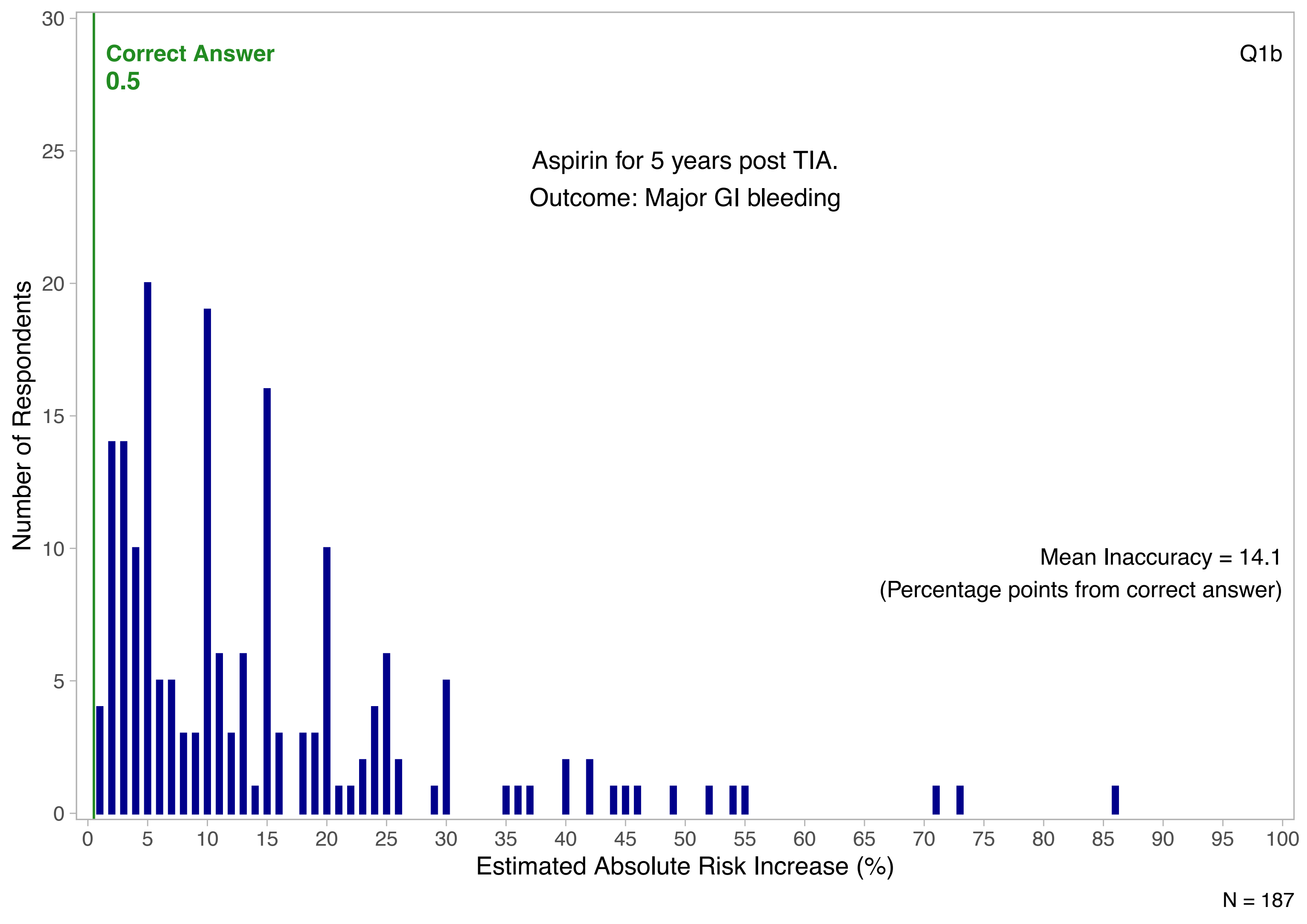
Q20 (q19) **Finasteride for BPH**
A 75 year old man with lower urinary tract symptoms has been diagnosed with benign prostatic hyperplasia. If we prescribe Finasteride 5mg daily:

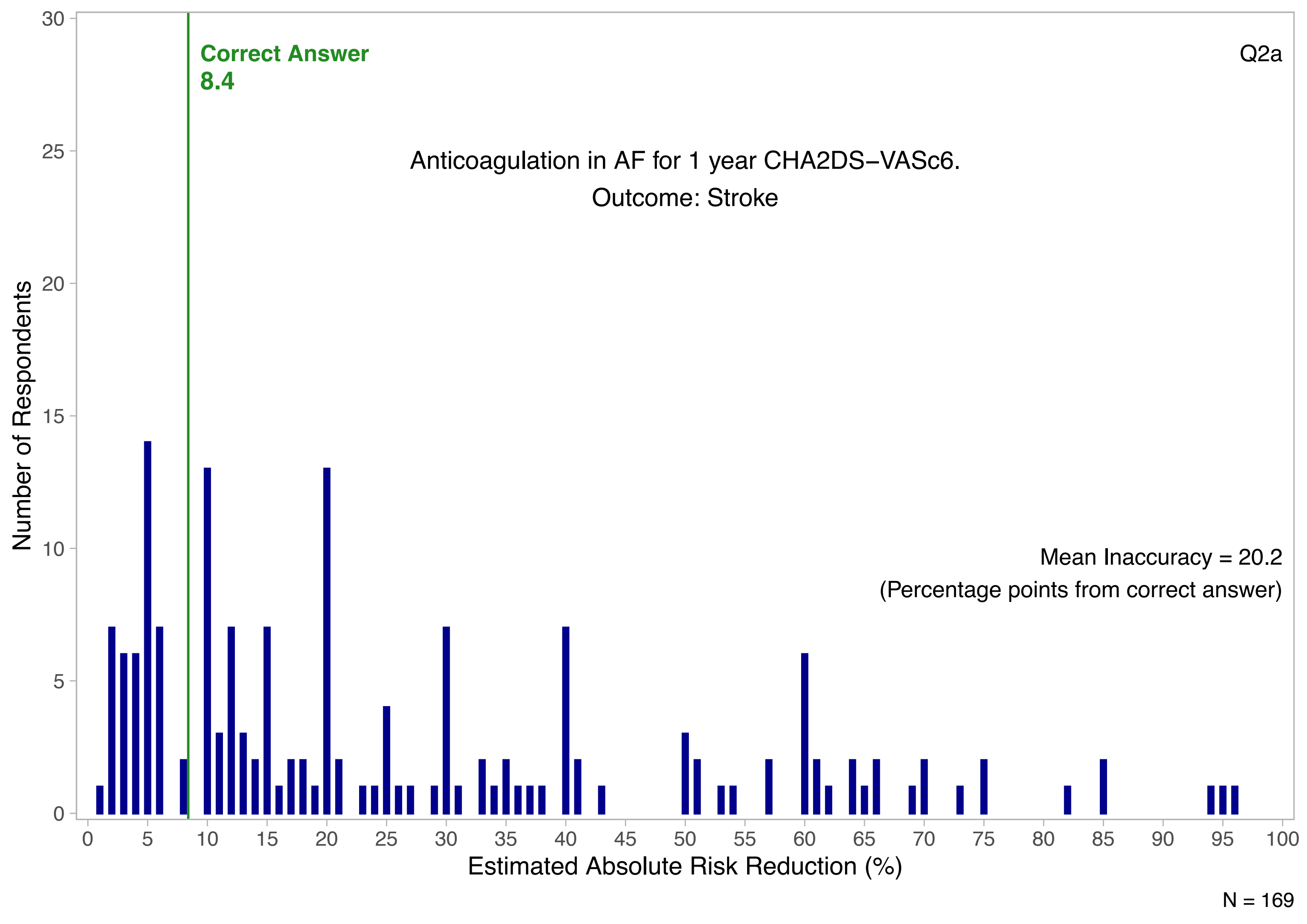
What is the Absolute Risk Reduction over 4 years for the following outcomes?
a) Acute Urinary Retention
b) Surgery for BPH

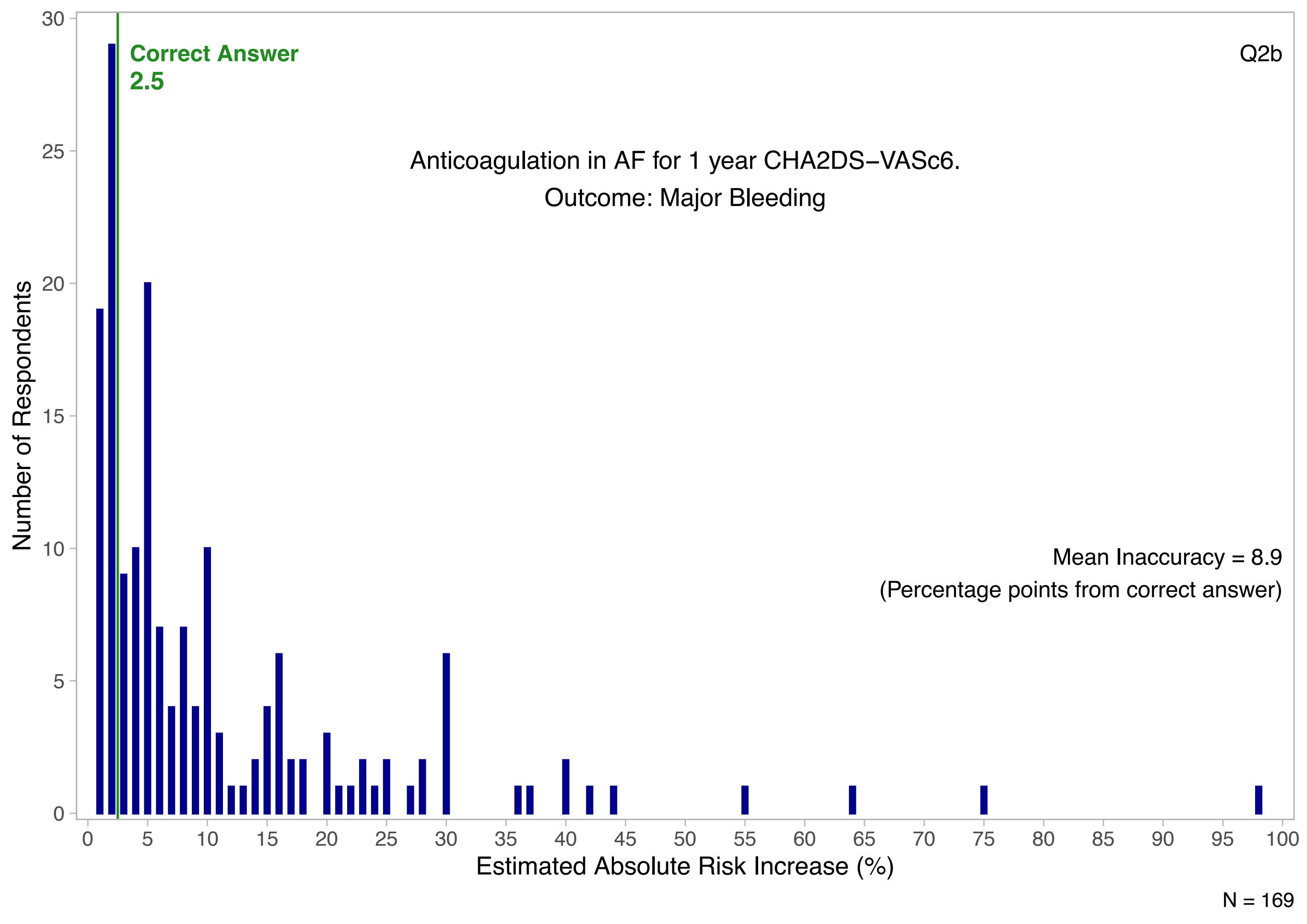
Correct answers: 3% and 4% respectively
Evidence: Tacklind J FH, MacDonald R,Rutks I, Wilt T. Finasteride for benign prostatic hyperplasia. *Cochrane Database of Systematic Reviews,* 2010

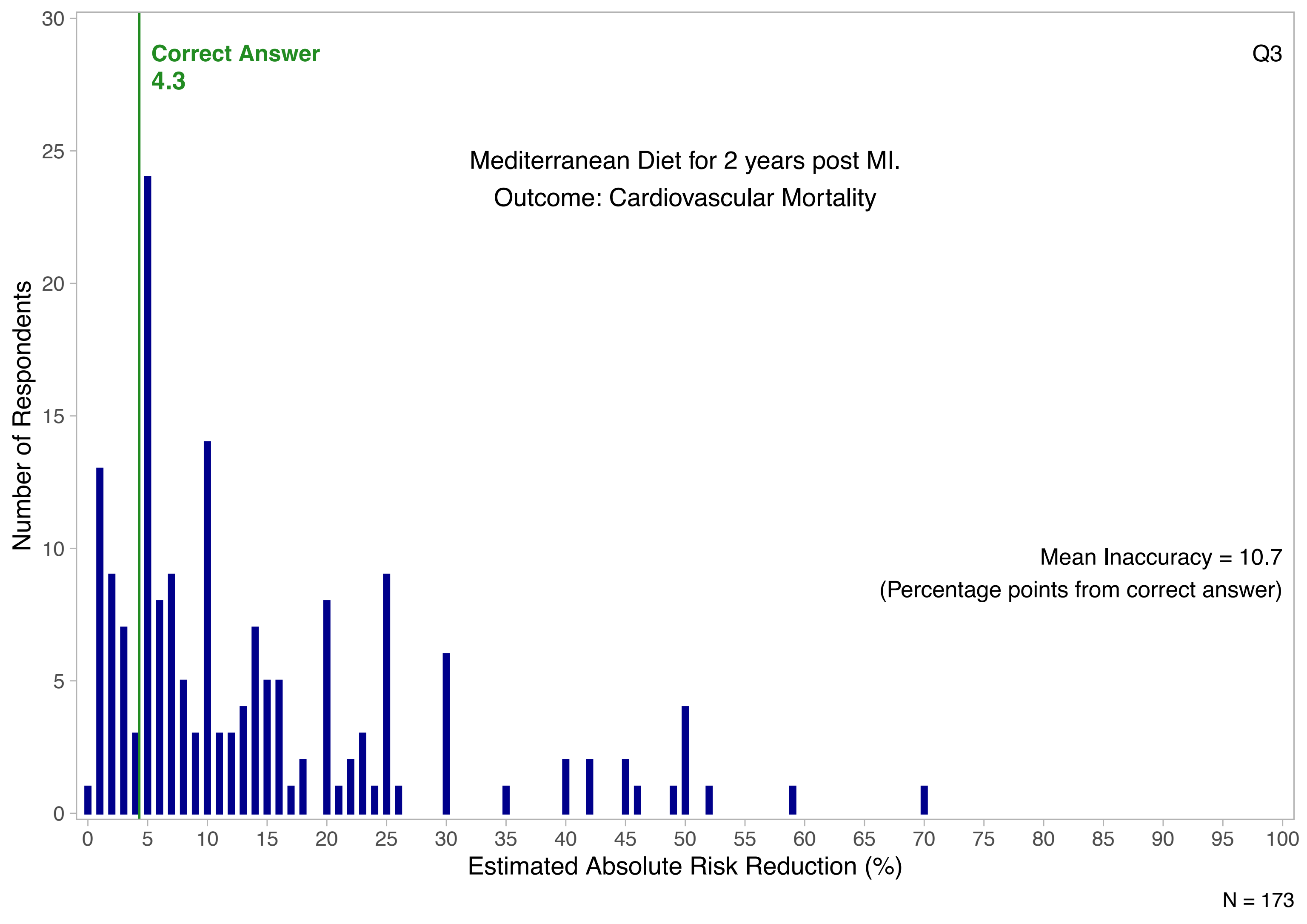
Fig S1 (below). Responses to 35 individual questions


Correct Answer
4.2
Q1a
Aspirin for 5 years post TIA.
Outcome: Stroke
Mean Inaccuracy = 13.3
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 187

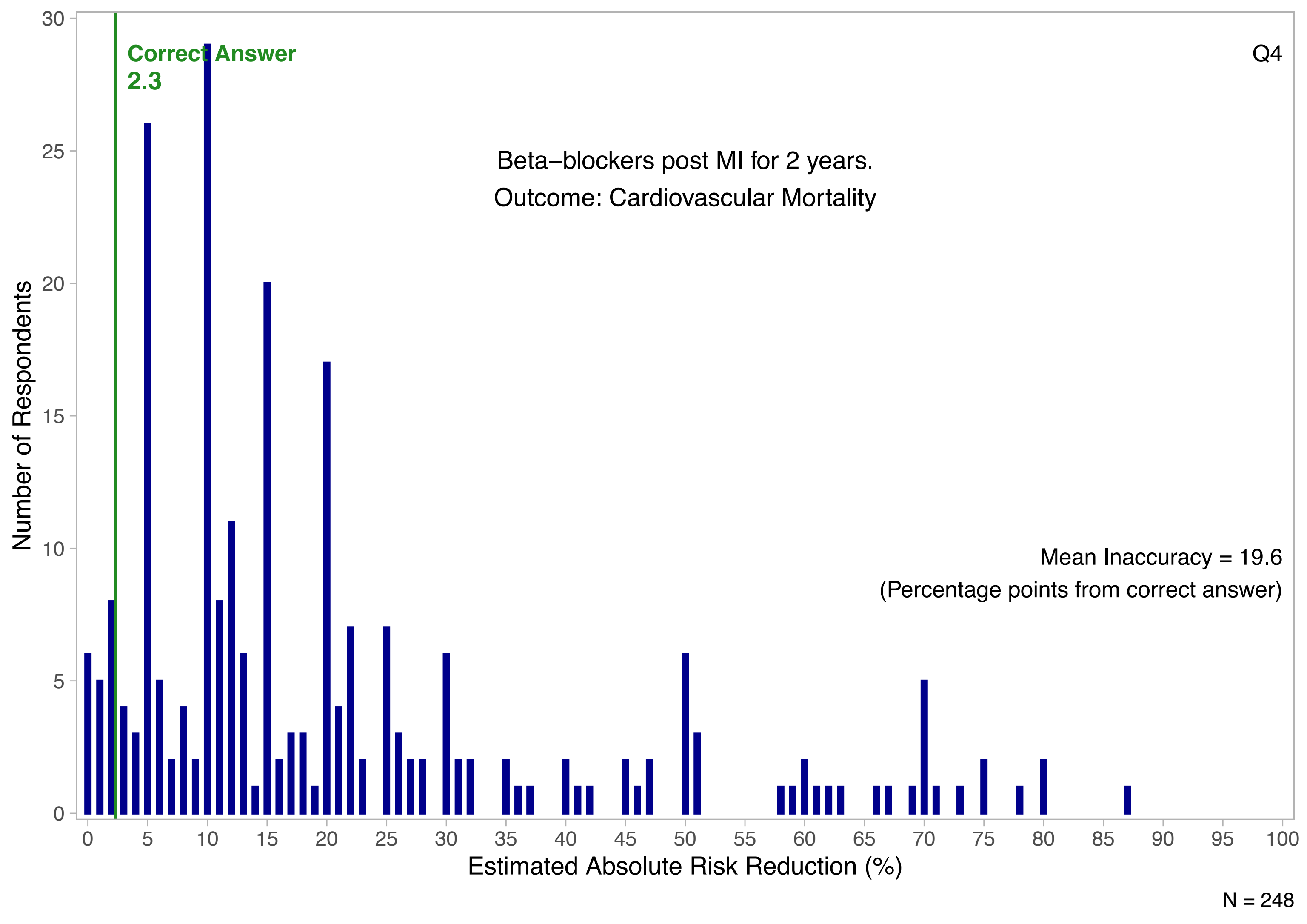

Correct Answer
0.5
Q1b
Aspirin for 5 years post TIA.
Outcome: Major GI bleeding
Mean Inaccuracy = 14.1
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Increase (%)
N = 187

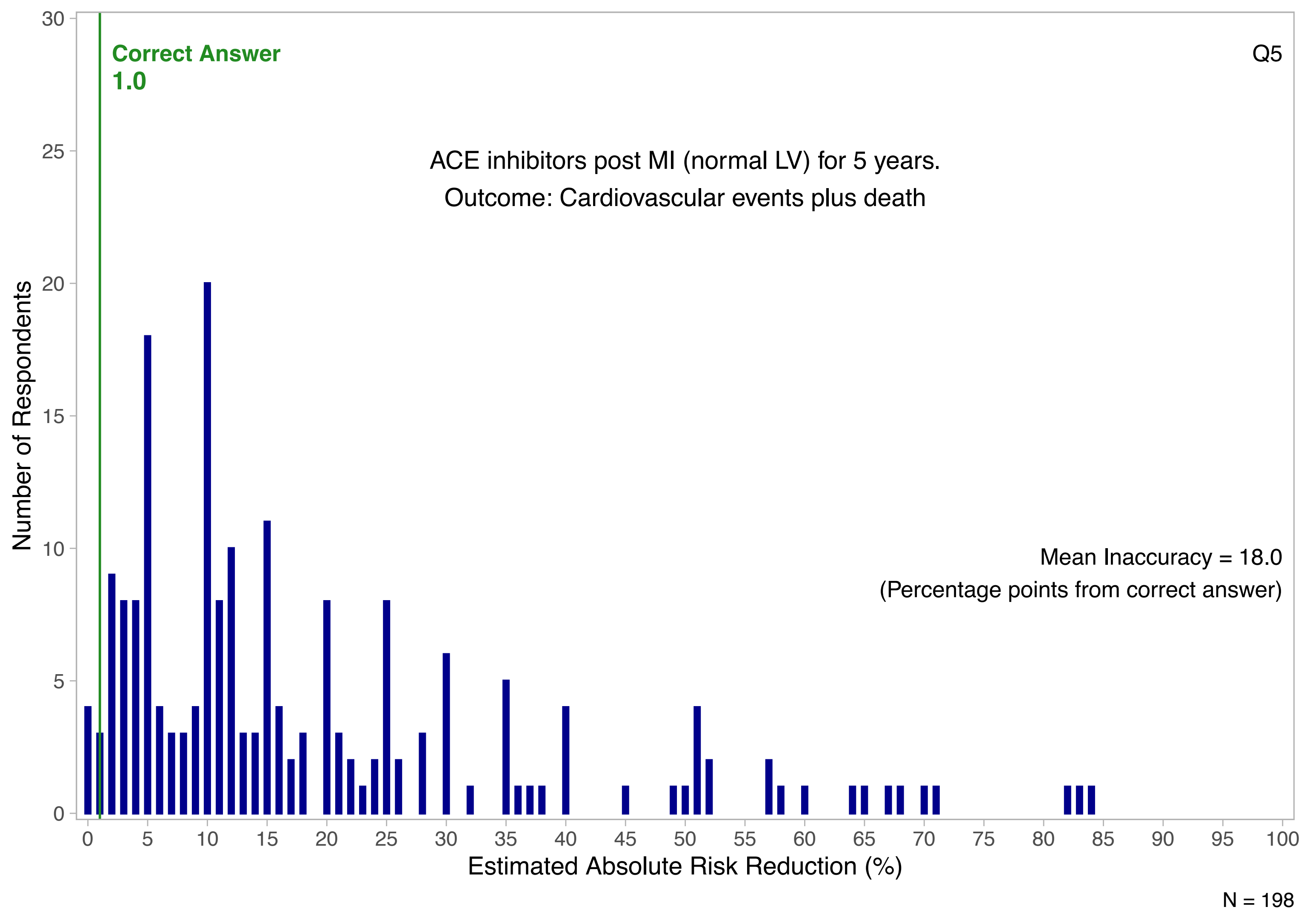

Correct Answer
8.4
Q2a
Anticoagulation in AF for 1 year CHA2DS−VASc6.
Outcome: Stroke
Mean Inaccuracy = 20.2
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
0
5
10
15
20
25
30
35
40
45
50
55
60
65
70
75
80
85
90
95
100
N = 169

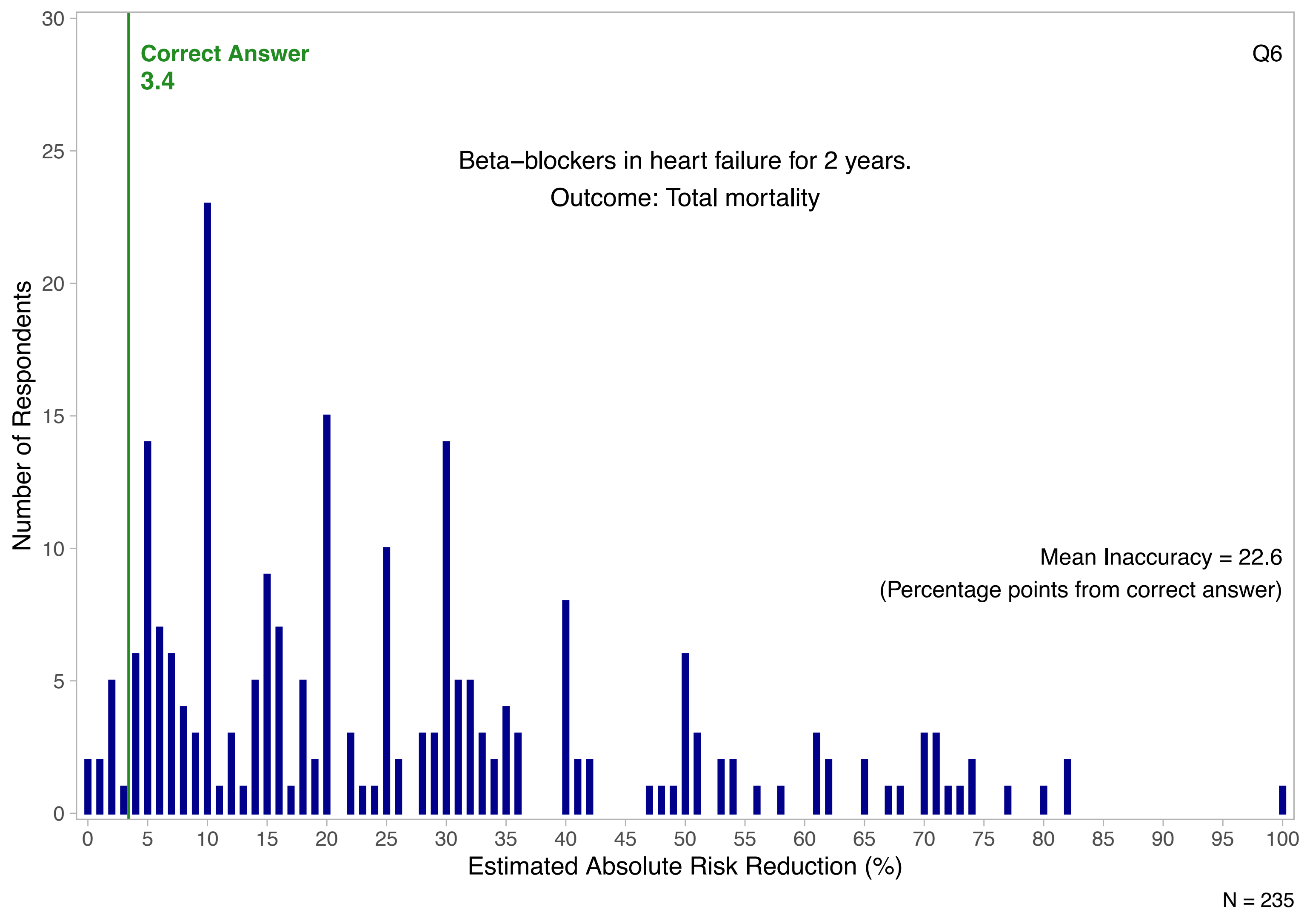

Q2b
Correct Answer
2.5
Anticoagulation in AF for 1 year CHA2DS−VASc6.
Outcome: Major Bleeding
Mean Inaccuracy = 8.9
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Increase (%)
0
5
10
15
20
25
30
35
40
45
50
55
60
65
70
75
80
85
90
95
100
N = 169

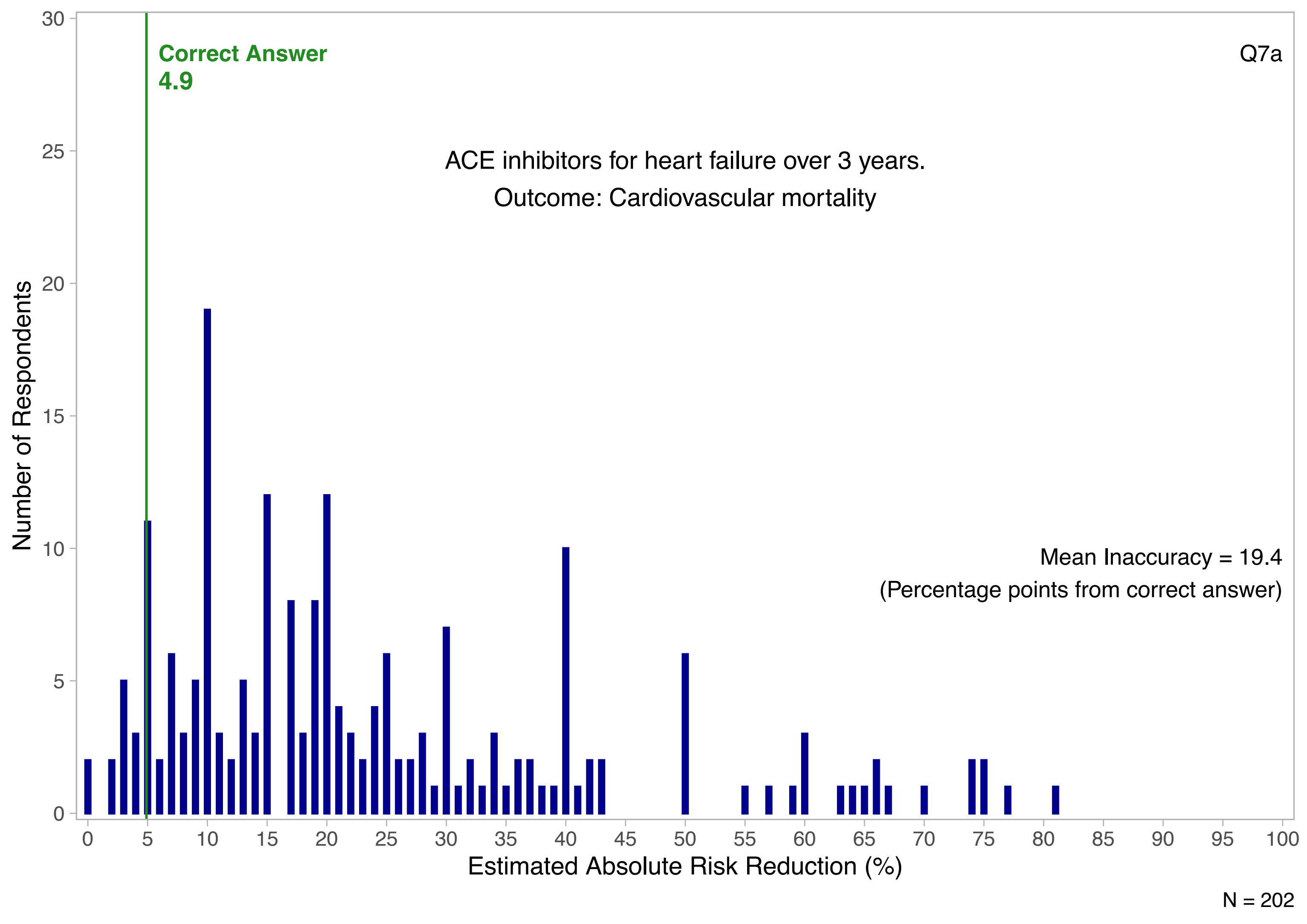


Correct Answer
4.3
Q3
Mediterranean Diet for 2 years post MI.
Outcome: Cardiovascular Mortality
Mean Inaccuracy = 10.7
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 173

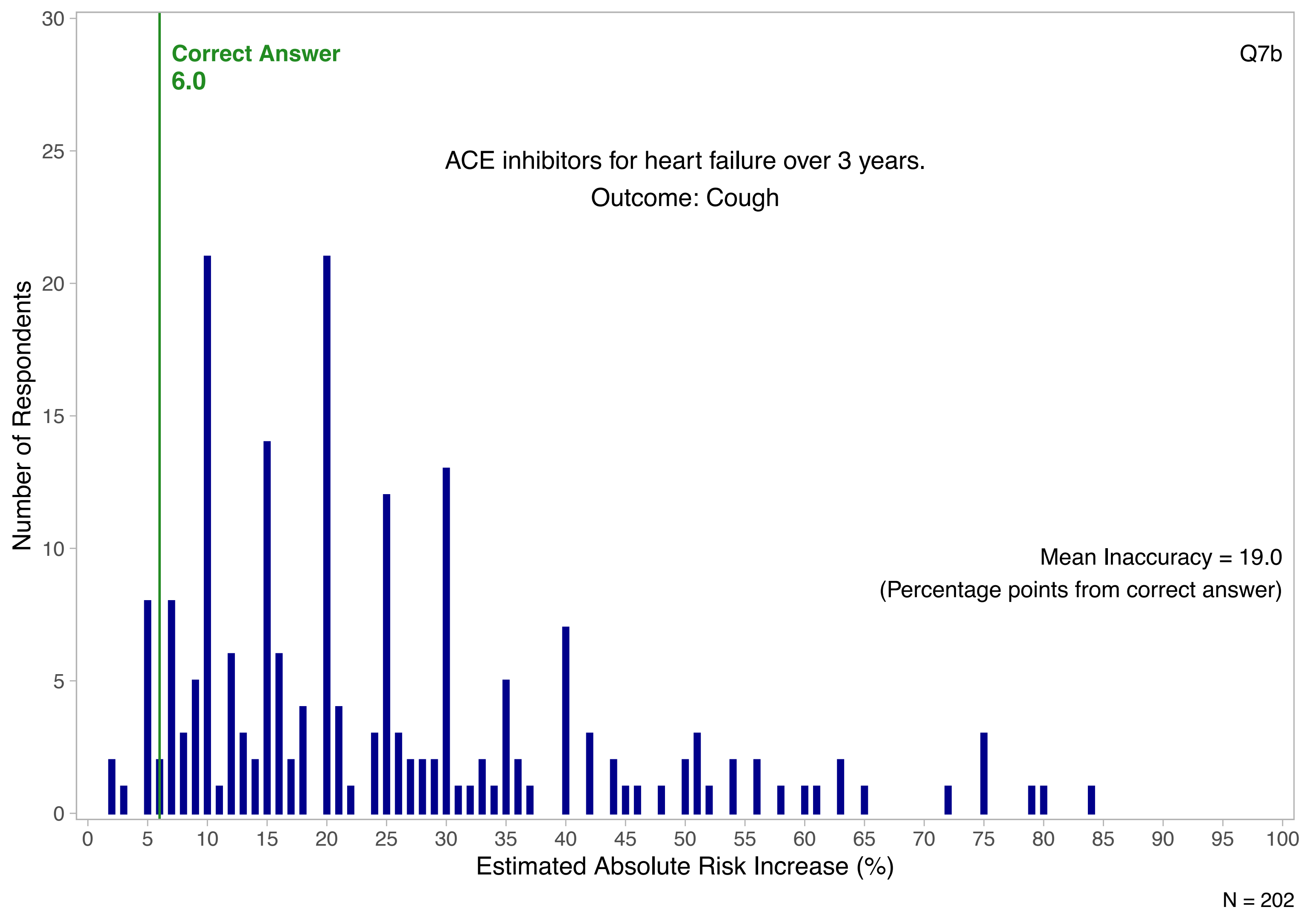

Correct Answer
2.3
Q4
Beta−blockers post MI for 2 years.
Outcome: Cardiovascular Mortality
Mean Inaccuracy = 19.6
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 248


Correct Answer
1.0
Q5
ACE inhibitors post MI (normal LV) for 5 years.
Outcome: Cardiovascular events plus death
Mean Inaccuracy = 18.0
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 198

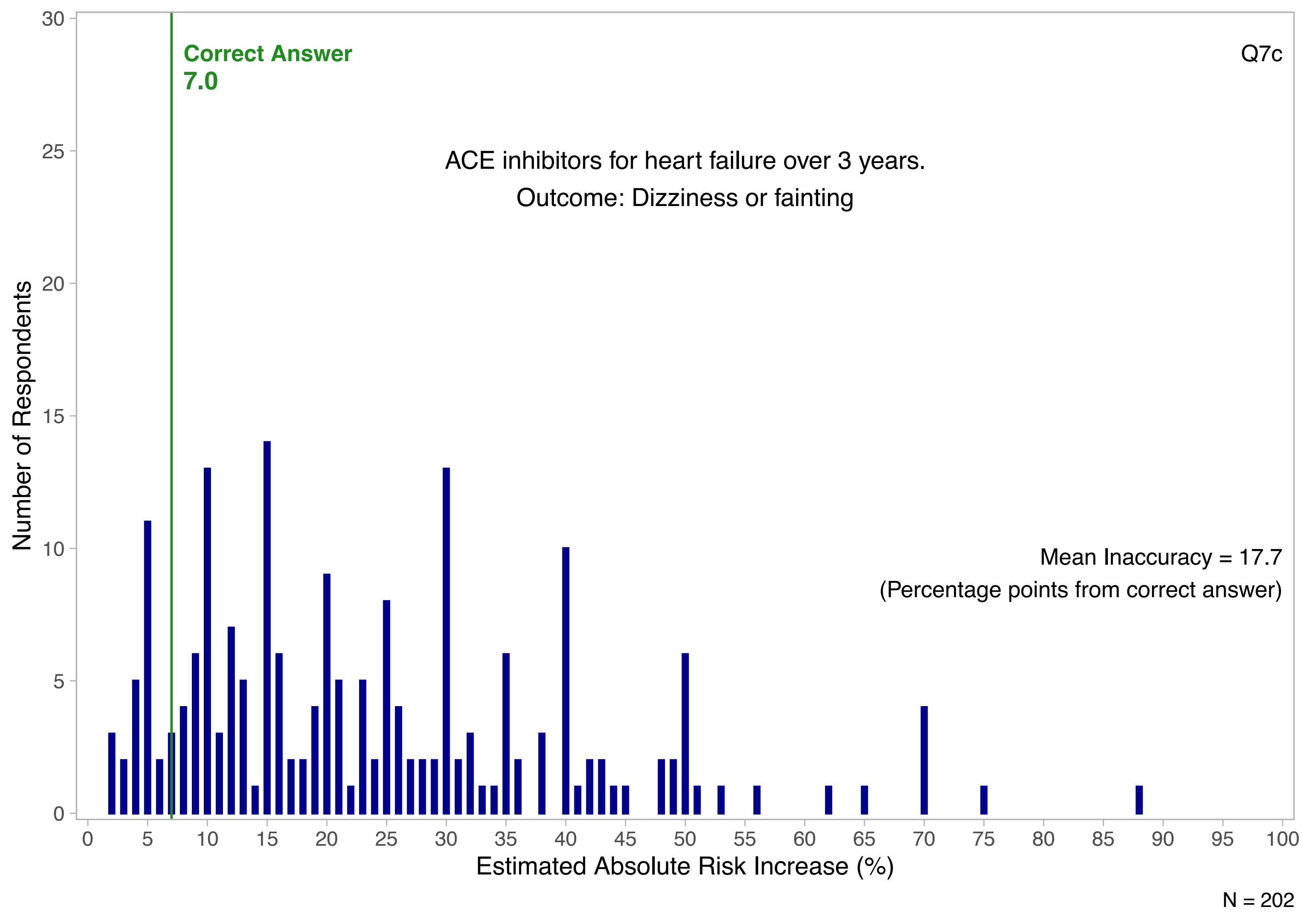

Correct Answer
3.4
Q6
Beta–blockers in heart failure for 2 years.
Outcome: Total mortality
Mean Inaccuracy = 22.6
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 235

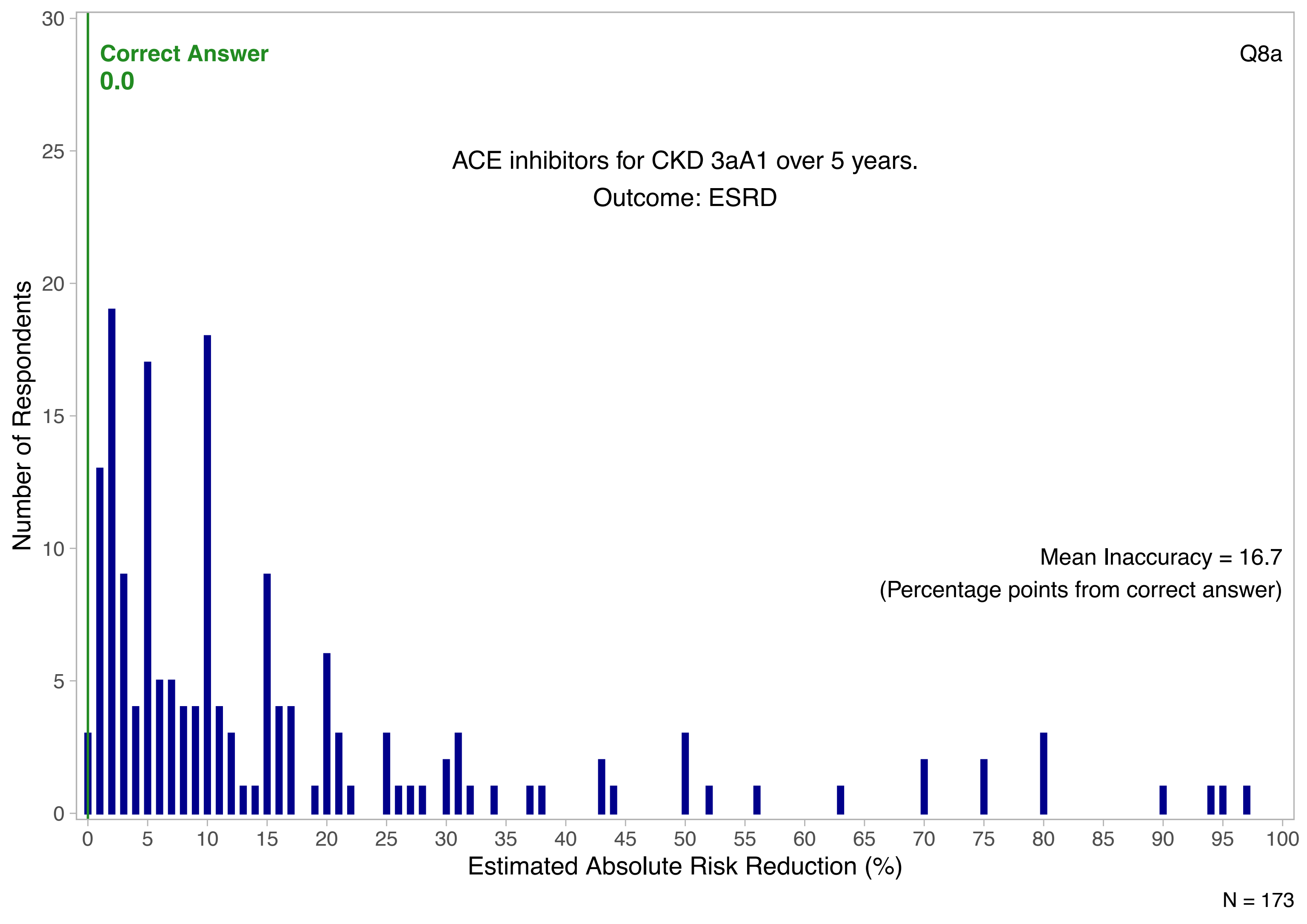


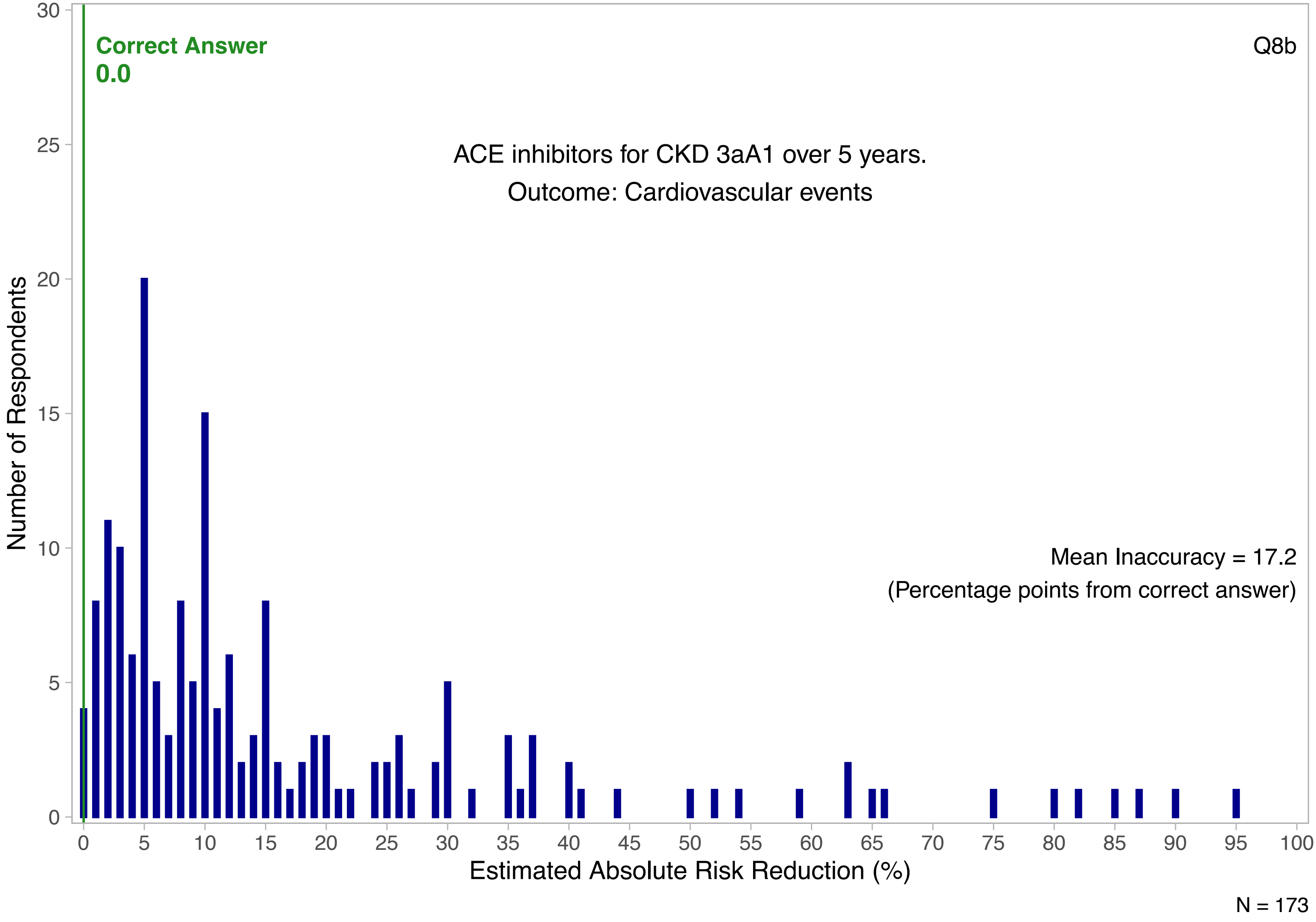
Correct Answer
4.9
Q7a
ACE inhibitors for heart failure over 3 years.
Outcome: Cardiovascular mortality
Mean Inaccuracy = 19.4
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 202

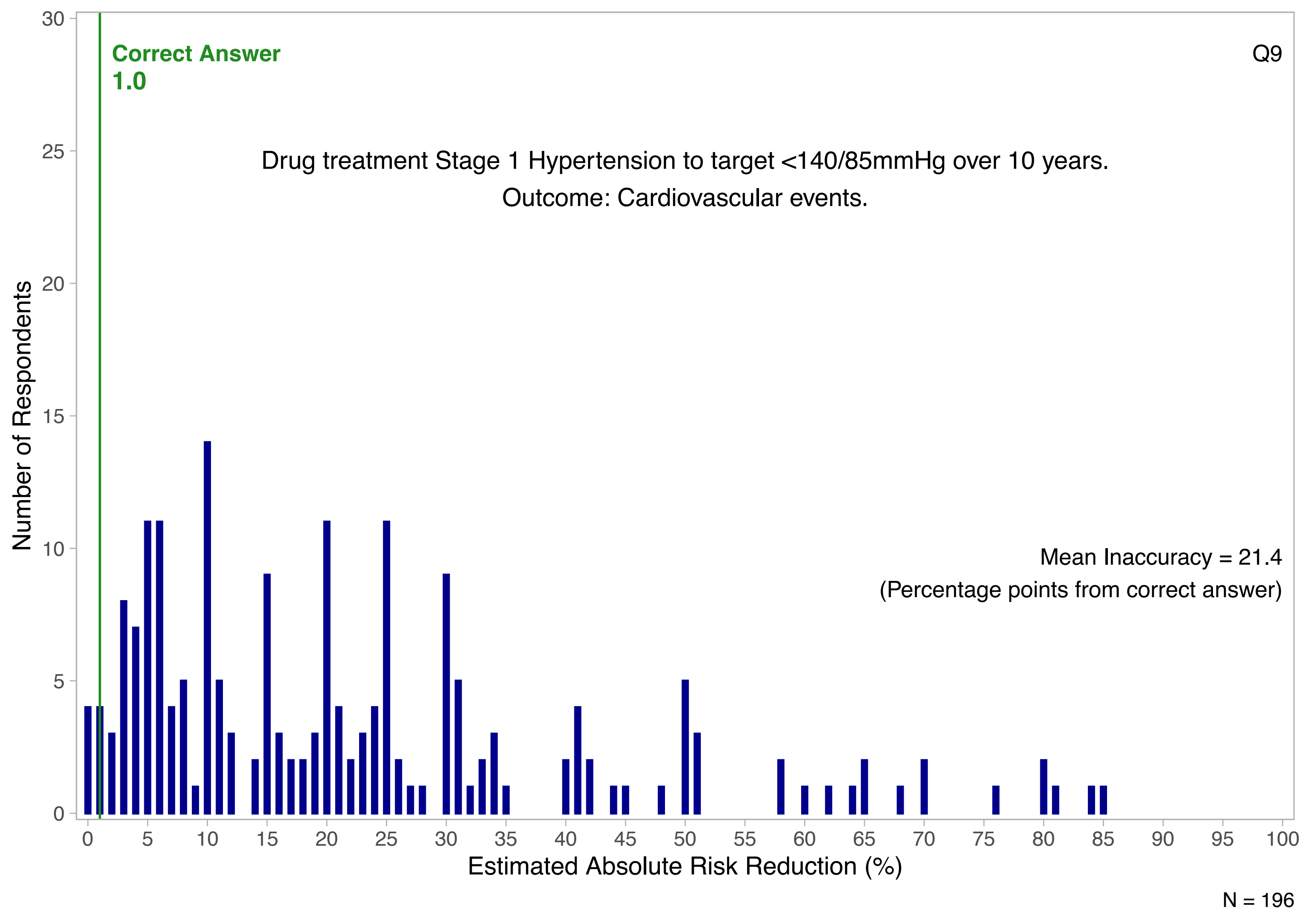


Correct Answer
6.0
Q7b
ACE inhibitors for heart failure over 3 years.
Outcome: Cough
Mean Inaccuracy = 19.0
(Percentage points from correct answer)
Number of Respondents
0
5
10
15
20
25
30
0
5
10
15
20
25
30
35
40
45
50
55
60
65
70
75
80
85
90
95
100
Estimated Absolute Risk Increase (%)
N = 202

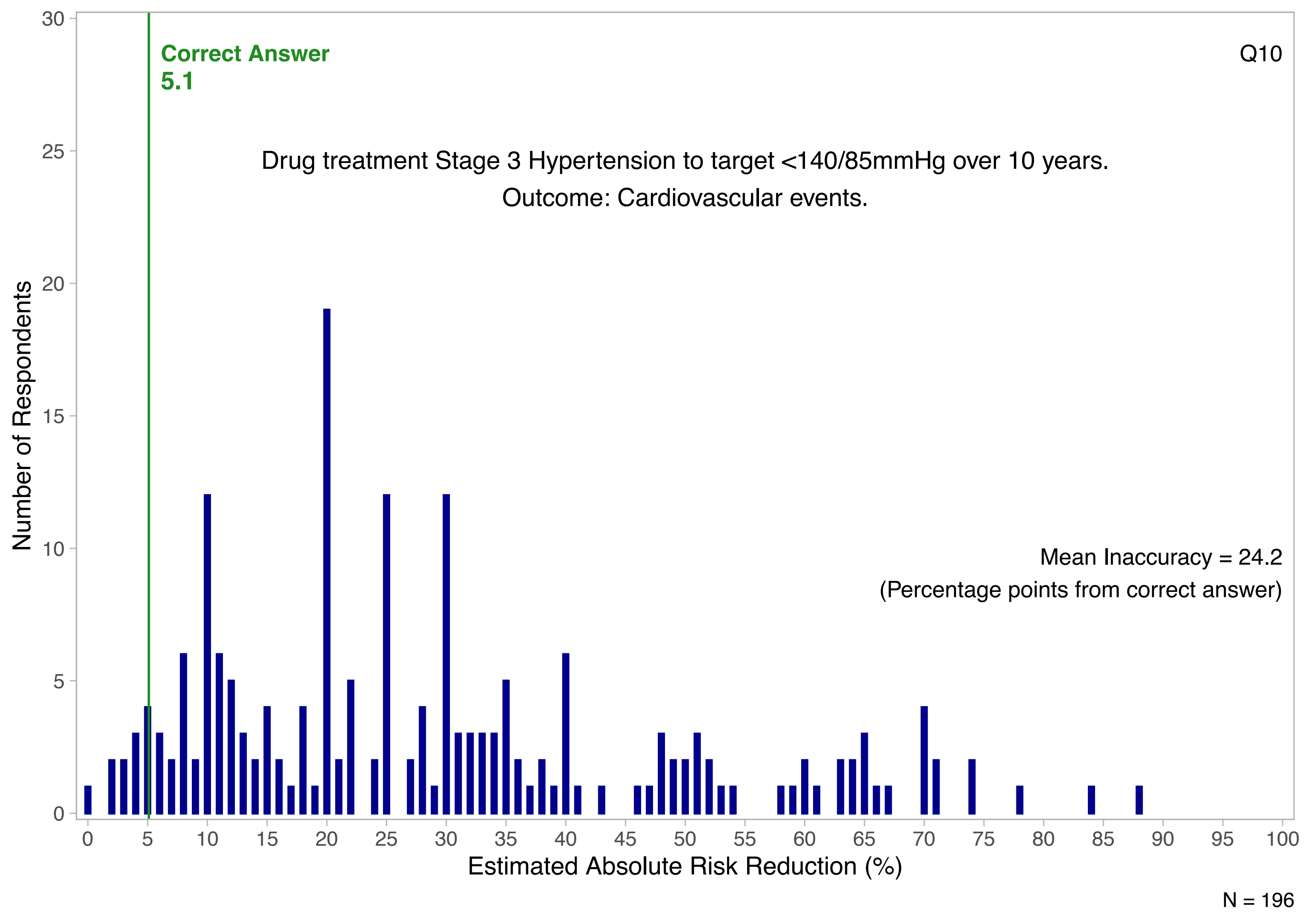

Correct Answer
7.0
Q7c
ACE inhibitors for heart failure over 3 years.
Outcome: Dizziness or fainting
Mean Inaccuracy = 17.7
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Increase (%)
N = 202

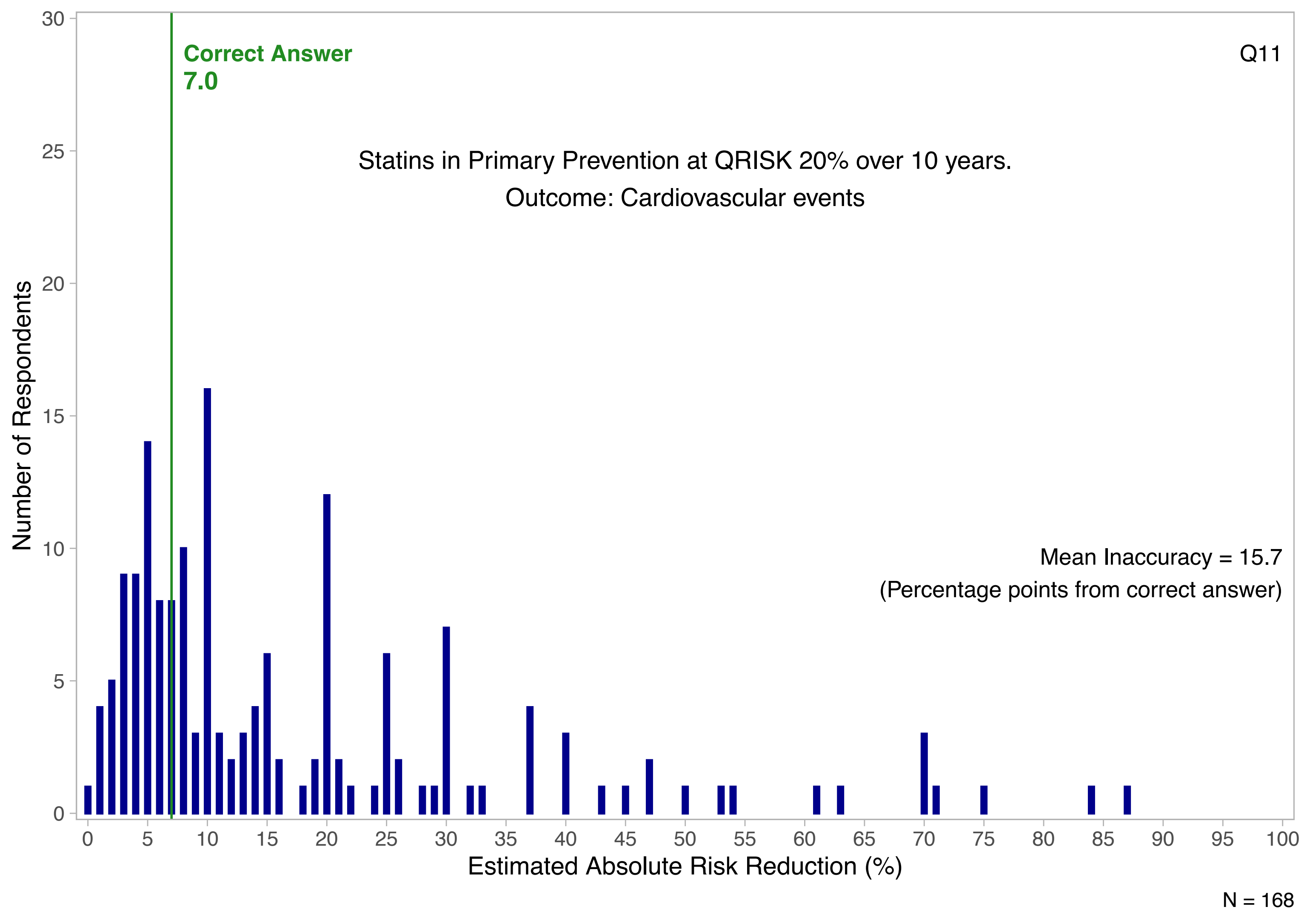

Correct Answer
0.0
Q8a
ACE inhibitors for CKD 3aA1 over 5 years.
Outcome: ESRD
Mean Inaccuracy = 16.7
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 173

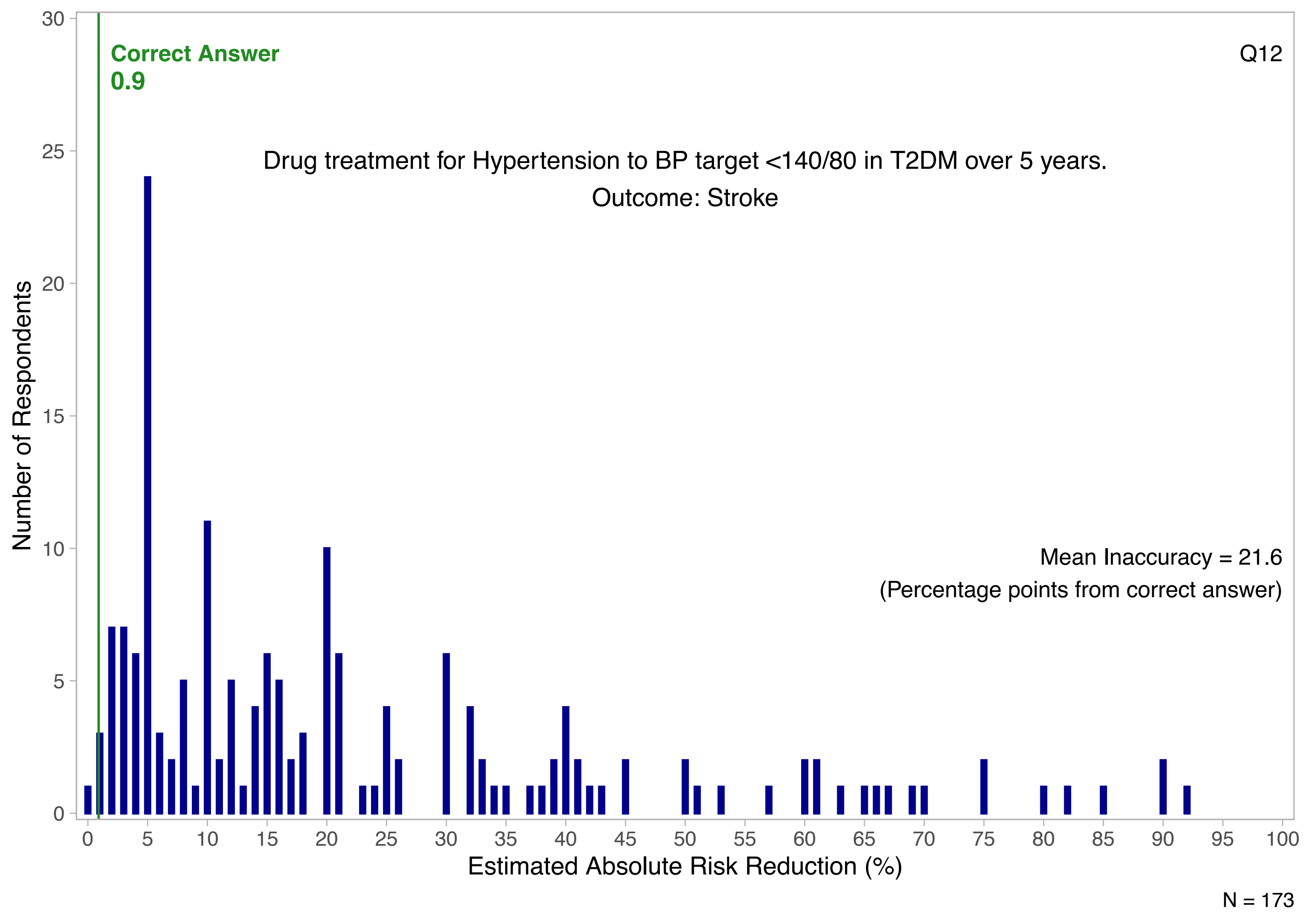

Correct Answer
0.0
Q8b
ACE inhibitors for CKD 3aA1 over 5 years.
Outcome: Cardiovascular events
Mean Inaccuracy = 17.2
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
0
5
10
15
20
25
30
35
40
45
50
55
60
65
70
75
80
85
90
95
100
N = 173

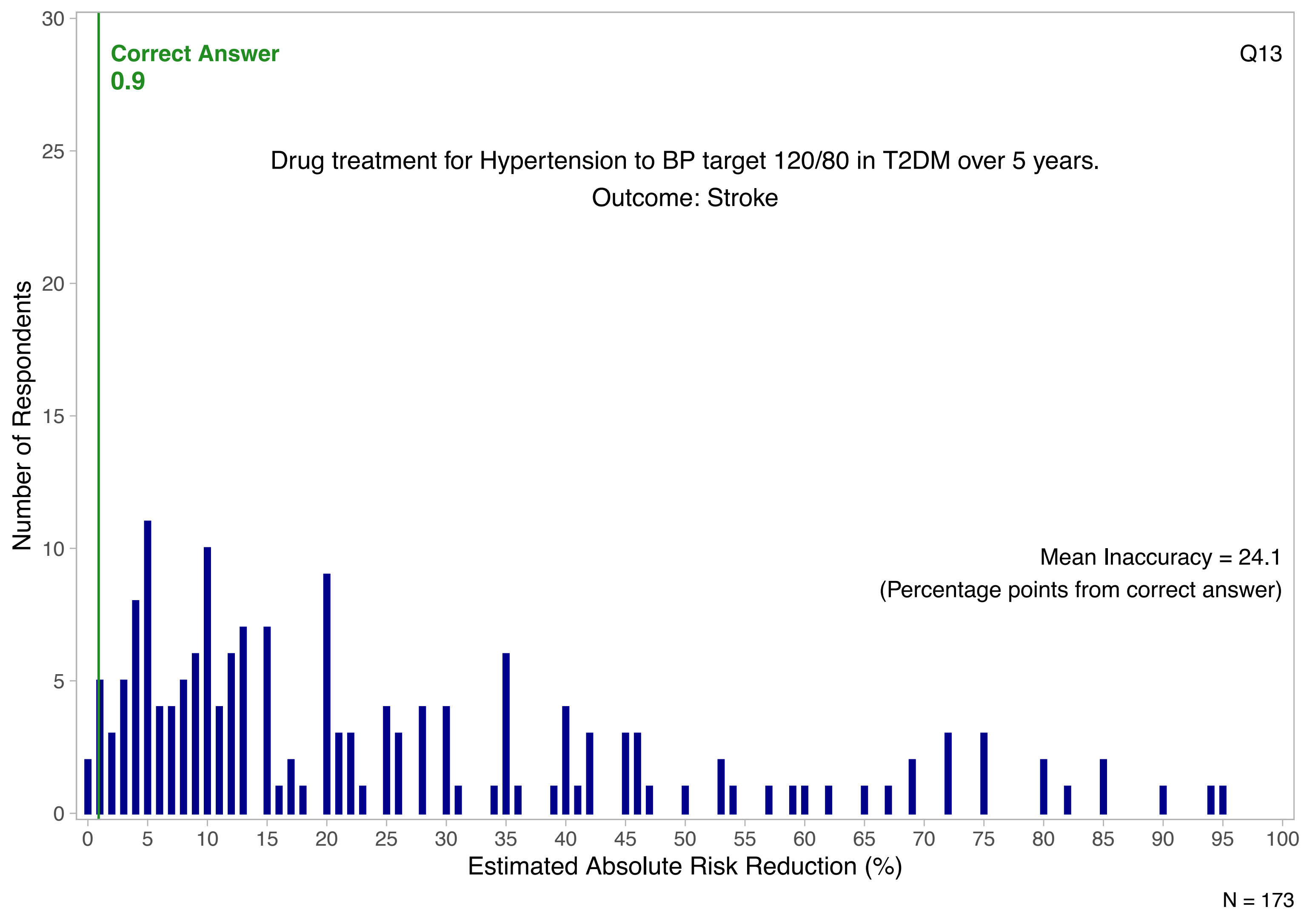


Correct Answer
1.0
Q9
Drug treatment Stage 1 Hypertension to target <140/85mmHg over 10 years.
Outcome: Cardiovascular events.
Mean Inaccuracy = 21.4
(Percentage points from correct answer)
Number of Respondents
0
5
10
15
20
25
30
0
5
10
15
20
25
30
35
40
45
50
55
60
65
70
75
80
85
90
95
100
Estimated Absolute Risk Reduction (%)
N = 196

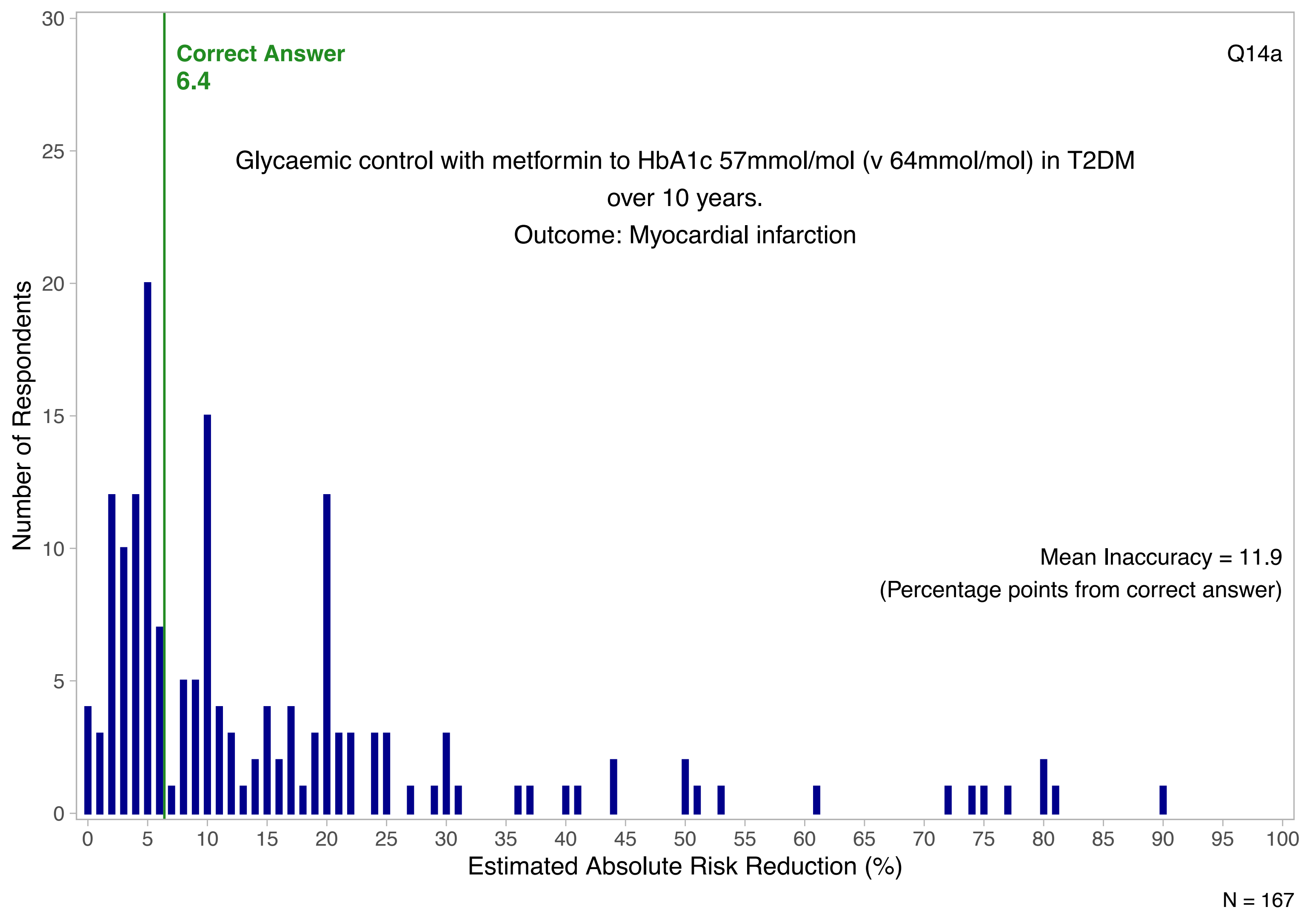

Correct Answer
5.1
Q10
Drug treatment Stage 3 Hypertension to target <140/85mmHg over 10 years.
Outcome: Cardiovascular events.
Mean Inaccuracy = 24.2
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 196

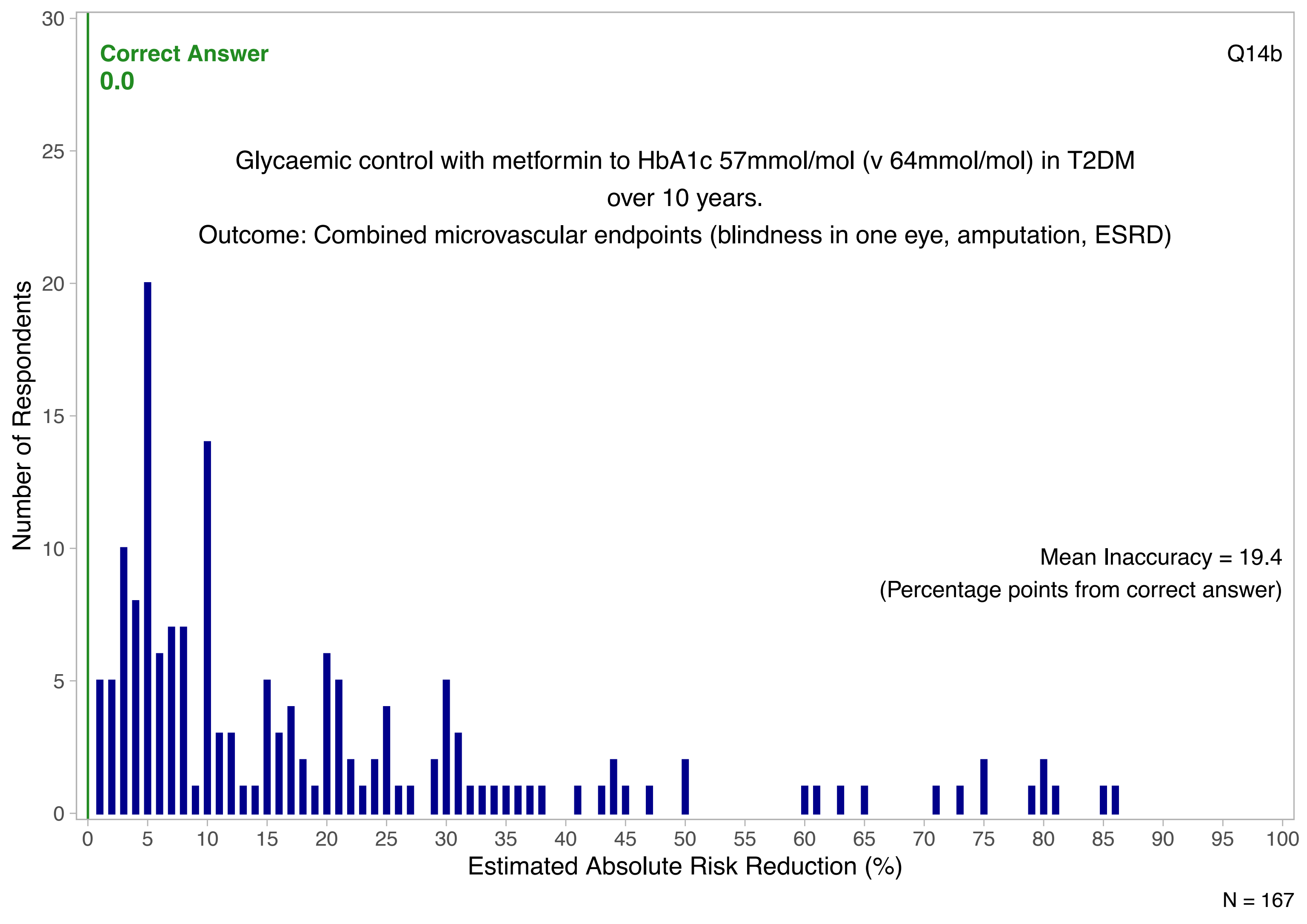

Correct Answer
7.0
Q11
Statins in Primary Prevention at QRISK 20% over 10 years.
Outcome: Cardiovascular events
Mean Inaccuracy = 15.7
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 168

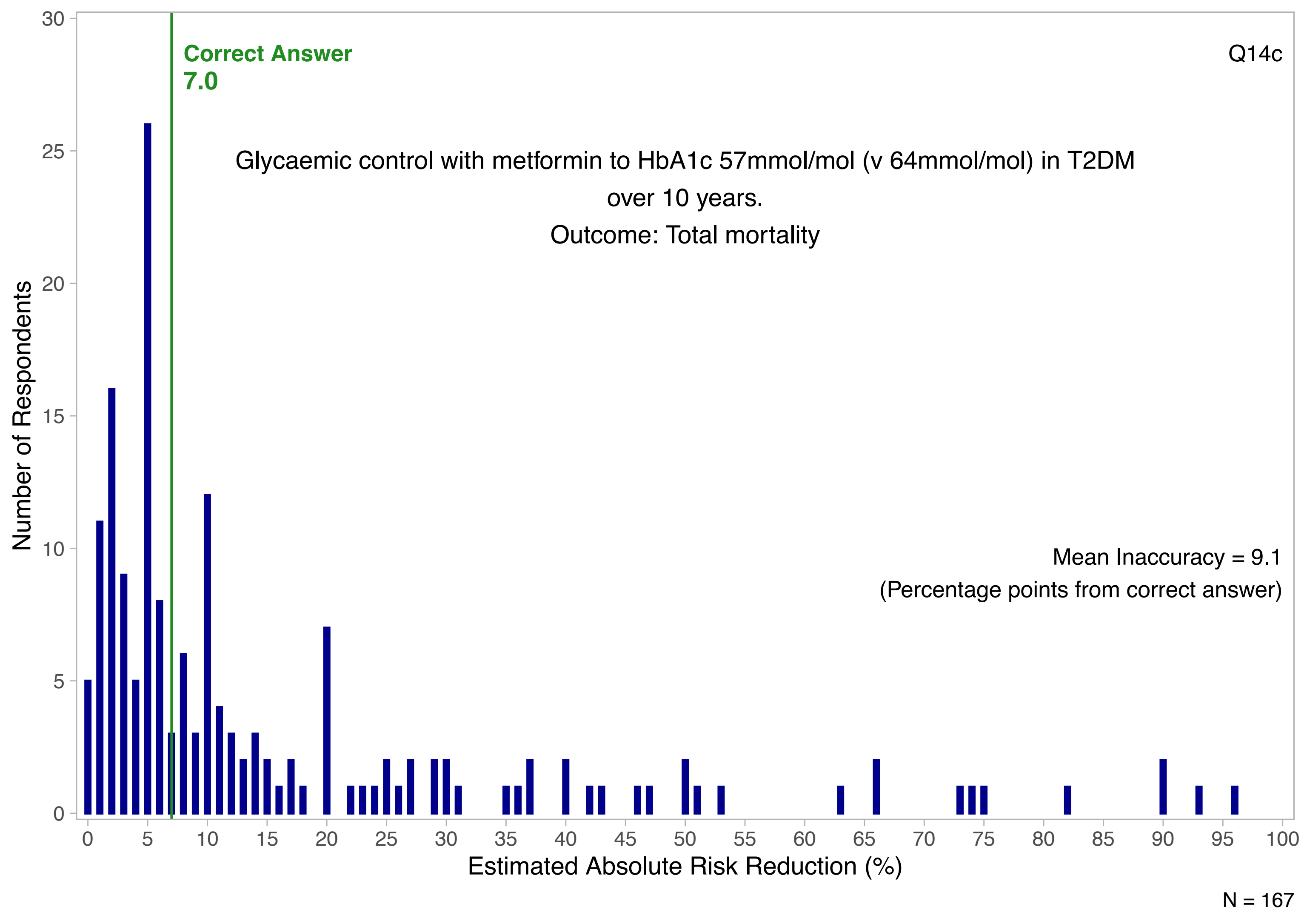

Correct Answer
0.9
Q12
Drug treatment for Hypertension to BP target <140/80 in T2DM over 5 years.
Outcome: Stroke
Mean Inaccuracy = 21.6
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 173

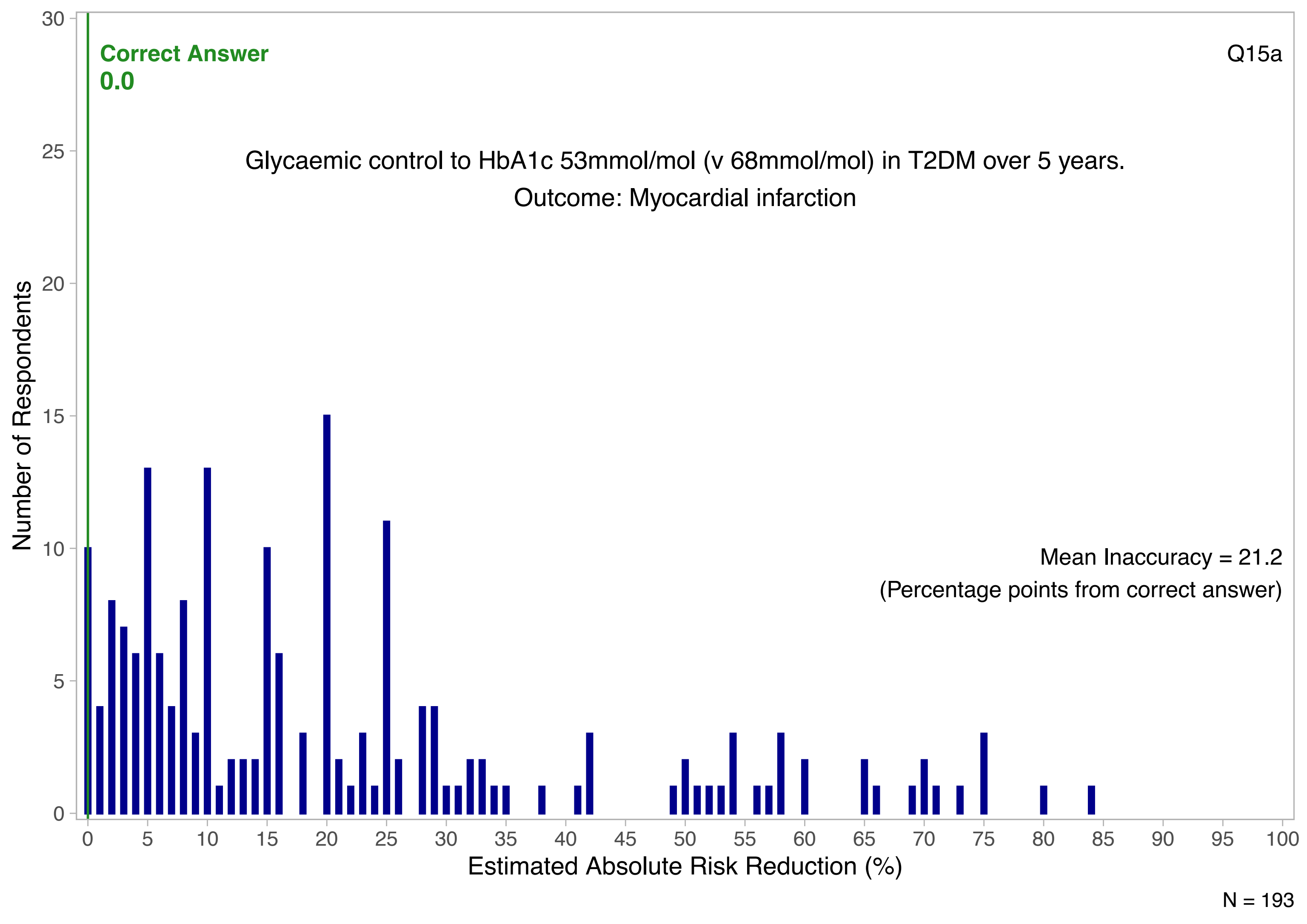


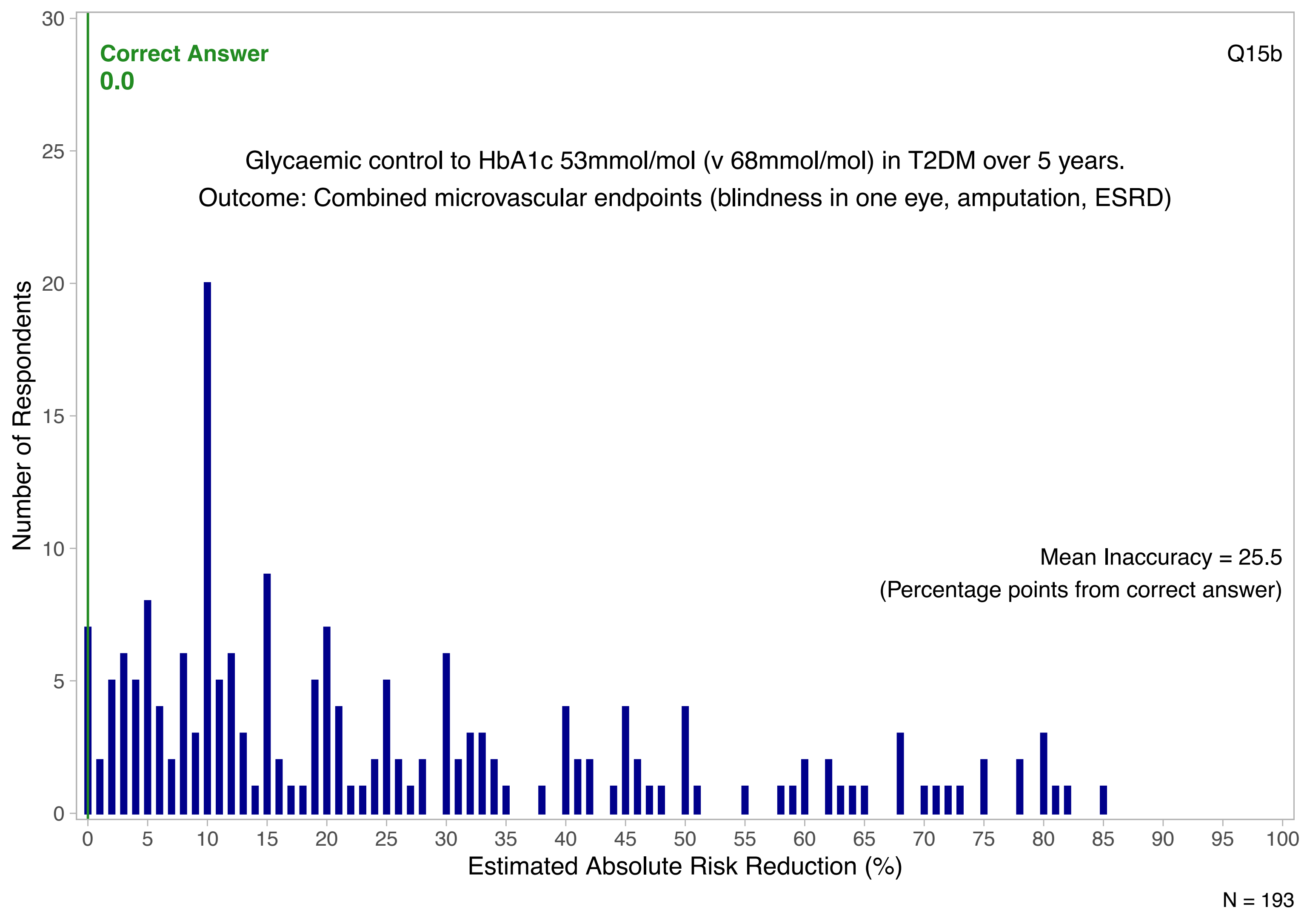
Correct Answer
0.9
Q13
Drug treatment for Hypertension to BP target 120/80 in T2DM over 5 years.
Outcome: Stroke
Mean Inaccuracy = 24.1
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 173

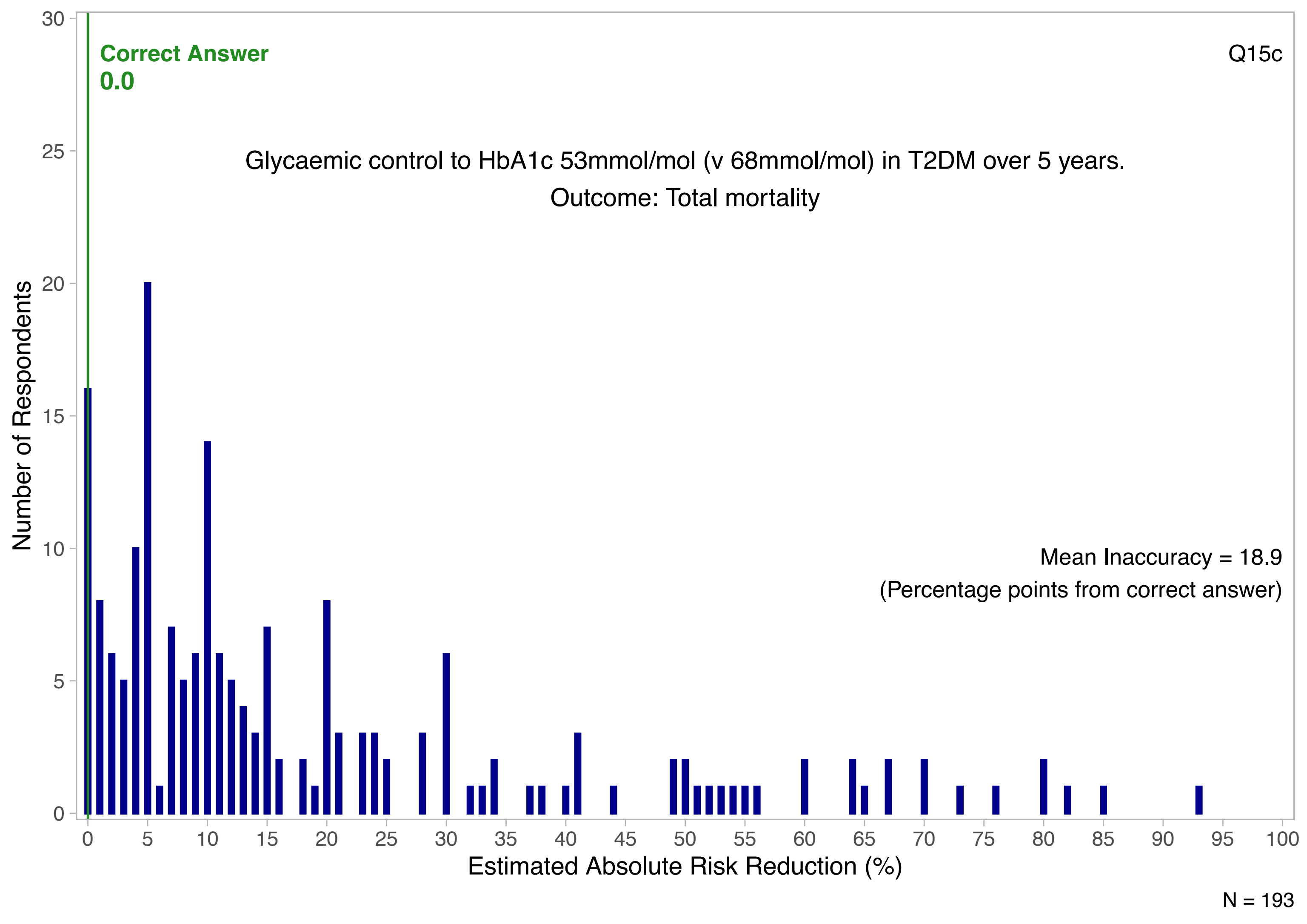

Correct Answer
6.4
Q14a
Glycaemic control with metformin to HbA1c 57mmol/mol (v 64mmol/mol) in T2DM
over 10 years.
Outcome: Myocardial infarction
Mean Inaccuracy = 11.9
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 167

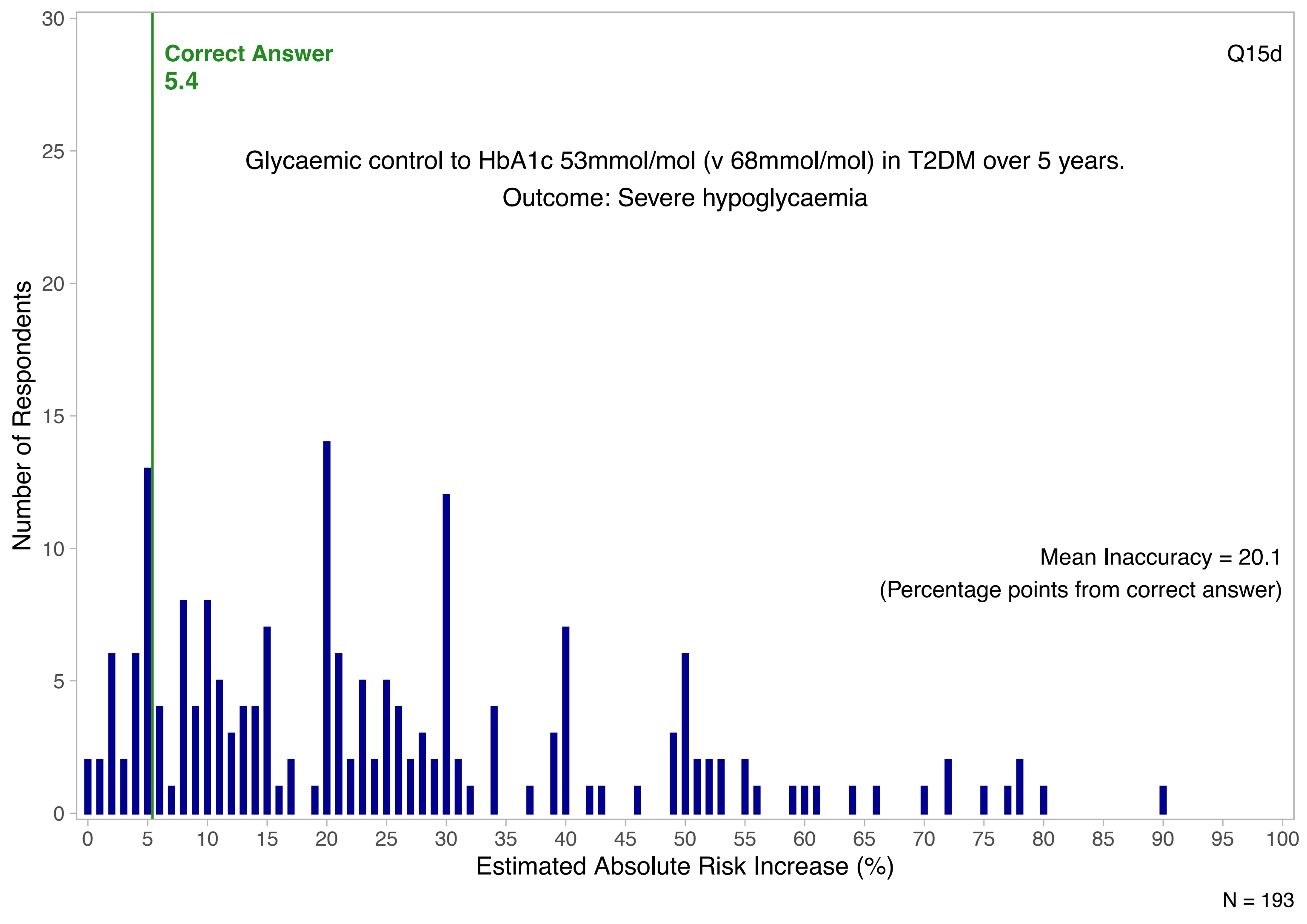

Correct Answer
0.0
Q14b
Glycaemic control with metformin to HbA1c 57mmol/mol (v 64mmol/mol) in T2DM
over 10 years.
Outcome: Combined microvascular endpoints (blindness in one eye, amputation, ESRD)
Mean Inaccuracy = 19.4
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 167

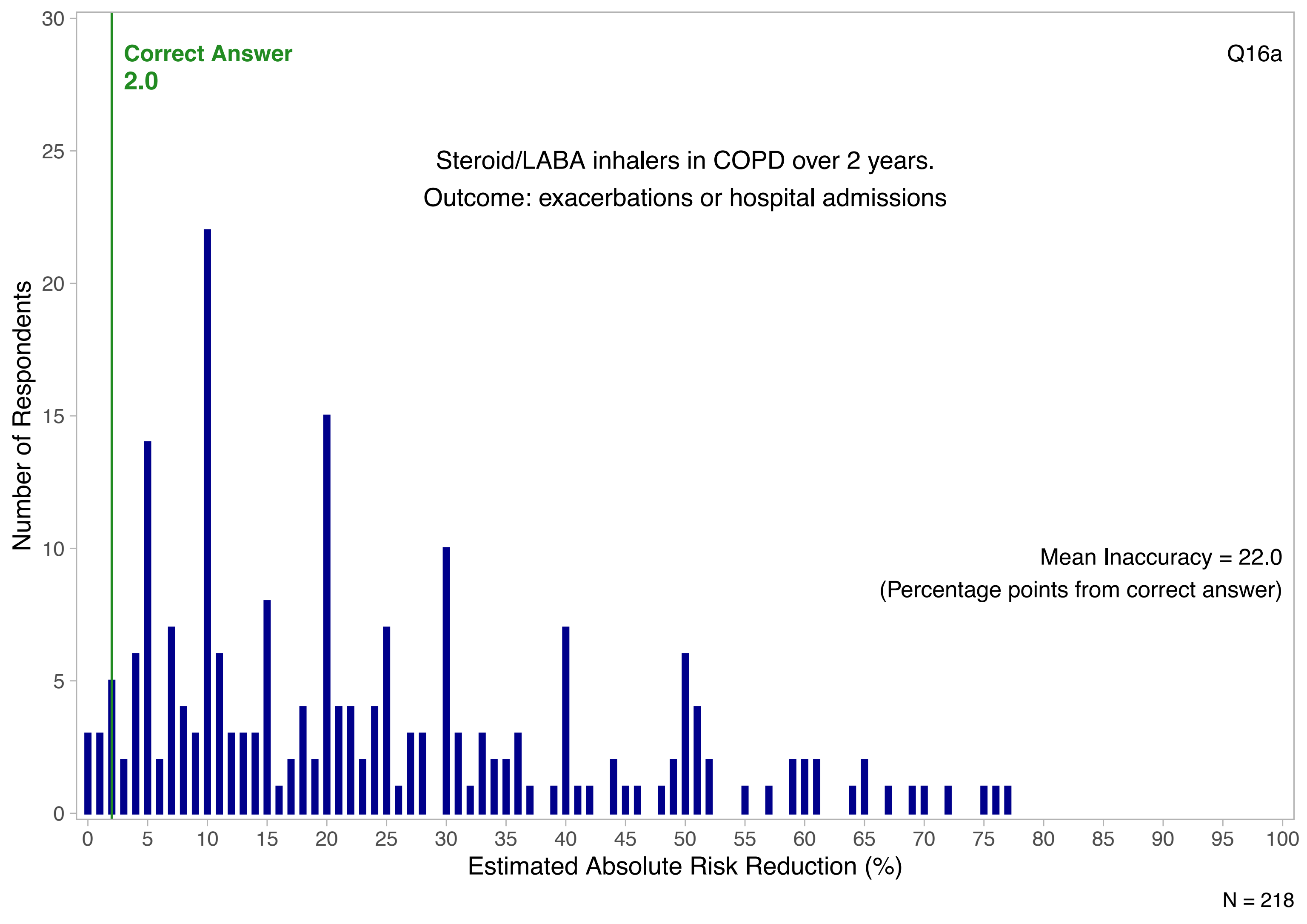

Correct Answer
7.0
Q14c
Glycaemic control with metformin to HbA1c 57mmol/mol (v 64mmol/mol) in T2DM
over 10 years.
Outcome: Total mortality
Mean Inaccuracy = 9.1
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 167

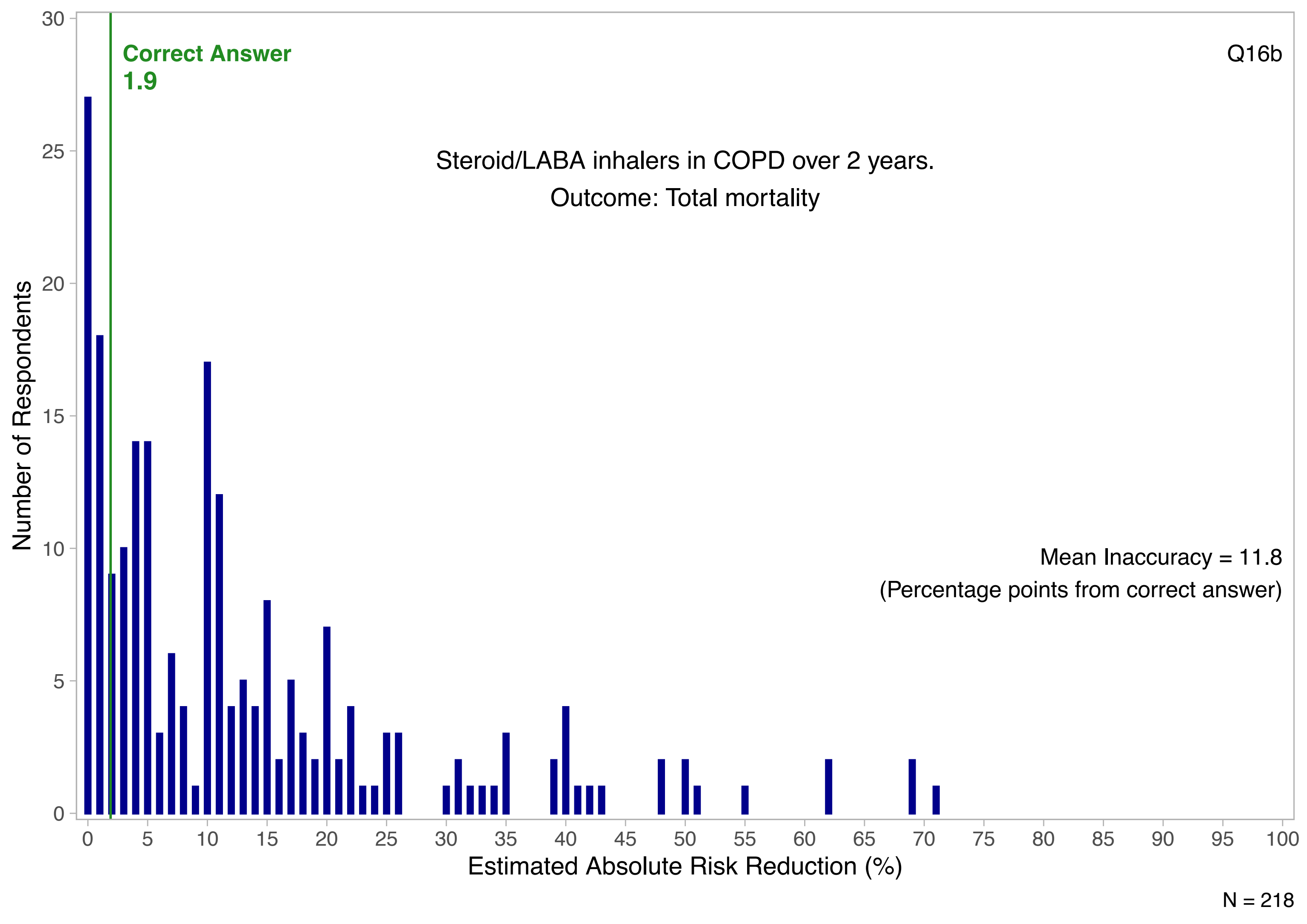

Correct Answer
0.0
Q15a
Glycaemic control to HbA1c 53mmol/mol (v 68mmol/mol) in T2DM over 5 years.
Outcome: Myocardial infarction
Mean Inaccuracy = 21.2
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 193

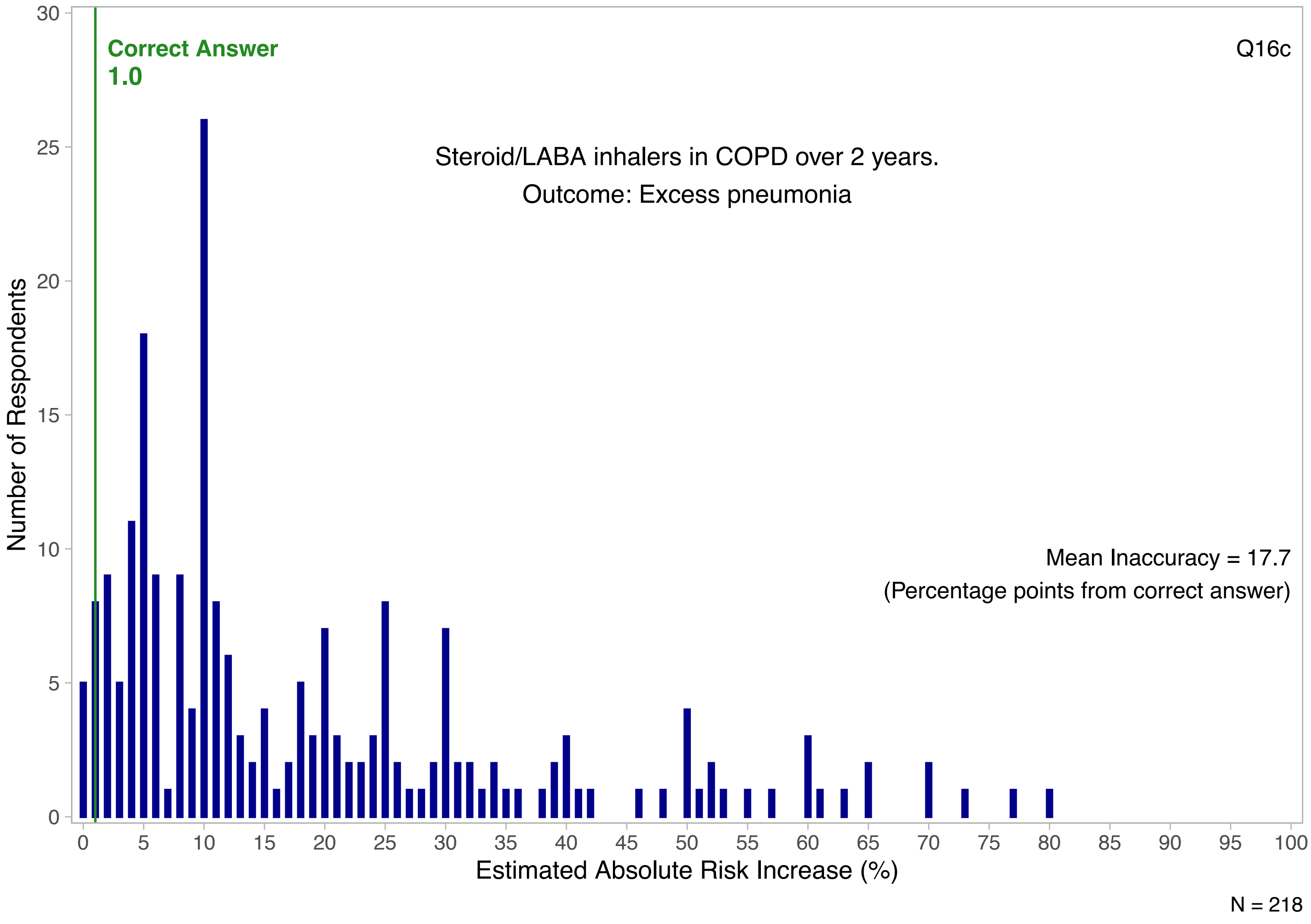

Correct Answer
0.0
Q15b
Glycaemic control to HbA1c 53mmol/mol (v 68mmol/mol) in T2DM over 5 years.
Outcome: Combined microvascular endpoints (blindness in one eye, amputation, ESRD)
Mean Inaccuracy = 25.5
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 193


Correct Answer
0.0
Q15c
Glycaemic control to HbA1c 53mmol/mol (v 68mmol/mol) in T2DM over 5 years.
Outcome: Total mortality
Mean Inaccuracy = 18.9
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 193

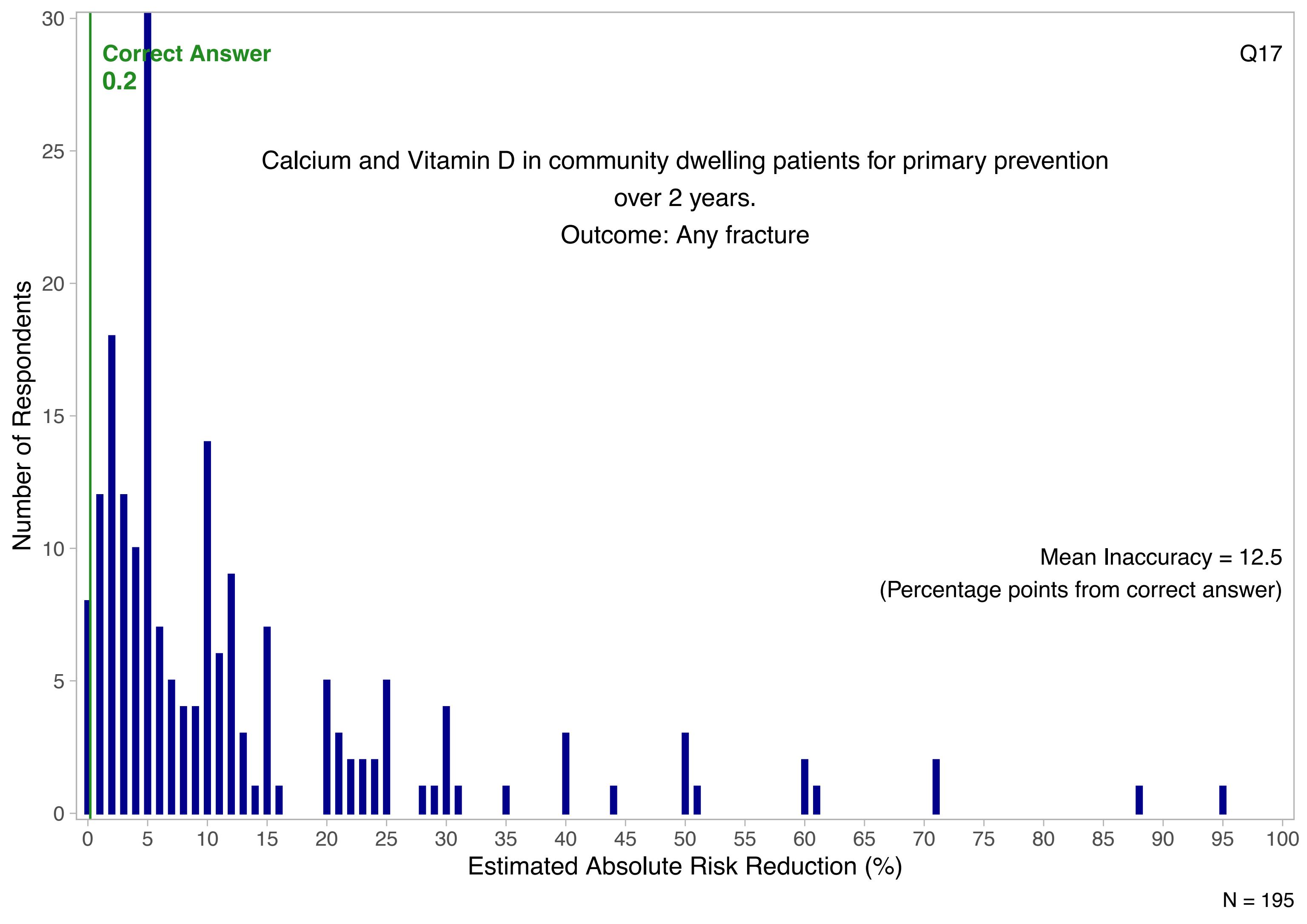

Correct Answer
5.4
Q15d
Glycaemic control to HbA1c 53mmol/mol (v 68mmol/mol) in T2DM over 5 years.
Outcome: Severe hypoglycaemia
Mean Inaccuracy = 20.1
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Increase (%)
0
5
10
15
20
25
30
35
40
45
50
55
60
65
70
75
80
85
90
95
100
N = 193

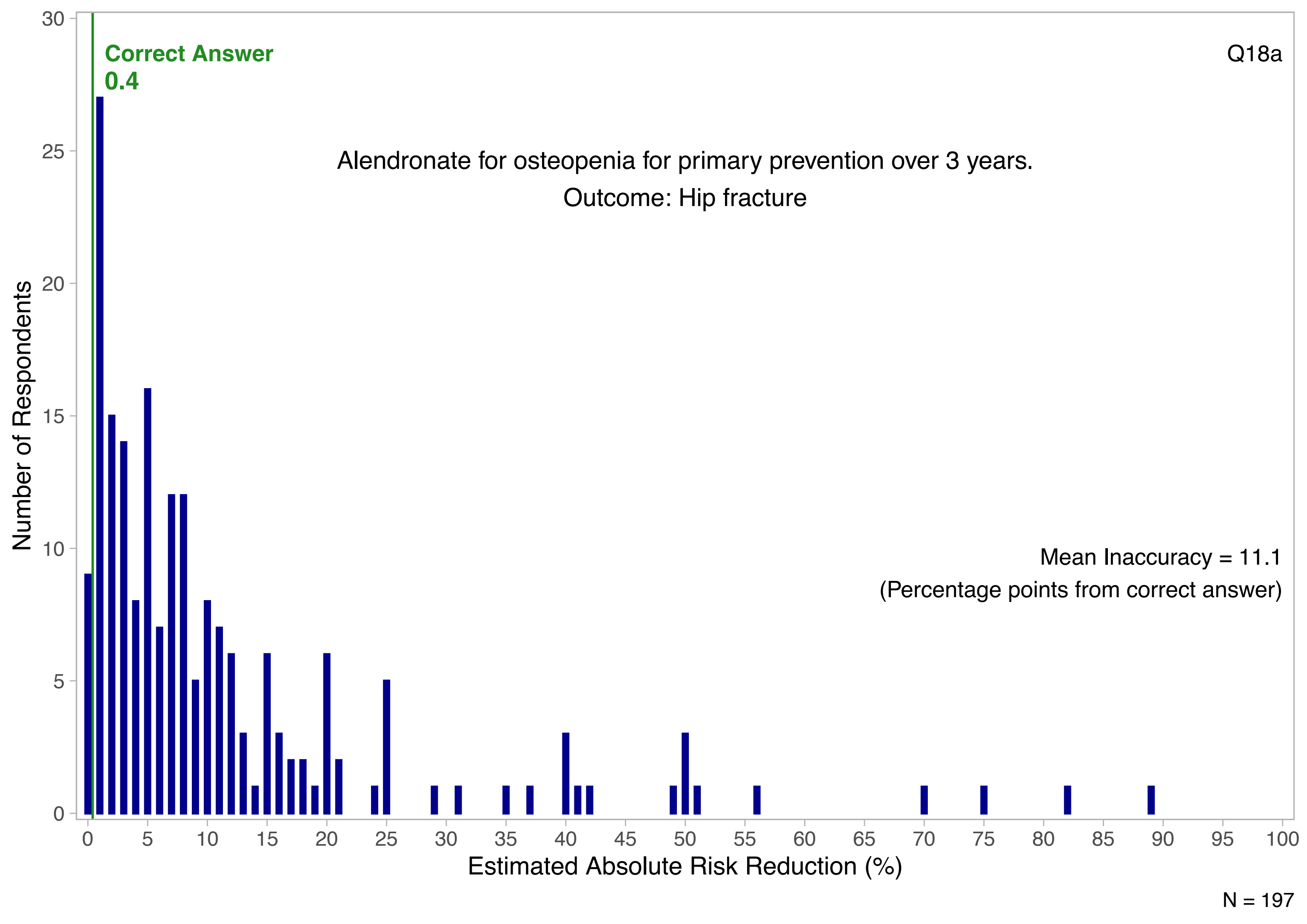

Correct Answer
2.0
Q16a
Steroid/LABA inhalers in COPD over 2 years.
Outcome: exacerbations or hospital admissions
Mean Inaccuracy = 22.0
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
0
5
10
15
20
25
30
35
40
45
50
55
60
65
70
75
80
85
90
95
100
N = 218

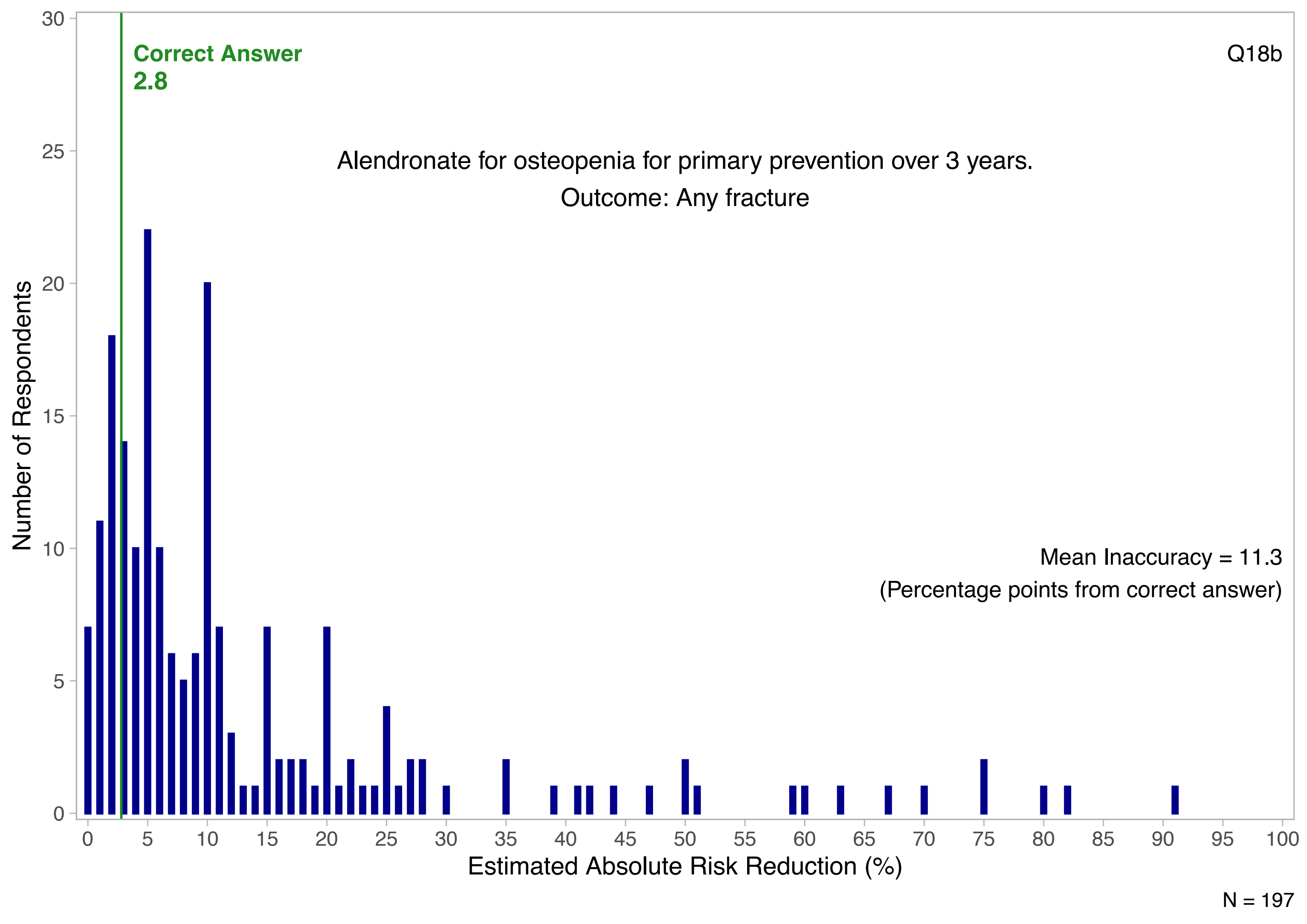

Correct Answer
1.9
Q16b
Steroid/LABA inhalers in COPD over 2 years.
Outcome: Total mortality
Mean Inaccuracy = 11.8
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 218

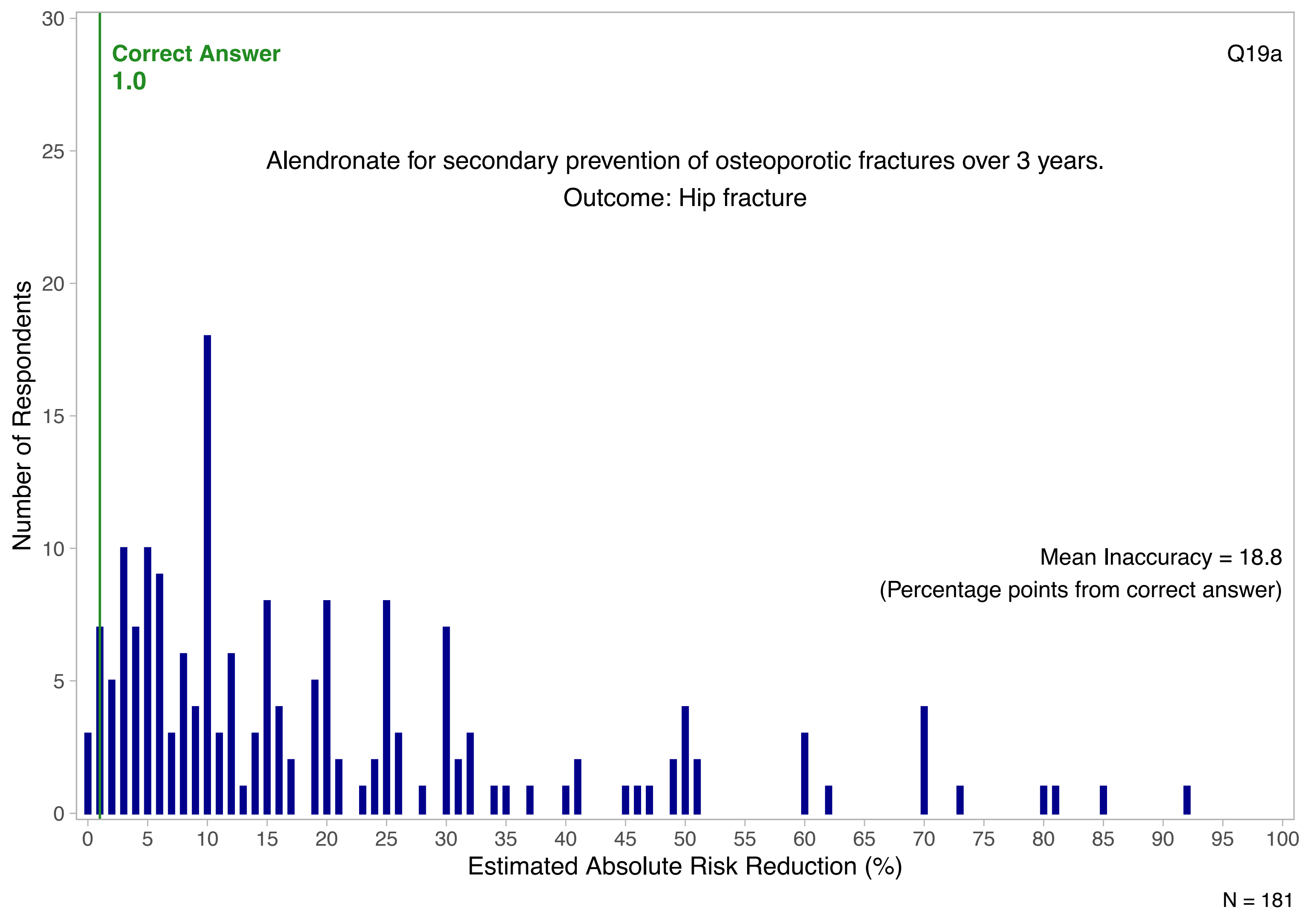


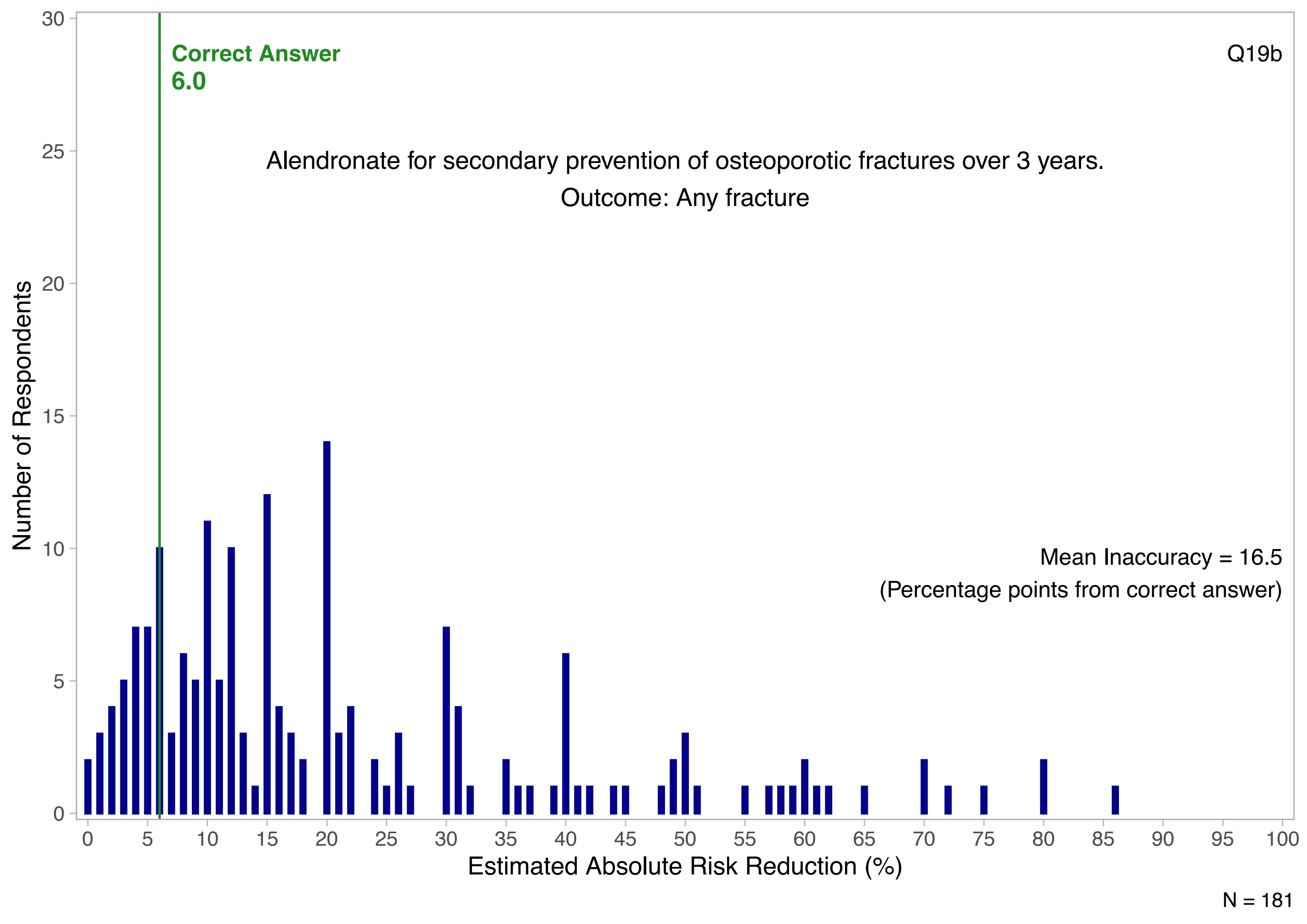
Correct Answer
1.0
Q16c
Steroid/LABA inhalers in COPD over 2 years.
Outcome: Excess pneumonia
Mean Inaccuracy = 17.7
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Increase (%)
N = 218


Correct Answer
0.2
Q17
Calcium and Vitamin D in community dwelling patients for primary prevention over 2 years.
Outcome: Any fracture
Mean Inaccuracy = 12.5
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 195

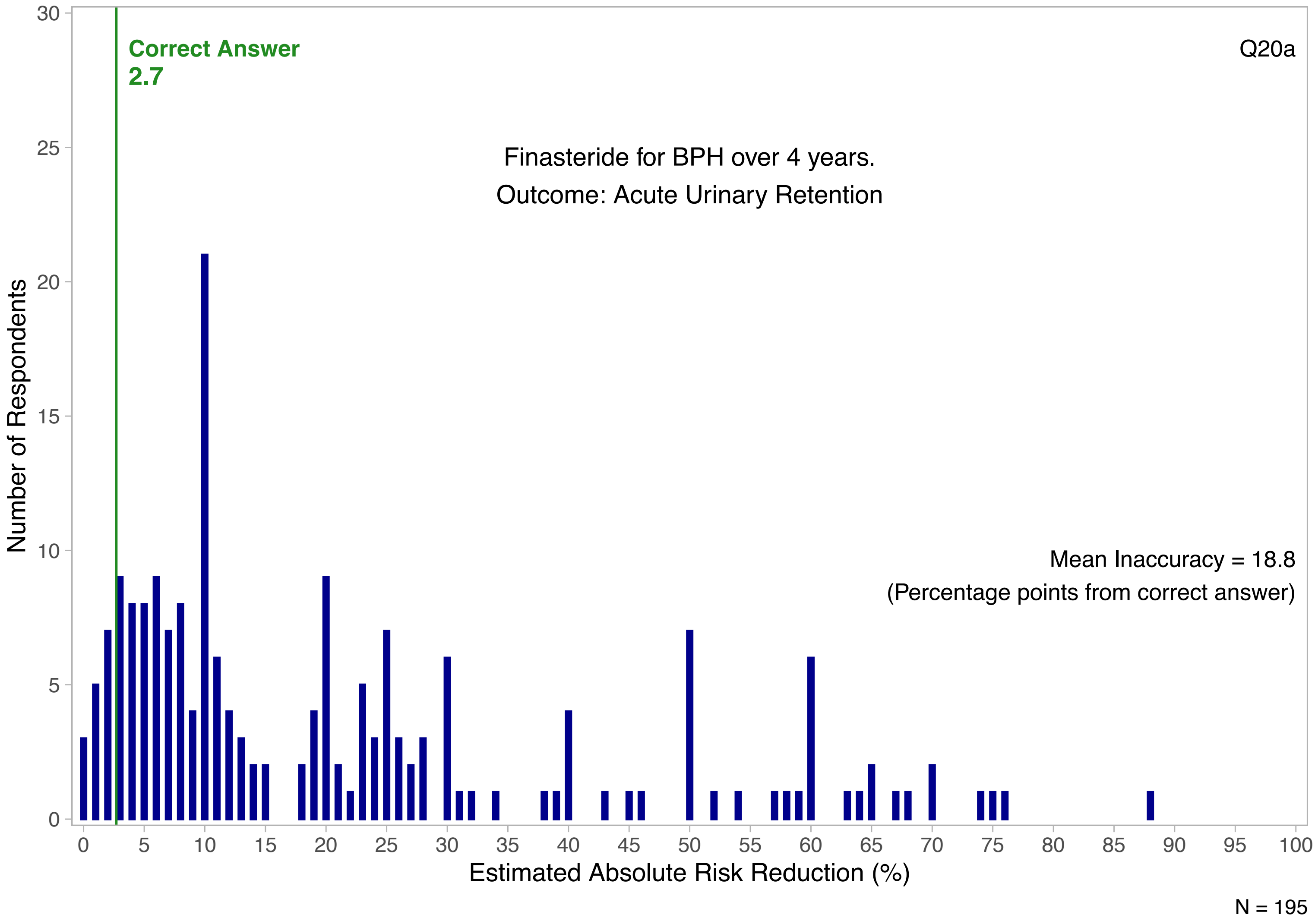

Correct Answer
0.4
Q18a
Alendronate for osteopenia for primary prevention over 3 years.
Outcome: Hip fracture
Mean Inaccuracy = 11.1
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 197

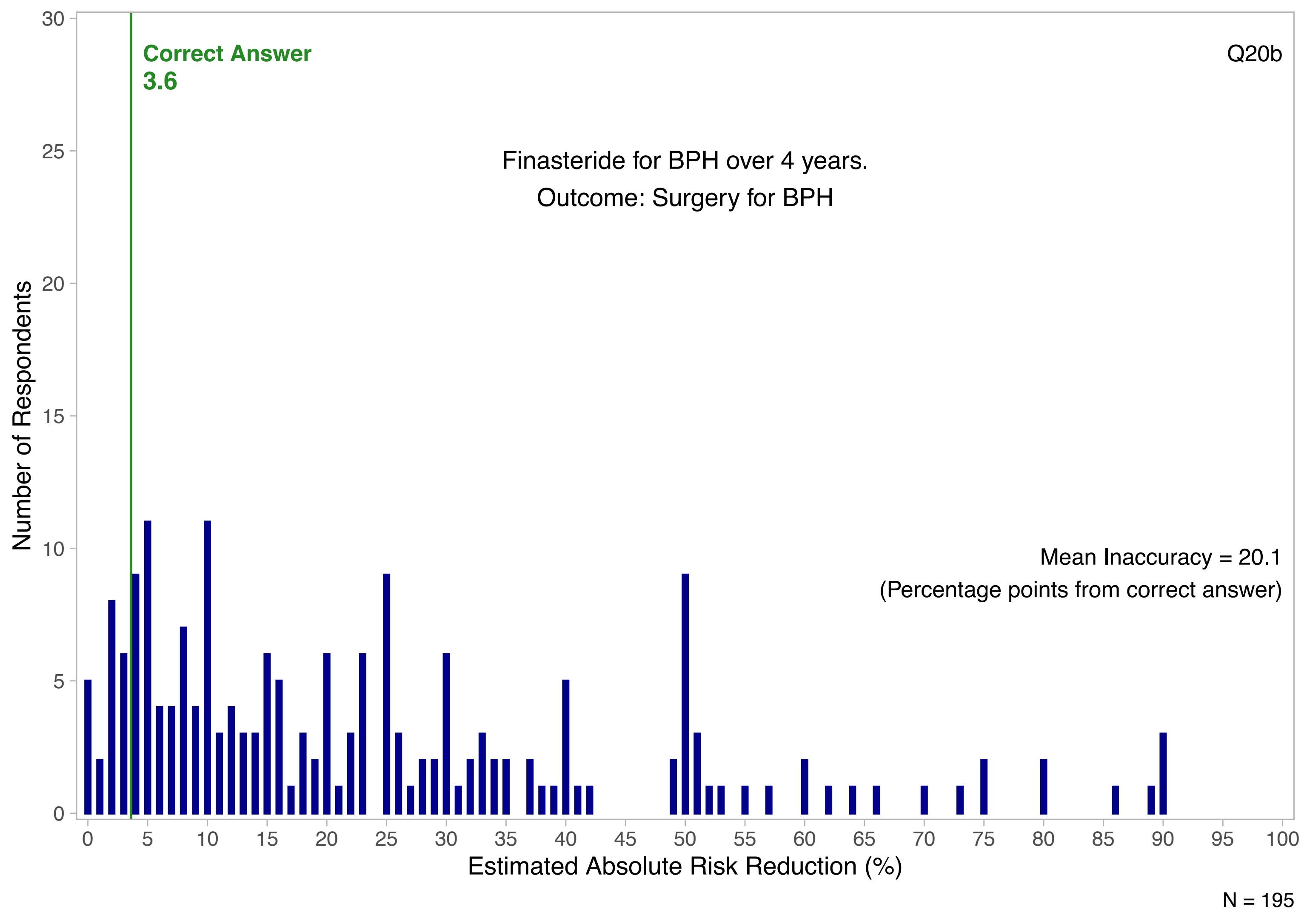

Correct Answer
2.8
Q18b
Alendronate for osteopenia for primary prevention over 3 years.
Outcome: Any fracture
Mean Inaccuracy = 11.3
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 197


Correct Answer
1.0
Q19a
Alendronate for secondary prevention of osteoporotic fractures over 3 years.
Outcome: Hip fracture
Number of Respondents
0
5
10
15
20
25
30
Mean Inaccuracy = 18.8
(Percentage points from correct answer)
0
5
10
15
20
25
30
35
40
45
50
55
60
65
70
75
80
85
90
95
100
Estimated Absolute Risk Reduction (%)
N = 181



Correct Answer
6.0
Q19b
Alendronate for secondary prevention of osteoporotic fractures over 3 years.
Outcome: Any fracture
Mean Inaccuracy = 16.5
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 181


Correct Answer
2.7
Q20a
Finasteride for BPH over 4 years.
Outcome: Acute Urinary Retention
Mean Inaccuracy = 18.8
(Percentage points from correct answer)
Number of Respondents
0
5
10
15
20
25
30
0
5
10
15
20
25
30
35
40
45
50
55
60
65
70
75
80
85
90
95
100
Estimated Absolute Risk Reduction (%)
N = 195


Correct Answer
3.6
Q20b
Finasteride for BPH over 4 years.
Outcome: Surgery for BPH
Mean Inaccuracy = 20.1
(Percentage points from correct answer)
Number of Respondents
Estimated Absolute Risk Reduction (%)
N = 195