



CoroPrevention

PERSONALISED PREVENTION FOR
CORONARY HEART DISEASE

CoroPrevention Tool Suite Caregiver dashboard User guide

For CoroPrevention Tool Suite investigational Medical Device Release 3.3

V7.1, 12 Feb 2026



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Table of contents

- [Device manufacturer](#)
- [General information](#)
- [Intended Purpose of the Device](#)
- [Performance characteristics](#)
- [Residual Risks and Undesirable Side Effects](#)
- [Warnings, Precautions, and Restrictions of Use](#)
- [Reporting of Serious Incidents](#)
- [Minimum Hardware Requirements](#)
- [Network Requirements and Cybersecurity Measures](#)

- [Conduct visit 1](#)
- [Prepare for visit 2 \(eDC\)](#)
- [Creating a subject](#)
- [Viewing patient summary](#)
- [Prepare for visit 2 \(Dashboard\)](#)
- [Information exchange between Tool Suite and EDC](#)
- [Conduct visit 2 \(Dashboard\)](#)
- [Closing a visit \(Dashboard\)](#)
- [After visit 2 \(eDC\)](#)
- [Conduct v3-v7](#)
- [Opening a patient record](#)
- [Follow-up in between the visits](#)
- [Handling alerts](#)
- [Correcting data \(dashboard\)](#)
- [Patient discontinuation](#)

[Modules](#)

[General module](#)

[- completeness of ePRO questionnaires](#)

[Journey module \(follow progress\)](#)

[Journey module \(goal setting\)](#)

[Education module](#)

[Medication adherence module](#)

[Physical activity \(EXPERT tool\) module](#)

[Nutrition module](#)

[Smoke-free living module](#)

[Stress relief module](#)

Device manufacturer

- The CoroPrevention Tool Suite caregiver dashboard is an investigational medical device.
- Manufacturer
Tampere University
Medicine and Healthtech
Arvo Ylpönkatu 34
FIN-33520 TAMPERE
FINLAND

General information

Intended users (of the CoroPrevention Tool Suite)

The caregiver dashboard is intended to be used by healthcare professionals who are adequately trained and delegated for the use in the CoroPrevention study. The caregiver dashboard is accessed through a web application.

The mobile application is intended for study subjects participating in the CoroPrevention clinical study who have been enrolled in a Personalised Prevention Programme under the supervision of a trained healthcare professional.

The ePRO application is intended to be used by study subjects at every study visit for the purpose of completing the protocol-defined questionnaires. The ePRO application is a web application, primarily accessed with a tablet device (or alternatively through a laptop or desktop computer).

Intended Clinical Benefits

The intended clinical benefits of the CoroPrevention Tool Suite, including the caregiver dashboard, are:

- Improving the prescription of guideline-based medical therapy and exercise;
- Improving the long-term follow-up of cardiovascular patients.

Intended Purpose of the Device

- The CoroPrevention Tool Suite is an investigational Medical Device used within the CoroPrevention clinical investigation.
- Its intended purpose is to provide digital support for cardiac patients and healthcare professionals during a Personalised Prevention Programme (PPP) by:
 - Supporting the healthcare professionals with setting up a personalised prevention programme with remote long-term follow-up for the subjects who are enrolled in the PPP
 - Providing the healthcare professionals with digital decision support tools in line with the guidelines
 - Supporting the study subjects in adhering to a heart-healthy lifestyle, including healthy nutrition, guideline-based medication, regular physical activity, smoking cessation, and stress-reducing practices.

The PPP aims to reduce the patient's risk of recurrent cardiovascular CV events by controlling CV risk factors (sedentary life, smoking, obesity, stress, hypertension, hypercholesterolemia, Diabetes Mellitus).

Performance characteristics

- The CoroPrevention Tool Suite application provides the following performance functionalities:
 - Presentation of the personalised prevention programme (PPP)
 - Guidance for physical activity based on the EXPERT tool algorithm
 - Support for medication prescription and adherence based on the Medication Decision Support system algorithm
 - Reminders and prompts designed to improve adherence to the PPP

Performance characteristics

- The CoroPrevention Tool Suite does not provide autonomous diagnoses, make treatment decisions, or offer emergency monitoring. It provides reference information to support clinical decision making by healthcare professionals.
- The decision support systems incorporated in the Tool Suite help the healthcare professionals identify suitable preventive treatment options by presenting recent and relevant ESC guidelines and scientific evidence.
- The CoroPrevention Tool Suite supports shared decision-making (SDM) during the PPP, by engaging the subject - during face-to-face consultations - in decisions regarding their journey in the PPP.
- The Tool Suite provides decision-support only; all final prescribing decisions must be made by the healthcare professional.

Residual Risks and Undesirable Side Effects

Participation in this study requires that subjects meet all eligibility criteria defined in the Clinical Investigation Plan. Only eligible subjects randomized to the PPP arm may use the investigational medical device. No device-specific contraindications have been identified.

- The intended user group includes individuals with a history of cardiovascular disease, who inherently remain at risk for new cardiac events.
- Risks related to the investigational medical device have been minimized through the risk management process; however, some residual risks for study subjects may still remain:
 - Confusion regarding the therapeutic plan displayed in the app, which may lead to reduced adherence or misinterpretation of recommendations. In case of doubt by the subject about medication intake, the subject should seek advice from a healthcare professional.
 - Incorrect personal data entered by the user, which may affect therapy or physical activity guidance and result in excessive or insufficient activity intensity. In case of pain or physical discomfort, the intensity of exercising should be lowered.
 - Incorrect nutritional suggestions, which may, in rare cases, cause allergic reactions or gastrointestinal discomfort. In these cases, the subject should seek advice from a healthcare professional.
 - Usability issues, which may lead to temporary stress, frustration, or difficulty in using the application. The subject should be advised and supported to configure alarms and reminders consciously, to avoid an excess of reminders, causing (techno)stress.

Subjects should be advised to carefully follow the instructions provided by the site staff to minimize these risks.

Warnings, Precautions, and Restrictions of Use

- This study uses software that is still under investigation.
- Healthcare professionals using the caregiver dashboard of the Tool Suite should always check that recommendations provided by the Tool Suite are compatible with the patient's clinical status.

Warnings

- The application must not be used as an emergency or diagnostic tool.
- In case of any alarming symptoms, such as acute chest pain, severe shortness of breath, syncope, or any other concerning symptom, subjects should seek immediate medical attention.

Precautions

- Recommendations from the Tool Suite must be checked to ensure they are appropriate for the subject's current condition and treatment plan. Do not follow recommendations that conflict with the subject's clinical status or established treatment plan.

Restrictions

- Use is restricted to study subjects in PPP arm and to delegated, trained site staff members only.
 - The application may only be used as part of the CoroPrevention clinical investigation.
-

Reporting of Serious Incidents

In accordance with applicable regulations, any serious incident related to the device must be reported:

- To the manufacturer, and
- To the Competent Authority of the Member State in which the subject is located.
- Serious incidents should be reported without undue delay in accordance with applicable regulations.
- Site staff can support the subject in filing such a report or submit it on their behalf.
- For urgent medical care needs, the subject should immediately contact a healthcare professional.
- For problems with the device, the subject should contact the study nurse or the manufacturer.

Minimum Hardware Requirements

Caregiver dashboard

- Laptop or desktop running one of the following operating systems:
 - Windows 8, Windows 8.1, Windows 10 or later
 - OS X El Capitan 10.11 or later
 - 64-bit Ubuntu 18.04+, Debian 10+, openSUSE 15.2+, or Fedora Linux 32+
- An Intel Pentium 4 processor or later that's SSE3 capable or equivalent
- Minimum 4 GB of RAM
- Minimum screen resolution: 1920x1080
- Minimum screen size (for shared decision making): 24"
- Recommended screen size (for shared decision making): 27"
- Google Chrome with latest supported version or equivalent Chromium-based browser
- Access to the following URL: <https://dashboard.coroprevention.eu/>
- If printing of prescriptions is desired: (connection to) a printer
- If downloading of prescriptions is desired: permissions to save files to the local system

Minimum Hardware Requirements

ePRO application

- Laptop, desktop, or tablet running one of the following operating systems:
 - Windows 8, Windows 8.1, Windows 10 or later
 - OS X El Capitan 10.11 or later
 - 64-bit Ubuntu 18.04+, Debian 10+, openSUSE 15.2+, or Fedora Linux 32+
 - iOS 12.5.4 or higher
 - Android 7.0 or higher
- An Intel Pentium 4 processor or later that's SSE3 capable or equivalent
- Minimum 4 GB of RAM
- Minimum screen size: 9.7"
- Minimum screen resolution: 1920x1080
- Google Chrome with latest supported version, or equivalent Chromium-based browser
- Access to the following URL: <https://tablet.coroprevention.eu>

Minimum Hardware Requirements

Mobile application

- iPhone running minimum iOS 12.4 for app versions up to 3.2.x and minimum iOS 15.1 from app version 3.3.x onwards
- Android smartphone running minimum Android 10
- Ability to run Google Chrome with latest supported mobile version
- Minimum 20 MB of storage space
- Minimum screen size of 5.4"
- Minimum resolution of 1080 x 1920
- Minimum 3GB of LPDDR4 RAM
- Active internet connection (WiFi or cellular)

Network Requirements and Cybersecurity Measures

Network Requirements

- Secure and stable Wi-Fi or mobile data connection is required for data synchronization.
- The mobile app may not function correctly when offline for extended periods.

Cybersecurity Measures

To ensure secure operation, the application includes:

- User authentication and password protection,
- Encrypted communication between the applications and the CoroPrevention server environment,
- Protection against unauthorized access through secure IT infrastructure,
- Compliance with GDPR requirements for data protection.

Users should keep their device's operating system updated and not share their login credentials.

Conduct visit 1 (EDC)

- 1 When a subject enrolls in the study, you start in the EDC system.
- 2 To create the patient, you have to fill in the date and version of the informed consent.

The screenshot displays the CoroPrevention EDC system interface. A blue sidebar on the left contains a menu with options: Home, Subjects, EDC, Documents, Training, Export, Authentication, eCRFLink, and Audit. The main content area is titled 'Subjects / Create' and features a 'New subject' button. Below this, the 'Informed Consent' section is active, showing a form with the following fields: 'Date of written informed consent' (with a date picker set to 01/01/2021) and 'Version informed consent' (with a dropdown menu). A blue circle with the number '2' highlights the 'Version informed consent' field. A 'Show monitoring status' toggle is located at the top right of the form. A 'New Subject' button is visible at the bottom right of the form area.

For detailed instructions on how to use the EDC, please see the EDC user manual and eCRF completion guidelines in your investigator site file.

Conduct visit 1 (EDC)

Ask the patient to fill in ePRO questionnaires for visit

11. You can open the ePROs by navigating to “EproLink”.

2 Look up the patient by entering the subject ID.

3 Click the button “Check available questionnaire links” to open the links for the ePROs.

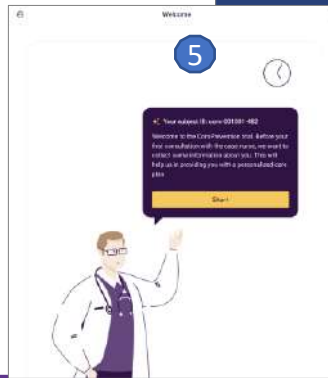
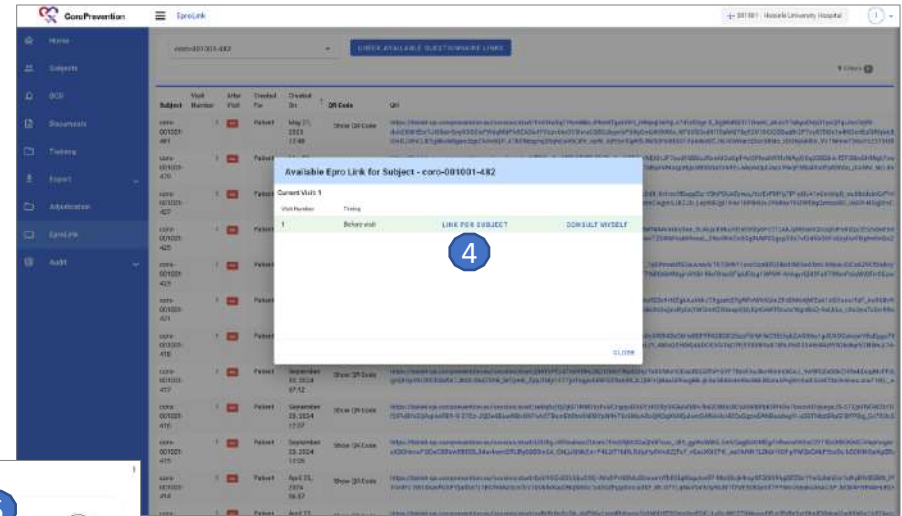
The screenshot shows the EproLink dashboard for subject ID 001001-482. The table lists several visits with their respective QR codes and URLs for ePRO questionnaires. The interface is designed for healthcare providers to manage patient data and access ePROs.

Subject	Visit Number	After Visit	Created For	Created On	QR Code	URL
001001-481	1	Patent	May 21, 2025	12:48	Show QR Code	https://table.e-pro.com/questionnaire/001001-481/visit/1/qr-code/1248
001001-482	1	Patent	May 21, 2025	12:48	Show QR Code	https://table.e-pro.com/questionnaire/001001-482/visit/1/qr-code/1248
001001-483	1	Patent	October 21, 2024	16:37	Show QR Code	https://table.e-pro.com/questionnaire/001001-483/visit/1/qr-code/1637
001001-484	1	Patent	October 18, 2024	06:12	Show QR Code	https://table.e-pro.com/questionnaire/001001-484/visit/1/qr-code/0612
001001-485	1	Patent	October 18, 2024	06:02	Show QR Code	https://table.e-pro.com/questionnaire/001001-485/visit/1/qr-code/0602
001001-486	1	Patent	September 29, 2024	12:38	Show QR Code	https://table.e-pro.com/questionnaire/001001-486/visit/1/qr-code/1238
001001-487	1	Patent	September 22, 2024	07:12	Show QR Code	https://table.e-pro.com/questionnaire/001001-487/visit/1/qr-code/0712
001001-488	1	Patent	September 20, 2024	12:07	Show QR Code	https://table.e-pro.com/questionnaire/001001-488/visit/1/qr-code/1207
001001-489	1	Patent	September 20, 2024	12:06	Show QR Code	https://table.e-pro.com/questionnaire/001001-489/visit/1/qr-code/1206
001001-490	1	Patent	April 25, 2024	06:37	Show QR Code	https://table.e-pro.com/questionnaire/001001-490/visit/1/qr-code/0637

Conduct visit 1 (EDC)

Click on the “Link for subject” link to generate the QR code for the ePROs for visit 1.

Scan the QR code with the tablet and hand the tablet over to the patient, so the patient can complete the ePROs.



Prepare for visit 2 (EDC)

In the EDC, complete the information of visit 1. The following information **has to be completed** to be able to import the patient into the Tool Suite:

- Demographics
- Medical History: at minimum Diabetes mellitus type 1, Diabetes mellitus type 2 information
- Vital Signs:
- Cardiac Assessment:
- Blood sampling: At minimum results for NT-PROBNP, Cystatin C, high-sensitive troponin, CERT2, eGFR, CKD, LDL, HDL, Total Cholesterol and HbA1c

2 Randomize the patient.

The screenshot shows the CoroPrevention EDC interface for a patient named 'Subject: coro-01001-402'. The 'Medical History' section is active, displaying a table of medical conditions. A blue circle with the number 1 highlights the 'Medical History' tab in the left sidebar.

ICD	Condition	Start	Stop	Active
1	Ischaemic cardiomyopathy			Yes
2	Myocardial infarction			Yes
3	Myocardial ischaemia			Yes
4	Myocardial infarction			Yes
5	Myocardial infarction			Yes
6	Myocardial infarction			Yes
7	Myocardial infarction			Yes
8	Myocardial infarction			Yes
9	Myocardial infarction			Yes
10	Myocardial infarction			Yes
11	Myocardial infarction			Yes
12	Myocardial infarction			Yes
13	Myocardial infarction			Yes
14	Myocardial infarction			Yes
15	Myocardial infarction			Yes
16	Myocardial infarction			Yes
17	Myocardial infarction			Yes
18	Myocardial infarction			Yes
19	Myocardial infarction			Yes
20	Myocardial infarction			Yes

The screenshot shows the CoroPrevention EDC interface for a patient named 'Subject: coro-01001-402'. The 'Demographics' section is active, displaying a table of demographic information. A blue circle with the number 2 highlights the 'Demographics' tab in the left sidebar.

Field	Value
Gender	Male
Age	65
High sensitivity troponin	< 1
Cystatin C	< 1
NT-proBNP	< 1
CERT2	< 1
eGFR	< 1
CKD	< 1
LDL	< 1
HDL	< 1
Total Cholesterol	< 1
HbA1c	< 1

Prepare for visit 2 (EDC)

To be able to import the patient into the Tool Suite the patient's values are to be within these ranges.

Parameter	Allowed ranges
Body weight	BMI: 12 kg/m ² – 60 kg/m ² Body weight: using the formula and range for BMI and the patient's height
Blood pressure	Systolic: 40 mmHg – 280 mmHg Diastolic: 30 mmHg – 160 mmHg
Pulse rate	Pulse rate: 35 – 140 bpm
HBA1CH	HbA1c: 2.15% - 20%
CHOLBC	Total cholesterol: 50 mg/dl– 500 mg/dl
LDLBC	LDL: 10 mg/dl – 450 mg/dl
HDLS	HDL: 10 mg/dl – 200 mg/dl.

How to create a subject (caregiver dashboard)?

1 If the patient is randomised into the PPP group, the patient has to be imported into the Tool Suite. This is done by logging in to the caregiver dashboard and navigating to the [“Create patient record”](#) screen.

Note: patients that are not in the PPP group cannot be imported into the Tool Suite.

2 Fill in the subject ID.

3 Click the button “Retrieve data from EDC” to fetch the data from the EDC.

Check if the data shown in the screen is correct for the patient.

4 If the data is not correct, go to the EDC to correct the data and repeat the steps above.

If the data is correct, click the “Submit” button to initiate the actual import of the patient from the EDC.

5 Note: each patient can only be imported once into the Tool Suite.

The screenshot shows the 'Create patient record' form in the Coroprevention Alpha caregiver dashboard. The form is titled 'Create patient record' and has a 'Cancel' button in the top right corner. The form contains the following fields and buttons:

- Subject ID:** A text input field with the value 'CORP-00000-000'. A blue circle with the number '2' is next to it.
- Retrieve data from EDC:** A button with a circular arrow icon. A blue circle with the number '3' is next to it.
- Gender:** A radio button group with options 'male' and 'female'.
- Year of birth:** A text input field with the value '1985'. A blue circle with the number '4' is next to it.
- Start date:** A text input field with the value '01-01-2020'.
- Submit:** A button. A blue circle with the number '5' is next to it.

How to create a subject (caregiver dashboard)?

1 Patient record successfully imported into the Tool Suite.

1

The screenshot displays the CoroPrevention caregiver dashboard for a patient with ID 001001 / BE1. The dashboard is organized into several sections:

- Patient Information:** Subject ID (001001-482), Gender (Female), Year of birth (1965), and Start date (01-01-2025). It also provides a URL and QR code to view the ePro for visit 2, and a button to print the QR code for the ePRO application.
- Consultations during the study:** A timeline showing consultations 1 through 7.
- Parameters:** A table of vital signs and clinical data.

Parameter	Value
Blood pressure	129/80 mmHg
Weight	59 kg
BMI	35.2 kg/m²
LDL cholesterol	3.04 mmol/L
HbA1c (fasting)	7.2 mmol/mol
- Behavioural goals:** A table of goals and their status.

Goal	Status	Action
Medication adherence	Medium	Inactive
Start moving	Intermediate	Inactive
Healthy nutrition	Medium	Inactive
Smoke-free living	Active smoker	Inactive
Stress relief	High	Inactive
Knowledge level	Beginner	Inactive
- Most recent alerts:** A table of alerts with columns for Date, Time, Type, Module, Message, and Action.

This screen gives you a general overview of the most important information about the patient. The patient record is at this moment not open yet.

You can view the general information about the patient, including the patient's subject ID, gender, year of birth and date of enrolment in the CoroPrevention study.

You can scan the QR code with the tablet to open the consultation preparation questionnaire for the patient. Alternatively, you can type the URL in the browser of the tablet. You can also print this code to give it to the patient on paper.

To login to the patient mobile application, the patient can also use a QR code, instead of his/her login credentials. You can print the QR code by clicking this button. When you print a new QR code for the patient, the patient's login credentials are reset.

In the caregiver dashboard, you can indicate that the patient dropped out of the study by clicking this button.

If the patient lost his/her smartphone (e.g. the smartphone is stolen), you can remotely log out the patient mobile application on the patient's smartphone. This ensures that the person that finds the patient's smartphone cannot view the personal, medical information about the patient.

When the visit was already completed, the circle is green. When the visit was skipped/cancelled, the circle is red. When the visit is not yet completed, the circle is white.

How to view a summary about a patient?

The screenshot displays the CoroPrevention Alpha Caregiver dashboard for patient 001001 / BE1. The interface is organized into several sections:

- General:** Displays patient details such as Subject ID (001001-002), Gender (Female), Year of birth (1965), and Start date (01-01-2025). It also includes a QR code and a link to view the app for visit 2.
- Consultations during the study:** A timeline showing consultation dates and status.
- Parameters:** A table listing various medical parameters and their values, such as Blood pressure (120/80 mmHg), Weight (80 kg), BMI (30.25 kg/m²), LDL cholesterol (2.14 mmol/L), and HbA1c (5.6 mmol/mol).
- Behavioural goals:** A table listing goals and their status, such as Medication adherence (Not started), Smoking (Intermediate), Healthy nutrition (Not started), Smoke free living (Active smoker), Stress relief (High), and Knowledge level (Beginner).
- Most recent alerts:** A table listing alerts, such as "The weight of the patient has increased by 21, since the previous encounter" and "A national advice was sent to the patient."

Numbered callouts highlight specific features:

1. Patient ID
2. General tab
3. QR code to view the app for visit 2
4. Print a new QR password code for the mobile app
5. Patient dropped out button
6. Logout mobile app button
7. Consultations during the study timeline

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You can indicate that a visit was skipped by clicking on the circle of a not yet completed visit.

You can view or edit the data that was entered before the encounter, consult the questionnaire results and send the patient a reminder in the mobile app to fill in the questionnaires, by clicking on the circle of an already completed visit.

You can view the patient's most recently reported parameter values. The color-coding indicates if the patient's parameters are in the target ranges.

For each behavioural goal, you can view how the patient is doing and in which level of guidance the patient is currently. The color-coding indicates how good the patient is doing for the behavioural goal.

Furthermore, you can view the patient's current knowledge level. The color-coding indicates the patient's performance on his/her most recent knowledge challenge.

You have an overview of all alerts that were triggered for this patient since last visit.

There is a filter for each type of alert and for each status (open/handled).

You can click on a filter to enable or disable it.

You can mark an alert as handled by clicking on the "cross" icon. The cross will then be updated to a checkmark.

How to view a summary about a patient?

Patient 001 001 / BE1

Open medication decision support to edit the prescription View patient record Start visit 2

Search: coro-00000-000 (00000)

General

Subject ID: coro-001-001-002
Gender: Female
Year of birth: 1965
Start date: 01-01-2025

URL and code to view the app for visit 2:
<https://mobile-apps.coroprevention.eu/appusers/start/af84a4b6d66c...>

Print QR code for app40 application

Print a new QR password code for the mobile app Logout mobile app

Alert: Patient dropped out

Parameters

Parameters during the study

Parameters:

- Blood pressure: 120/80 mm Hg
- Weight: 80 kg
- DM: 35.25g/mol
- LDL cholesterol: 2.14mmol/L
- HbA1c (Glucose): 51.2mmol/mol

Behavioural goals

- Motivation adherence: Unknown
- Start smoking: Unknown
- Healthy nutrition: Unknown
- Smoke free living: Active smoker
- Stress relief: High
- Knowledge level: Beginner

Most recent alerts

Filter: Red: 0 Orange: 0 Yellow: 0 Open: 0 Handled: 0

Date	Time	Type	Module	Message	Action
15-08-2025	10:08	Value	Healthy weight	The weight of the patient has increased by 3% since the previous encounter.	A manual review was sent to the patient.
15-08-2025	07:08	Orange	Learning cholesterol	LDL cholesterol was between 70-100 mg/dL or 1.8-2.6 mmol/L.	A manual review was sent to the patient. It may be necessary to make a telephone call and send a message.
15-08-2025	07:08	Value	Diabetes management	HbA1c was between 7% or below (6.5% or below) in this patient with known diabetes.	A manual review was sent to the patient.

Prepare for visit 2 (caregiver dashboard)

MEDICATION PRESCRIPTION

1 NOTE: The medication prescription of the patient is not automatically imported from the EDC to the Tool Suite (caregiver dashboard). Therefore, you have to manually register the patient's medication prescription.

Click the “Open medication decision support” button to open the medication DSS in which you can add / modify the patient's medication prescription.

2 Register the patient's medication prescription. This is the same medication list as the one that was entered in EDC for visit 1.

The top screenshot displays the patient profile for '000008 / 001'. It includes fields for Subject ID, Gender, Year of birth, and Start date. A QR code is visible for the mobile app. A blue circle with the number '1' highlights the 'Open medication decision support' button. The right sidebar shows 'Consultations during the study' and 'Parameters'.

The bottom screenshot shows the 'Medication decision support system' interface. It includes tabs for 'Current medication', 'Add drug', 'Algorithm input', and 'Algorithm output'. A blue circle with the number '2' highlights the 'Add drug' button. The interface also shows a table for 'Current medication' with columns for Drug, Dose, Frequency, and Status.

Prepare for visit 2 (caregiver dashboard)

EXERCISE PRESCRIPTION

- 1 During the visit, you will discuss the exercise goals with the patient. To set a weekly sports goal (exercise prescription). Click on the button “View patient record”
Note: alternatively, you can also set the weekly sports goal during the visit with the patient.

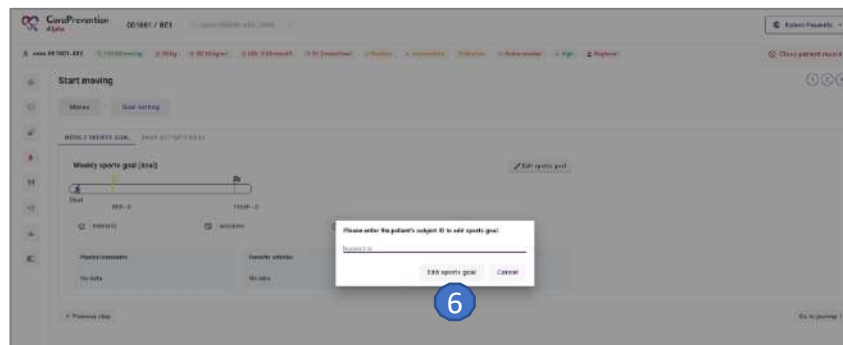
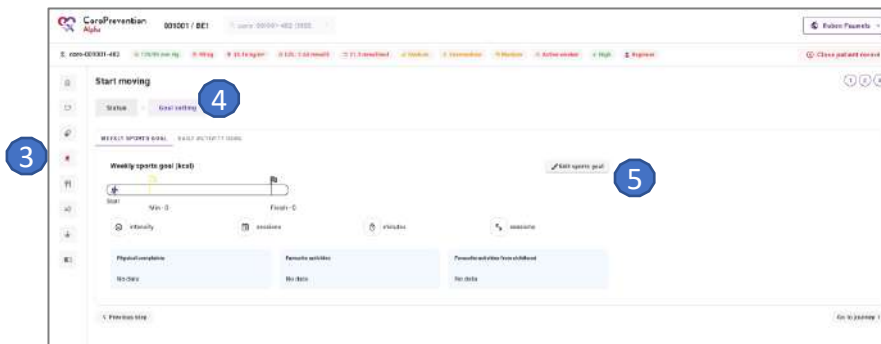
The screenshot displays the CoroPrevention Alpha Caregiver dashboard for patient coro-001001-482. The interface includes a top navigation bar with the patient ID and a search bar. Below the navigation bar, there are buttons for 'Open medication decision support to edit the prescription', 'View patient record', and 'Start visit 2'. A red circle with the number 1 highlights the 'View patient record' button. The main content area is divided into several sections: 'General' (Subject ID, Gender, Year of birth, Start date), 'URL and code to view the ePro for visit 2' (with a QR code), 'Parameters' (Blood pressure, Weight, BMI, LDL cholesterol, HbA1c), and 'Behavioral goals' (Medication adherence, Start moving, Healthy nutrition, Smoker-free living, Stress relief, Knowledge test). The 'Behavioral goals' section shows progress bars and status indicators (Active, Inactive, High, Medium, Low, etc.). At the bottom, there is a 'Most recent alerts' section with a table of alerts.

Date	Time	Type	Module	Message	Action

Prepare for visit 2 (caregiver dashboard)

EXERCISE PRESCRIPTION

- 3 Navigate to the “Start moving” module by clicking the icon of the running man.
- 4 Click on the “Goal setting” tab.
- 5 In the “Weekly sports goal” tab, click on the “Edit sports goal” button.
- 6 Enter the patient’s subject ID and click the “Edit sports goal” button to open the EXPERT tool.



7

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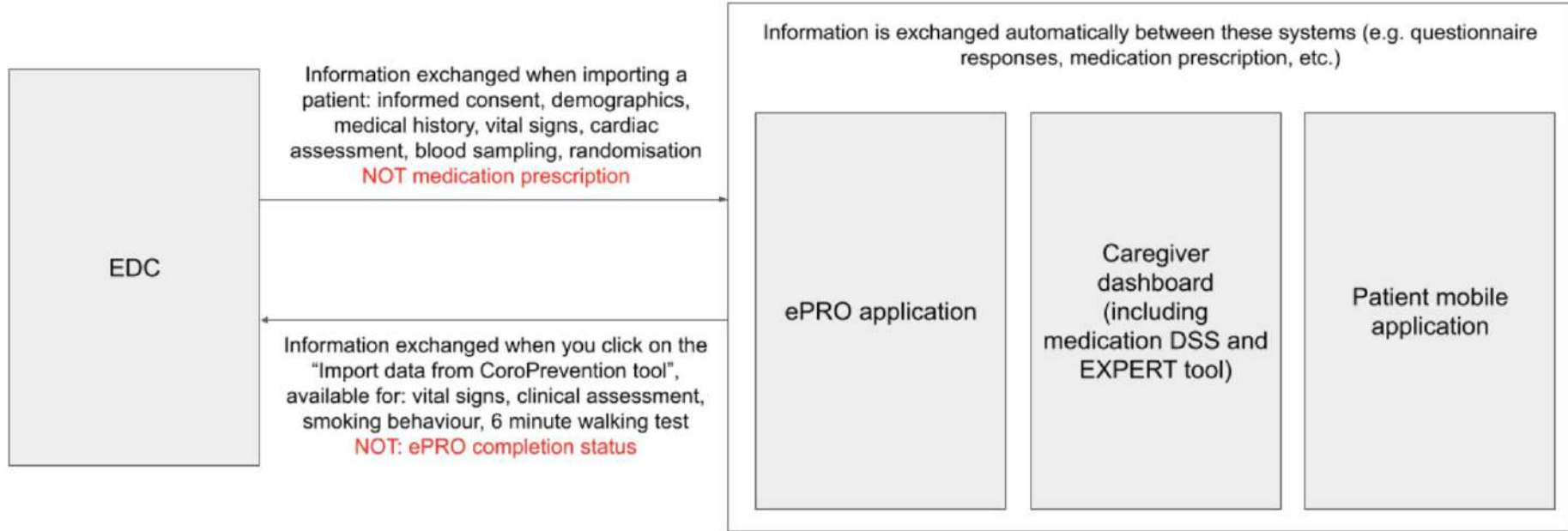
7

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7

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Which information is exchanged between different systems?



- 1 Use the search function to find the patient record.
- 2 Take the tablet and scan the QR code (or copy the link) to open the ePRO for the patient.
- 3 Give the tablet to the patient so he/she can complete the questionnaires.



Conduct visit 2 with the patient (caregiver dashboard)

4 Click the button “Start visit” to open the patient record for a visit.

5 You can also start the visit by clicking the applicable visit number in the timeline.

Note: If you accidentally mark the visit as skipped, you can undo it by clicking the visit number and re-opening the visit.

CoroPrevention Alpha 001001 / BE1 Q coro-001001-402 (1865)

Patient Open medication decision support to add the prescription View patient record Start visit 2

Q coro-001001-402 (1865)

General

Subject ID: coro-001001-402
Gender: Female
Year of birth: 1965
Start date: 01-01-2025

URL and code to view the ePro for visit 2
<https://tablet-opa.coroprevention.eu/session/start/vit4qpAM9G20y...>

Print QR code for ePRO application

Print a new QR password code for the mobile app Logout mobile app

⚠ Patient is skipped out

Consultations during the study

1 2 3 4 5 6 7 8 9 10

Parameters

Blood pressure: 129/93 mm Hg
 Weight: 90 kg
 BMI: 33.2 kg/m²
 LDL cholesterol: 3.64 mmol/L
 HbA1c (fasting): 8.12 percentage

Behavioural goals

Medication adherence: Medium Inactive
 Start moving: Intermediate Inactive
 Healthy nutrition: Medium Inactive
 Smoke-free living: Active smoker Inactive
 Stress relief: High Inactive
 Knowledge level: Beginner

Most recent alerts

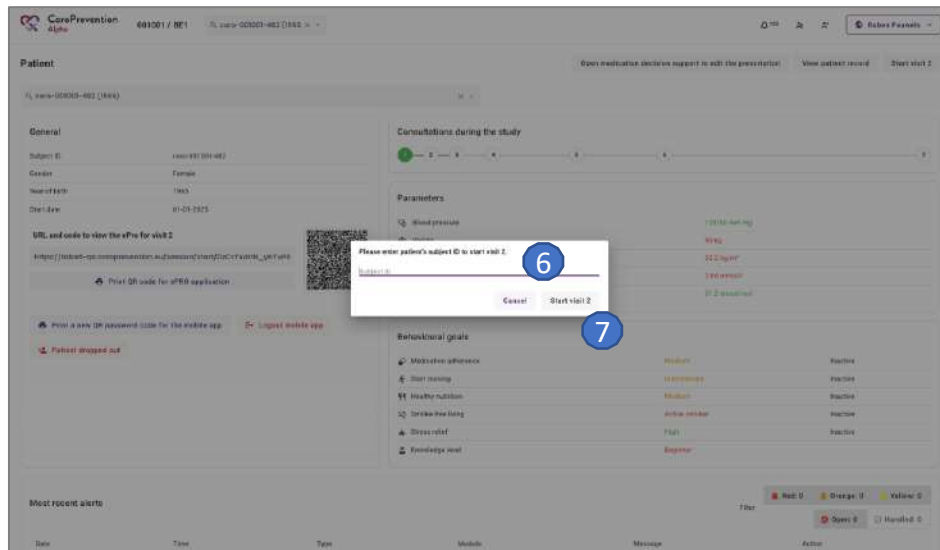
Filter Red: 0 Orange: 0 Yellow: 0 Open: 0 Handled: 0

Date	Time	Type	Module	Message	Action
------	------	------	--------	---------	--------

Conduct visit 2 with the patient (caregiver dashboard)

6 Fill in the subject ID to make sure you are opening the patient record of the correct patient.

7 Click the “Start visit 2” button to start the visit.



Conduct visit 2 with the patient (caregiver dashboard)

- 8 Measure the vital signs and enter the data.
Note: after the visit, you can import this information in the EDC.

- During visit 2, and also 6, the patient has to perform the 6 Minute Walking Test. Record the results in the caregiver dashboard.
9 Walking Test. Record the results in the caregiver dashboard.
Note: after the visit, you can import this information in the EDC.

- 10 Indicate only NEW diagnosis since last visit.
Note: after the visit, you can import this information in the EDC.

CoroPrevention Alpha 001001 / BE1

Start an encounter

Vital Signs 6 Minute Walking Test Clinical Assessment Medication DSD Information

Body weight: kg

Blood pressure: mmHg mmHg mmHg

Pulse rate: bpm

Next >

CoroPrevention Alpha 001001 / BE1

Start an encounter

Vital Signs 6 Minute Walking Test Clinical Assessment Medication DSD Information

Has the 6 Minute Walking Test performed? ☐ Yes ☐ No

6 Previous Next >

CoroPrevention Alpha 001001 / BE1

Start an encounter

Vital Signs 6 Minute Walking Test Clinical Assessment Medication DSD Information

Has following diagnosis since last visit

Diabetes mellitus type 1 ☐ Yes ☐ No

Diabetes mellitus type 2 ☐ Yes ☐ No

Chronic kidney disease ☐ Yes ☐ No

Hypertension ☐ Yes ☐ No

Stroke ☐ Yes ☐ No

FAH ☐ Yes ☐ No

Cardioembolic atherothrombosis ☐ Yes ☐ No

Peripartum atherothrombosis ☐ Yes ☐ No

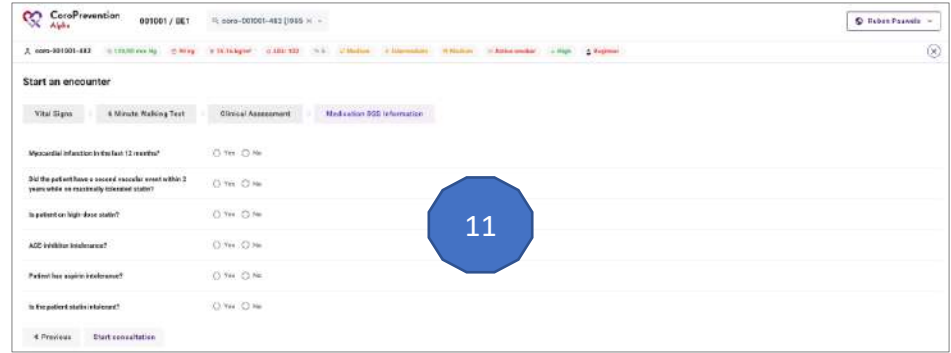
Pharmacoresistant ☐ Yes ☐ No

New diagnosis of AF ☐ Yes ☐ No

6 Previous Next >

Conduct visit 2 with the patient (caregiver dashboard)

- 11 Fill in the information that is required for the algorithm of the Medication Decision Support System (Medication DSS) to make personalized medication recommendations for the patient. This information can be filled in based on information that you can find in the medical records.



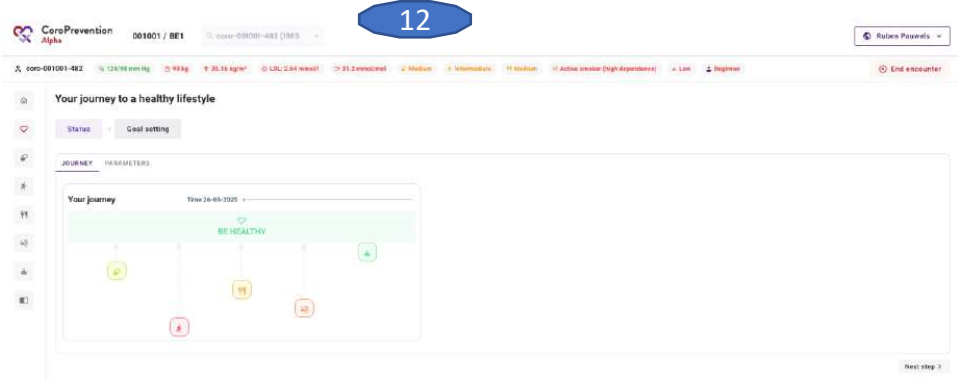
The screenshot shows the CoroPrevention Caregiver dashboard. At the top, there is a header with the CoroPrevention logo, a patient ID (091001 / DE1), and a search bar. Below the header, there is a navigation bar with tabs for 'Vital Signs', '6 Minute Walking Test', 'Clinical Assessment', and 'Medication DSS information'. The 'Medication DSS information' tab is selected. The form contains several questions with radio button options for 'Yes' and 'No':

- Myocardial infarction in the last 12 months? ☐ Yes ☐ No
- Did the patient have a second vascular event within 3 years while on reasonably tolerated statin? ☐ Yes ☐ No
- Is patient on high-dose statin? ☐ Yes ☐ No
- ASD inhibitor introduced? ☐ Yes ☐ No
- Patient has aspirin intolerance? ☐ Yes ☐ No
- Is the patient statin intolerant? ☐ Yes ☐ No

At the bottom of the form, there are buttons for '4 Previous' and 'Start consultation'. A blue octagon with the number 11 is overlaid on the form.

Conduct visit 2 with the patient (caregiver dashboard)

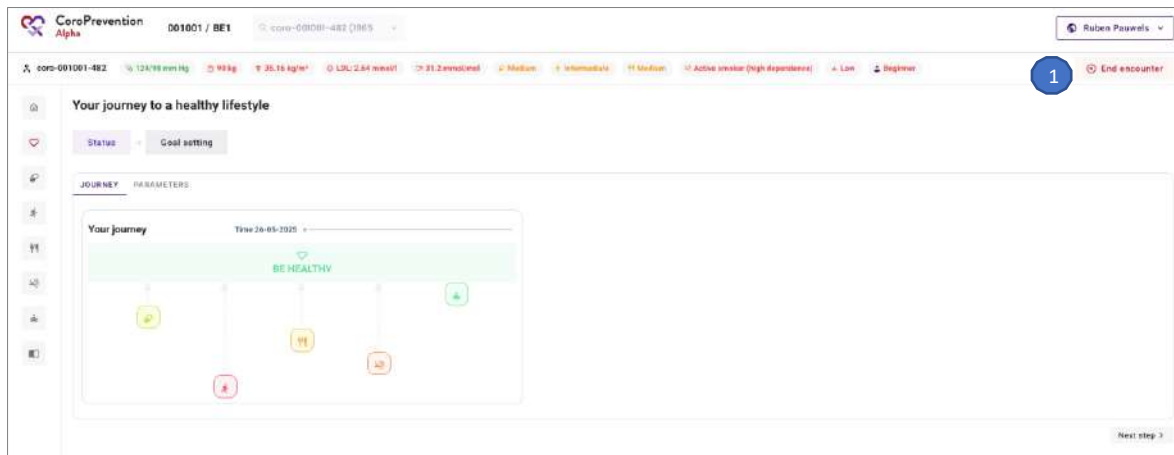
12 Starting with this view, you can have the shared decision-making discussion with the patient about his/her status and goals.



Note: During visit 2, you will also help to install the CoroPrevention mobile application on the patient's smartphone.

How to end a visit and close the patient record?

1 Click on "End encounter" when you have completed the visit and wish to close it in the Dashboard.



After visit 2 with the patient (EDC)

1 Short after visit 2, all missing information for visit 2 has to be completed in the EDC.

You can also use the “Import data from CoroPrevention tool” to import data that you already registered in the caregiver dashboard.

Note: After completing the visit in the Dashboard, ensure timely eCRF data entry. This applies to all study visits.

The screenshot shows the CoroPrevention EDC interface. On the left is a blue sidebar with navigation icons and labels: Home, Subjects, DCR, Documents, Training, Export, Adjudication, EpiLink, and Audit. The main area is titled 'Subjects / coro-001001-482 / View'. Below this, there's a 'Subject Summary' section with tabs for 'Visit 2' (highlighted with a blue circle and a '1' icon) and 'Visit 1'. The 'Visit 2' tab shows a 'Visit Data' section with a 'Visit 2' button (highlighted with a blue circle and a '2' icon). Below this is a 'Vital Signs' section with input fields for 'Body weight' (kg), 'Blood pressure' (Systolic, Diastolic), and 'Pulse Rate' (bpm). There are also 'Import data from CoroPrevention tool' and 'Audit trail' buttons in the top right. A 'Back' button is at the bottom left, and a 'Next' button is at the bottom right.

Conduct visit 3 - 7

Visit 3: ePRO questionnaires + shared decision making conversation with case nurse

Visit 4: ePRO questionnaires + shared decision making conversation with case nurse

Visit 5: ePRO questionnaires + shared decision making conversation with case nurse

Visit 6: ePRO questionnaires + shared decision making conversation with case nurse + **appointment with investigator**

Visit 7: ePRO questionnaires + shared decision making conversation with case nurse + **uninstall patient mobile app**

At V3-V7 you can open the PPP patient ePRO via eCRF or via Tool Suite.

Note that for high-risk UC patients you can only open the V6 and V7 ePRO via eCRF.

At the end of each visit, view the patient's disease related knowledge and the patient's usage of the educational module.
Configure relevant educational content for the patient.

How to open the patient record?

When you want to see more information about the patient then what is shown in the summary, you can open the patient record.

Here it is important to choose the correct option. This way, the system keeps track of how far the patient is in his/her timeline in the study.

1 Choose "Start visit" if the patient is sitting in front of you and this is a scheduled study visit. The number of the visit is indicated on the button.

2 Choose "View patient record " if you are following up on the patient in between visits (e.g., because of alerts or because the patient has called you).

The screenshot displays the CoroPrevention Alpha caregiver dashboard for a patient with ID 001001 / BE1. The patient's name is 001001-482 (1965). The dashboard is divided into several sections:

- General:** Displays patient details such as Subject ID (001001-482), Gender (Female), Year of birth (1965), and Start date (01-01-2025). It also provides a URL and QR code to view the ePro for visit 2.
- Consultations during the study:** A timeline showing the patient's progress through the study, with visit 2 highlighted.
- Parameters:** A table of vital signs and lab results, including Blood pressure (129/90 mm Hg), Weight (90 kg), BMI (25.2 kg/m²), LDL cholesterol (2.64 mmol/L), and HbA1c (5.1 mmol/mol).
- Behavioural goals:** A table of goals and their status, including Medication adherence (Medium), Start moving (Inactive), Healthy nutrition (Medium), Smoke-free living (Active smoker), Stress relief (High), and Knowledge test (Beginner).
- Most recent alerts:** A table of alerts with columns for Date, Time, Type, Module, Message, and Action.

Navigation buttons at the top right include "Open medication decision support to edit the prescription", "View patient record", and "Start visit 2". The "View patient record" button is highlighted with a blue circle and the number 2, and the "Start visit 2" button is highlighted with a blue circle and the number 1.

How to start a visit with the patient?

All visits

1 Complete some information about the patient. The system will guide you through these different steps.

2 Vital signs: First, you have to measure the patient's vital signs and record these. You can later import this information into the EDC system.

3 6 Minute Walking Test: In visit 2 and 6, the patient has to perform the Six-Minute Walk Test. You have to record the results in this screen. You can later import this information into the EDC system.

The image displays two screenshots of the CoroPrevention Alpha caregiver dashboard, illustrating the steps to start a visit with a patient.

Screenshot 1 (Step 1): The dashboard shows the patient's information (001001 / BE1) and a list of vital signs. The 'Start an encounter' section is active, showing the 'Vital Signs' step. The 'Vital Signs' step is highlighted in blue. The '6 Minute Walking Test' step is also visible. The 'Clinical Assessment' and 'Medication DSG Information' steps are also visible.

Screenshot 2 (Step 2): The dashboard shows the patient's information (001001 / BE1) and a list of vital signs. The 'Start an encounter' section is active, showing the '6 Minute Walking Test' step. The '6 Minute Walking Test' step is highlighted in blue. The 'Clinical Assessment' and 'Medication DSG Information' steps are also visible.

The interface includes a search bar, a patient list, and a 'Start an encounter' button. The patient list shows the patient's name, ID, and status. The 'Start an encounter' button is located at the bottom of the patient list.

How to start a visit with the patient?

4

Clinical assessment: Next, you have to complete the clinical assessment. You can later import this information in the EDC system.

5

Medication DSS information: In visit 2 and visit 6, the investigator will use the medication decision support system to review and if needed update the patient's medication prescription. For the medication decision support algorithm to work, you need to enter information on whether patient has any new clinical diagnosis as well as background information about patient's cardiac treatment history.

6

After completing the questions, you can start the visit by clicking this button. The patient record will then be opened for the study visit.

This screenshot shows the 'Clinical Assessment' tab of the CoroPrevention Alpha form. The form is titled 'Start an encounter' and includes a navigation bar with 'Vital Signs', '4 Minute Walking Test', 'Clinical Assessment', and 'Medication DSS information'. The 'Clinical Assessment' tab is active. The form contains several questions with 'Yes' and 'No' radio button options. A blue circle with the number '4' highlights the 'Diabetes' question.

CoroPrevention Alpha 001001 / DE1

Start an encounter

Vital Signs 4 Minute Walking Test Clinical Assessment Medication DSS information

Have following symptoms were last visit

Diabetes mellitus type 1 ☐ Yes ☐ No

Diabetes mellitus type 2 ☐ Yes ☐ No

Chronic kidney disease ☐ Yes ☐ No

Hypertension ☐ Yes ☐ No

Stroke ☐ Yes ☐ No

TIA ☐ Yes ☐ No

Coronary artery disease ☐ Yes ☐ No

Peripheral artery disease ☐ Yes ☐ No

Thromboembolism ☐ Yes ☐ No

New diagnosis of IHD ☐ Yes ☐ No

4 Previous Next

This screenshot shows the 'Medication DSS information' tab of the CoroPrevention Alpha form. The form is titled 'Start an encounter' and includes a navigation bar with 'Vital Signs', '4 Minute Walking Test', 'Clinical Assessment', and 'Medication DSS information'. The 'Medication DSS information' tab is active. The form contains several questions with 'Yes' and 'No' radio button options. A blue circle with the number '5' highlights the 'Is patient on high-dose statin?' question. At the bottom, a blue circle with the number '6' highlights the 'Start consultation' button.

CoroPrevention Alpha 001001 / DE1

Start an encounter

Vital Signs 4 Minute Walking Test Clinical Assessment Medication DSS information

Myocardial infarction in last 12 months? ☐ Yes ☐ No

Did the patient have a second vascular event within 2 years while on maximally tolerated statin? ☐ Yes ☐ No

Is patient on high-dose statin? ☐ Yes ☐ No

ACE inhibitor intolerance? ☐ Yes ☐ No

Patient has aspirin intolerance? ☐ Yes ☐ No

Is the patient statin intolerant? ☐ Yes ☐ No

4 Previous Start consultation

Remote follow-up on patient between visits (Dashboard)

1 Click the button “View patient record” to open the patient record for a follow-up.

Note: use “View patient record” to view the patient record when the patient is not with you e.g., to view the patient’s progress or to prepare for the visit.

The screenshot displays the CoroPrevention Alpha dashboard for a patient with ID 001001 / BE1. The interface includes a search bar at the top, a patient summary section on the left, and a main content area on the right. A blue circle with the number '1' highlights the 'View patient record' button in the top right corner.

Patient Information:

- Subject ID: 001001-482
- Gender: Female
- Year of birth: 1965
- Start date: 01-01-2025
- URL and code to view the ePro for visit 2: <https://tablet-ga.coroprevention.eu/session/start/af14qpATMRQ620y...>
- Print QR code for ePro application
- Print a new QR password code for the mobile app
- Logout mobile app
- Patient dropped out

Consultations during the study:

1 2 3 4 5 6 7

Parameters:

Parameter	Value
Blood pressure	124/83 mm Hg
Weight	94 kg
BMI	35.2 kg/m²
LDL cholesterol	3.64 mmol/L
Heart rate (b/min)	71.2 bpm

Behavioural goals:

Goal	Current Status	Target Status
Medication adherence	Medium	Inactive
Start moving	Intermediate	Inactive
Healthier nutrition	Medium	Inactive
Smoker-free living	Active smoker	Inactive
Stress relief	High	Inactive
Knowledge boost	Beginner	Inactive

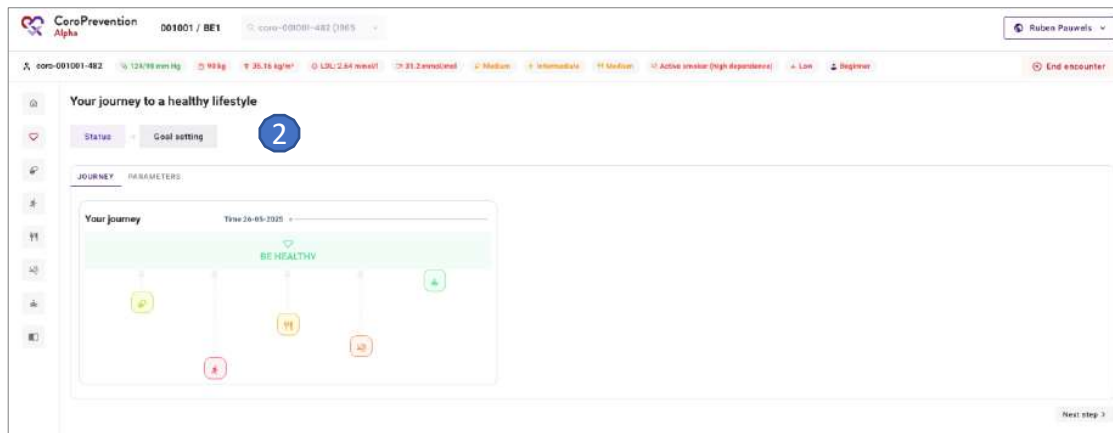
Most recent alerts:

Date	Time	Type	Module	Message	Action
------	------	------	--------	---------	--------

Filter: Red: 0, Orange: 0, Yellow: 0, Green: 0, Open: 0, Handled: 0

Remote follow-up on patient between visits (caregiver dashboard)

2 The patient record is open for follow-up.



Handling alerts (caregiver dashboard)

- 1 Click the “Bell” icon to view the list of pending alerts.
Alerts get triggered based on the patient’s reported behaviour (from the mobile app).
- 2 The required action is described in the alert.
- 3 Click the “File lookup” icon to open the patient record.
- 4 Click the Cross button to mark alert as handled
If you dismiss an alert by mistake, click on the “Undo” button within 30 seconds.
- By filtering on "**Handled**", you can view all alerts that have been marked as completed/handled.
- You can search for alerts for a specific patient by entering their subject ID in the search field.
- 8 This column indicates the module associated with the alert.

Pending alerts

1 Filter Red: 138 Orange: 6

Open Handled

7 Search alerts for patient: From 24.11.2023 Until 25.09.2024

Patient	Date	Time	Type	Module	Message	Action
coro-001001-353	2025-05-19	08:15	Orange	Healthy nutrition	The patient's Nutrition-score dropped below 31.	
coro-001001-183	2024-04-02	14:57	Red	Healthy weight	The weight of the patient has increased by 8% since the previous encounter.	
coro-001001-371	2024-04-15	14:09	Red	Healthy weight	The weight of the patient has increased by 8% since the previous encounter.	
coro-001001-408	2024-05-22	19:49	Red	Lowering cholesterol	LDL-Cholesterol was >70 mg/dL or > 1.8 mmol/L.	
coro-001001-409	2024-05-22	19:55	Red	Healthy weight	The weight of the patient has increased by 8% since the previous encounter.	
coro-001001-337	2024-05-28	10:31	Red	Healthy weight	The weight of the patient has increased by 8% since the previous encounter.	
coro-001001-418	2024-11-05	09:34	Red	Smoke-free living	The patient has relapsed in smoking and is not motivated for a new quit attempt.	
coro-001001-421	2024-11-05	15:42	Red	Smoke-free living	The patient has relapsed in smoking and is not motivated for a new quit attempt.	
coro-001001-423	2024-11-18	11:11	Orange	Healthy weight	The weight of the patient has increased by 6% since the previous encounter.	
coro-001001-419	2024-11-18	13:41	Red	Lowering cholesterol	LDL-Cholesterol was >70 mg/dL or > 1.8 mmol/L.	

5 The alert has been handled. UNDO

Rows per page: 10 1/10 of 22

Tip: Click the *Date* column to sort alarms and view the most recent alerts at the top.

Handling alerts (caregiver dashboard)

In the patient overview, there is a section “Most recent alerts”. This section shows all alerts (handled and unhandled) that were triggered for the patient since last visit.

Note: yellow alerts are handled automatically by the system (e.g. tailored education sent to the patient).

Red alert: high priority alert, requiring intervention from the case nurse

Orange alert: medium priority alert, requiring some action from the case nurse

Yellow alert: low priority alert, requiring no action from the case nurse since an automatic action was already performed by the system

Patient

Subject ID: coro-001001-482
Gender: Female
Year of birth: 1965
Start date: 05-01-2025

URL and code to view the ePro for visit 2:
<https://mobile-app.coroprevention.eu/sections/start?urlapp=M000204>
Print QR code for ePRO application

Print a new QR password code for the mobile app. Logout mobile app.

Alert: Patient dropped out

Consultations during the study

Parameters

Blood pressure	125/95 mm Hg
Weight	90 kg
DM	25.2 kg/m ²
LDL cholesterol	2.4 mmol/L
HbA1c - (Glucose)	57.2 mmol/mol

Behavioural goals

Medication adherence	Medium	Inactive
Start moving	Intermediate	Inactive
Healthy nutrition	Medium	Inactive
Smoke free living	Active smoker	Inactive
Stress relief	High	Inactive
Knowledge level	Beginner	Inactive

Most recent alerts

Date	Time	Type	Module	Message	Action
25-03-2025	13:28	Yellow	Healthy weight	The weight of the patient has increased by 2% since the previous assessment	A tailored video was sent to the patient.
11-03-2025	07:28	Orange	Lowering cholesterol	LDL Cholesterol was between 75-100 mg/dL or 1.9-2.6 mmol/L.	A tailored video was sent to the patient. It may be necessary to make a telephone call to send a message.
11-03-2025	07:28	Yellow	Diabetes management	HbA1c was between 7.0% or between 53.0 mmol/mol in this patient with known diabetes.	A tailored infographic was sent to the patient.

Correcting data entry (Dashboard)

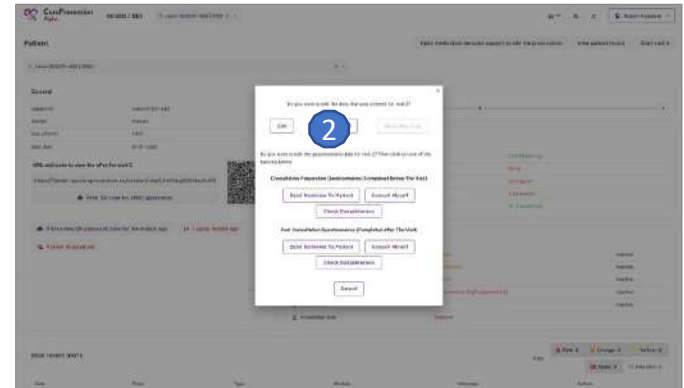
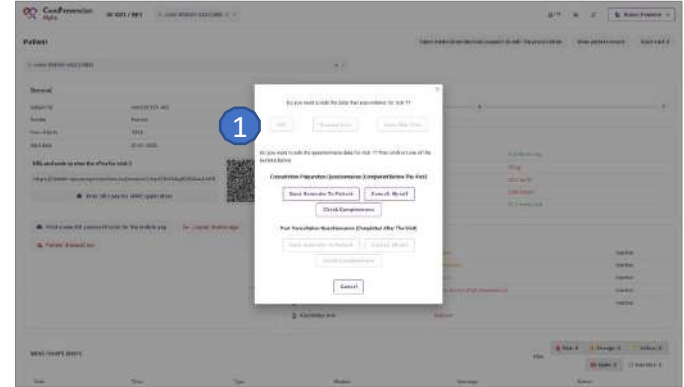
Visit 1 data can be edited (corrected) in the EDC.

Visit 1 data cannot be edited in the Tool Suite after import.

1 Therefore, it is important to check the data thoroughly before importing!

Visit 2-7 data of “Start an encounter” screens can be edited (corrected) in the caregiver dashboard. If data is corrected, remember to make corrections also in the EDC.

2 A visit can also be reopened or skipping reverted and links for ePRO questionnaires can be resent to the patient.



Patient discontinuation (Dashboard)

- 1 If a patient discontinues the trial click on the “Patient dropped out button”.
- 2 Check and click confirm to proceed with discontinuation.

Patient

Search: coro-001001-482 (1965)

General

Subject ID	coro-001001-482
Gender	Female
Year of birth	1965
Start date	01-01-2025

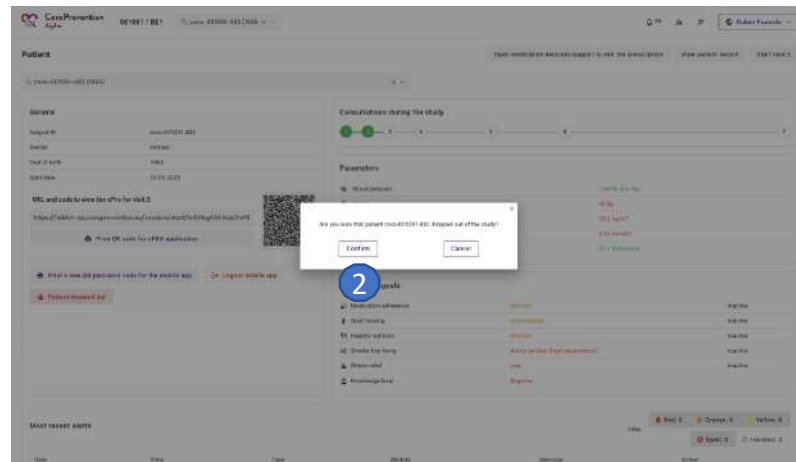
URL and code to view the ePro for visit 3

<https://tablet-qa.coroprevention.eu/session/start/In6Obg6OE4LxLnP9>

Print QR code for ePRO application

Print a new QR password code for the mobile app Logout mobile app

1 Patient dropped out



Patients who complete the trial per protocol will automatically lose access to the CoroPrevention mobile app upon completion of the visit 7.



CoroPrevention

PERSONALISED PREVENTION FOR
CORONARY HEART DISEASE

Case nurse manual caregiver dashboard - general module

V7.1, 12 Feb 2026

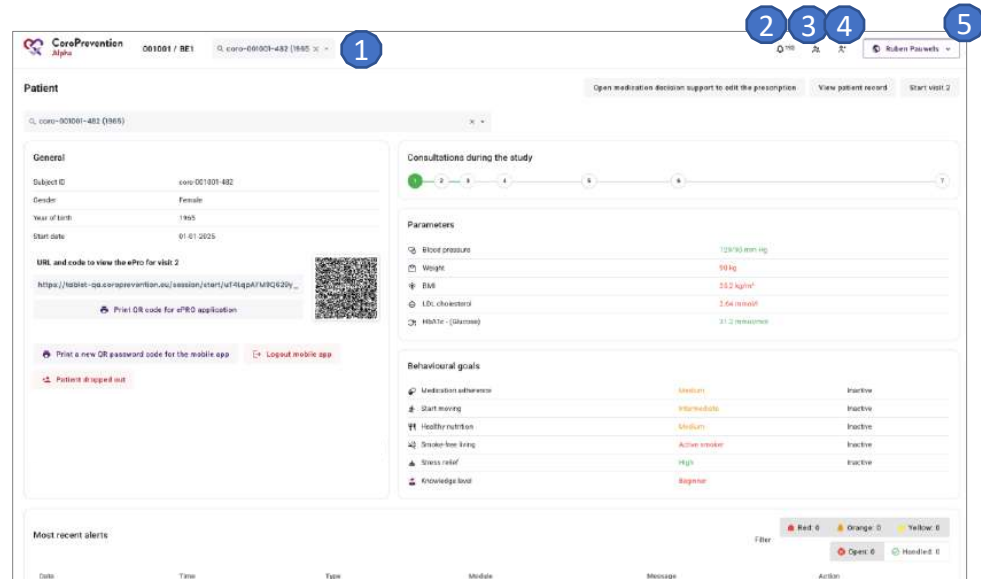


This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 848056

www.coroprevention.eu

What can I find in the top navigation bar?

- 1 In the search bar, you can type the subject ID of a patient. The system gives suggestions for patients that match with your search criteria.
- 2 You can view the alerts by clicking this button. There is an indication of how many pending alerts you have.
- 3 You can open the screen to search a patient in your trial centre by clicking this button.
- 4 You can create a patient record by clicking this button.
- 5 You can view who is logged in in the caregiver dashboard.
- 5 In the account menu, open the about page, access settings and log out of the caregiver dashboard.



Search all subjects

- 1 Click on the “group” icon to view a list of all subjects at your site.
- 2 You can navigate to the next page by clicking Next or by changing the number of rows per page at the bottom of the screen.
- 3 Select the subject by clicking on “Preview icon”.

CoroPrevention Alpha 001001 / 001002 / 001003 / 005001 search patient Mia Makinen

All patients

Search patient

Subject ID	Gender	Year of birth	Start date	
coro-005001-023	Male	1973	01-07-2023	
coro-001003-015	Male	1971	04-09-2024	
coro-001003-008	Male	1977	01-12-2023	
coro-001002-510	Male	1952	19-04-2025	
coro-001002-509	Female	1947	19-04-2025	
coro-001002-508	Male	1973	19-04-2025	
coro-001002-507	Female	1971	15-04-2025	
coro-001002-506	Female	1947	14-04-2025	
coro-001002-505	Male	1951	12-04-2025	
coro-001002-504	Male	1960	05-07-2025	

Showing page 1 of 14

Rows per page: 10 1-10 of 137

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Completeness of ePRO questionnaires

- By clicking a visit in the timeline (visit number) and clicking the “Check Completeness” button, you can view the overall status of the questionnaires for that visit.
- Completeness of the ePROs is important, as they provide essential information for several sections of the caregiver dashboard and the data analysis.
- Note: ePROs will lock for editing 48h after the visit.

The screenshot displays the ePRO completeness interface. On the left, a modal dialog titled "Do you want to edit the data that was entered for visit 2?" is shown. It contains buttons for "Edit" and "Reopen Visit". Below this, another section asks "Do you want to edit the questionnaire data for visit 2? Then click on one of the buttons below:". This section is divided into two categories: "Consultation Preparation Questionnaires (Completed Before The Visit)" and "Post Consultation Questionnaires (Completed After The Visit)". Each category has buttons for "Send Reminder To Patient", "Consult Myself", and "Check Completeness". The "Check Completeness" button in the "Consultation Preparation" section is highlighted with a red oval. At the bottom of the modal is a "Cancel" button.

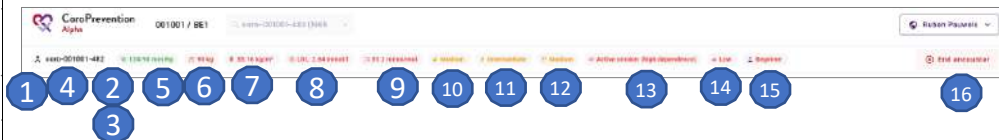
On the right, a sidebar titled "Visit 2" lists various questionnaires under the heading "Consultation preparation questionnaires (completed before the visit)". The list includes:

- Ad hoc questionnaire for health behavior change (status) - medication adherence
- Ad hoc questionnaire for health behavior change (status) - stress coping
- Ad hoc questionnaire for health behavior change (status) - healthy eating
- Ad hoc questionnaire for health behavior change (status) - smoke-free living - smoking behaviour
- Ad hoc questionnaire for health behavior change (status) - smoke-free living - M733
- Ad hoc questionnaire for health behavior change (status) - stress relief - stress level
- Ad hoc questionnaire for health behavior change (status) - stress relief - coping measures
- Ad hoc questionnaire for health behavior change (status)
- Current smoking behaviour
- FIND
- Physical complaints
- Sports preferences when I was a kid
- Current sports preferences
- Health history challenges
- Pain out otherwise
- Stressors
- Stress relief techniques
- Educational material (e.g., videos, articles)
- Stress relief goals
- BCSS
- Emotional Conflict Scale
- Medication prescription

A "Close" button is located at the bottom right of the sidebar.

1	Below the top navigation bar, you can find the risk profile bar. In the risk profile bar, you have a quick overview of the patient's risk profile.
2	You can hover over any of the items in the risk profile bar to view the name of the parameter or behavioural goal and the date on which the value was reported.
3	You can click on an item in the risk profile bar to navigate to the screen to view more details.
4	You can view the subject ID of the patient.
5	You can view the patient's blood pressure. Blood pressure can be reported by the patient (in the mobile app) or by a case nurse (in the caregiver dashboard).
6	You can view the patient's weight. Weight can be reported by the patient (in the mobile app) or by a case nurse (in the caregiver dashboard).
7	You can view the patient's Body Mass Index (BMI). The patient's BMI is calculated automatically based on the most recently reported weight. Weight can be reported by the patient (in the mobile app) or by a case nurse (in the caregiver dashboard).
8	You can view the patient's LDL cholesterol. LDL cholesterol can be reported by the patient (in the mobile app) or by a case nurse (in the caregiver dashboard). The LDL cholesterol is always shown in mg/dL.
9	You can view the patient's HbA1c - (Glucose) value displayed in percents. HbA1c - (Glucose) can be reported by the patient (in the mobile app) or by a case nurse (in the caregiver dashboard).
10	You can view the patient's medication adherence. The patient's medication adherence is assessed with a single question that asks the patient if he/she is taking his/her medication as prescribed.
11	You can view the patient's physical activity. The patient's physical activity is assessed with the Rapid Assessment of Physical Activity (RAPA) questionnaire.
12	You can view how healthy the patient's nutrition is. The patient's nutrition is assessed using the Nutrition-score. The Nutrition-score is based on the MedDietScore, which is a measure to assess the patient's adherence to the Mediterranean dietary pattern.
13	You can view the patient's smoking behaviour. The patient's smoking behaviour is assessed using a single question asking if the patient smokes and the Fagerström Test for Nicotine Dependence, which is a standard instrument for assessing the intensity of physical addiction to nicotine.
14	You can view how well the patient's coping with mental health and stress management is. The patient's mental health and stress management is assessed using 3 different measures: the Generalised Anxiety Disorder Assessment (GAD-7), the Patient Health Questionnaire (PHQ-9), and the perceived stress scale. If the patient has suicidal thoughts, or a high depression or anxiety score, there is an exclamation mark to draw your attention to this, so you can discuss it with the patient.
15	You can view how well the patient's disease related knowledge is. The patient's disease related knowledge is assessed with the knowledge challenge, a short multiple-choice quiz that assesses the patient's knowledge about cardiovascular disease.
16	You can close the patient record by clicking this button.

Where can I see the patient's risk profile?



*You can change the units for LDL and HbA1c in **Settings**.

What can I do in the menu on the left?

The navigation menu on the left allows you to switch between different modules or behavioral goals. The house icon takes you back to the main page of the patient profile.

In the “heart” menu item, view the patient's progress for parameters and his/her journey to a healthy lifestyle. Also, you can select the outcome and behavioural goals for the patient.

In the “pill” menu item, view the patient's progress and set goals for "Medication adherence".

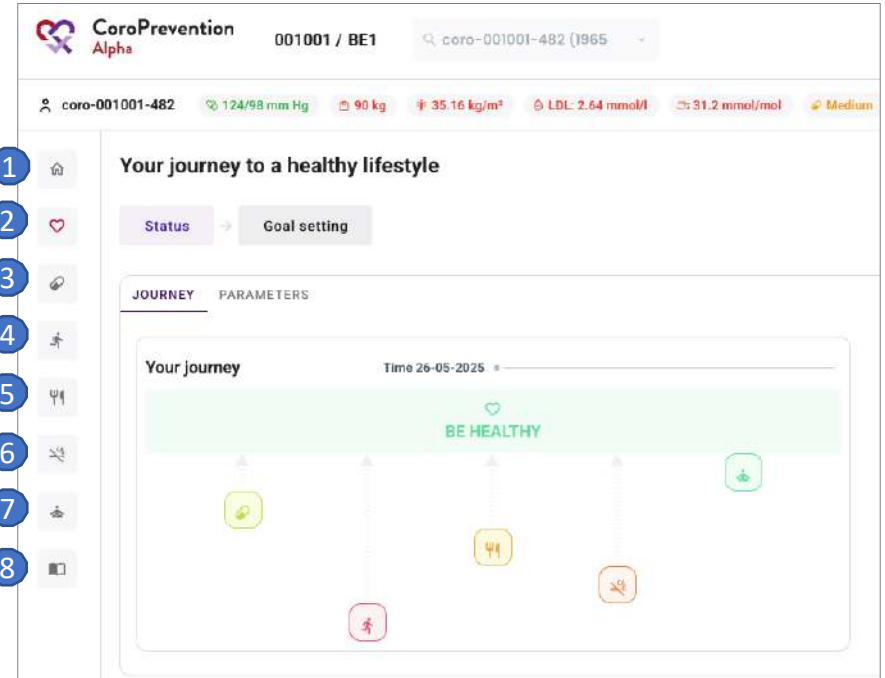
In the “running man” menu item, view the patient's progress and set goals for "Start moving".

In the “cutlery” menu item, view the patient's progress and set goals for "Healthy nutrition".

In the “smoking” menu item, view the patient's progress and set goals for "Smoke-free living".

In the “yoga” menu item, view the patient's progress and set goals for "Stress relief".

In the “book” menu item, view the patient's disease related knowledge and the patient's usage of the educational module or configure relevant educational content for the patient.



How to know the patient's level of guidance for a behavioral goal?

1 When you have opened the details about a behavioral goal, you can view the patient's level of guidance for the behavioral goal by looking at the circles.

The circle of the patient's current level of guidance for the behavioral goal is highlighted. If there is no circle highlighted, the patient is in inactive mode (level of guidance 0) for the behavioral goal.

[illegible]

How to structure the conversation about a behavioral goal?

For each menu item on the left (i.e. module or behavioral goal), there are several discussion steps. The currently selected discussion step is highlighted. You can click on a discussion step to view the related screen.

You can go to the next discussion step by clicking this button.

CarePrevention Alpha 001001 / BE1 core-001001-482 (1/00) Ruben Pauwels

core-001001-482 24/05 new log 90 kg 33.1 kg/m² LDL 2.64 mmol/L 25.2 mmol/L Median Intermediate Median Active smoker (high-dependence) A Low Beginner End encounter

Medication adherence

Status **Prescription**

1

Medicine I mostly take my medication as prescribed Reported on 26/05/2025

Medication adherence barriers

No barrier

Adverse effect Getting lost or inadequate Confidence in managing Worry about unwanted effects Fear of a burden Dealing with changes Other worries Depressed mood

A small barrier

Remember to take Life gets in the way

A big barrier

Know how to take Physically able

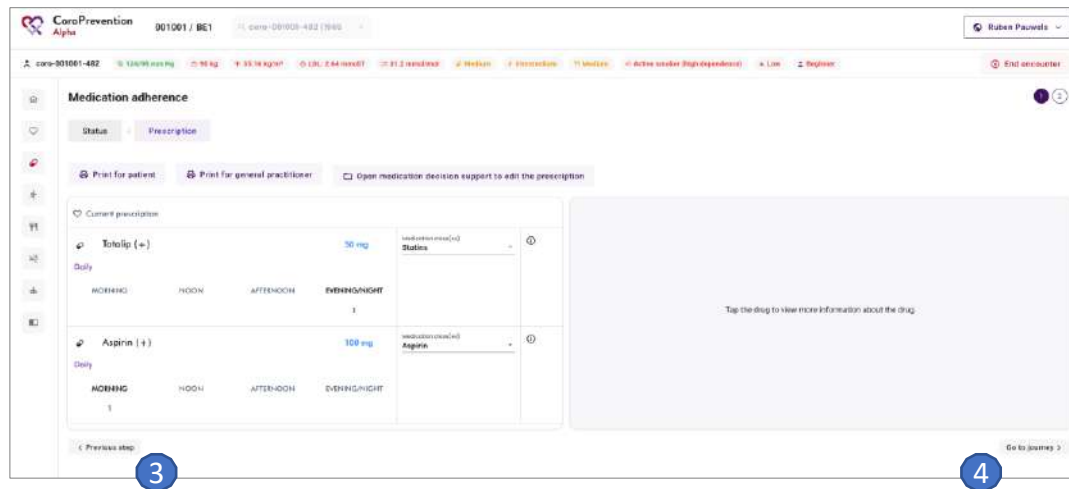
[Go to journey](#) [Next step](#)

How to structure the conversation about a behavioural goal?

3 You can go to the previous discussion step by clicking this button.

4 After going through all discussion steps for a module or behavioral goal, you can return to the patient's journey by clicking this button.

Repeat the same steps for each behavioral goal as applicable.





CoroPrevention

PERSONALISED PREVENTION FOR
CORONARY HEART DISEASE

Case nurse manual caregiver dashboard - journey module

V7.1, 12 Feb 2026

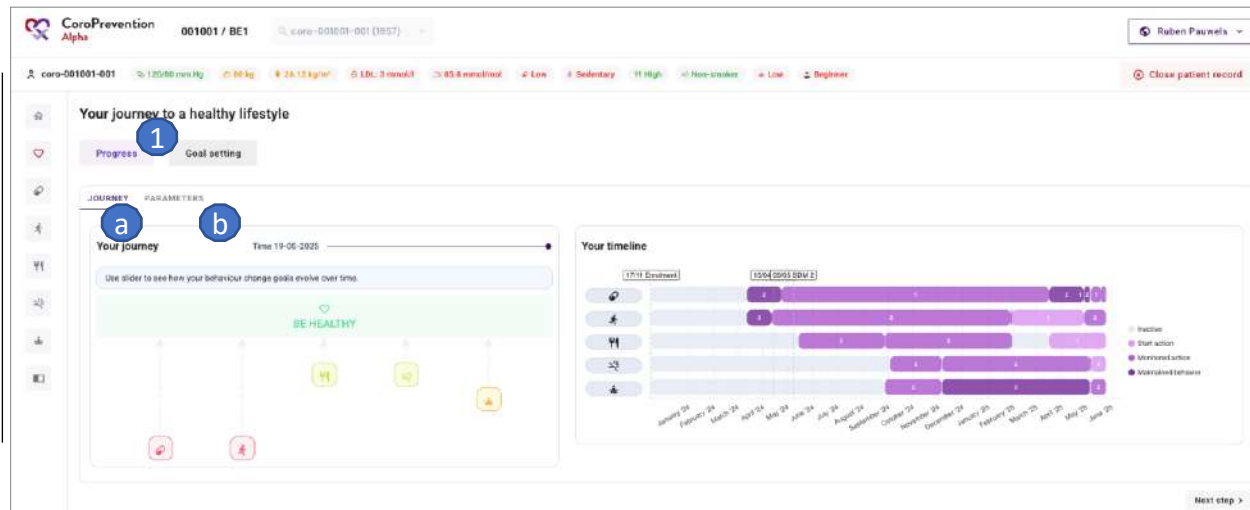


This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 848056

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How to follow up on the patient's progress for the journey?

In "Progress", you can view the patient's progress for his/her journey towards a healthy lifestyle. You can view the patient's progress for a) the behavioural goals and b) the parameters.

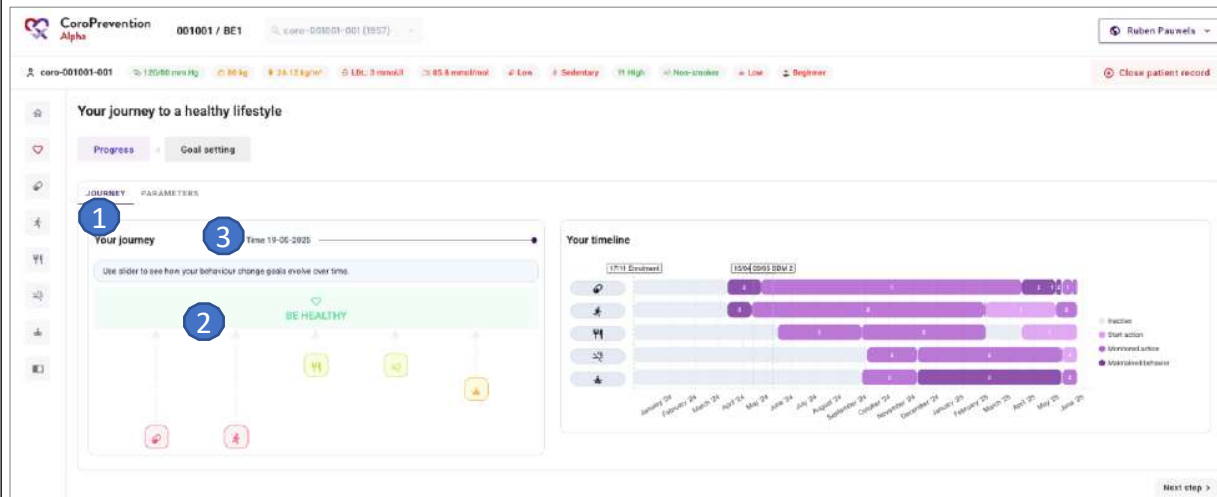


How to follow up on the patient's progress for the behavioural goals?

1 The "Journey" tab in "Progress", shows an overview of the patient's progress for the five behavioural goals.

2 The closer the behavioural goal is to the "Be healthy", the better the related risk factor is under control. In the example, you can see that "Medication adherence" and "Start moving" far from the "Be healthy", so these risk factors need most improvement. "Healthy nutrition" and "Smoke-free living" are near to the "Be healthy", so these risk factors are well under control. "Stress relief" is in the middle, so still quite some room for improvement.

3 You can explore the patient's progress towards a healthy lifestyle over time by moving the slider.

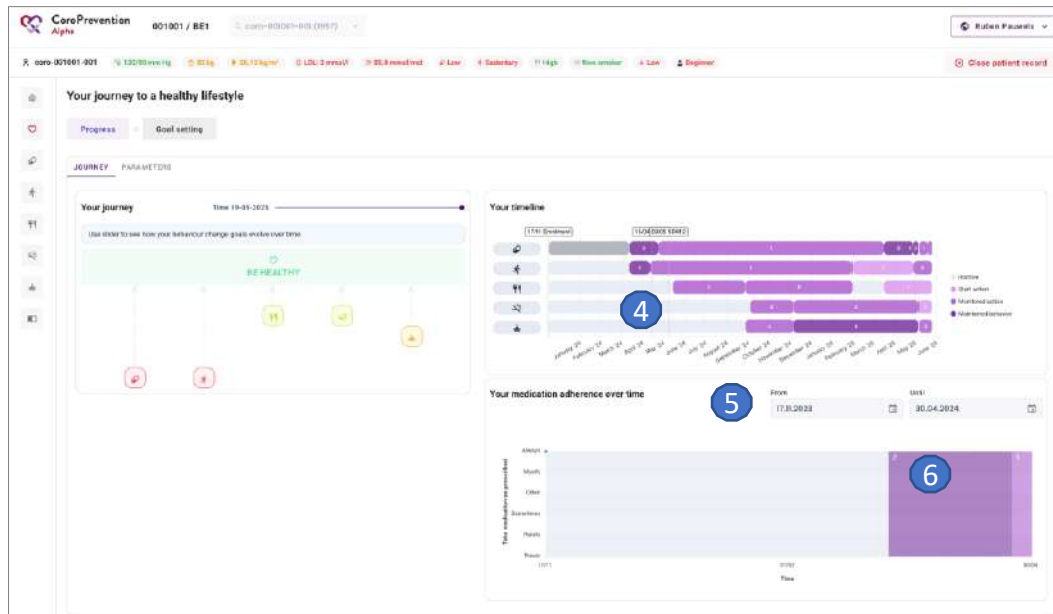


How to follow up on the patient's progress for the behavioural goals?

4 The number on the timeline indicates which level of guidance the patient was for the behavioral goal in the specified period. If no number is indicated, the patient was in inactive mode for the behavioural goal.

5 Click an icon of one of the behavioural goals or a period in the timeline, to see a detailed overview of the patient's self-reported behavior for that behavioural goal (reported in the ePRO application or in the mobile app). Select the period from the date picker.

6 The numbers in the chart indicate the level of guidance that the patient was in at that moment for the behavioural goal.



How to follow up on the patient's progress for parameters?

1 The "Parameters" tab in "Progress", shows an overview of the patient's progress for his/her parameters. The available parameters are blood pressure, weight, lipids, and glucose.

2 The chart depicts the evolution of the parameter over time. You can hover over a dot to see the exact value for a certain date or the average for a certain period.

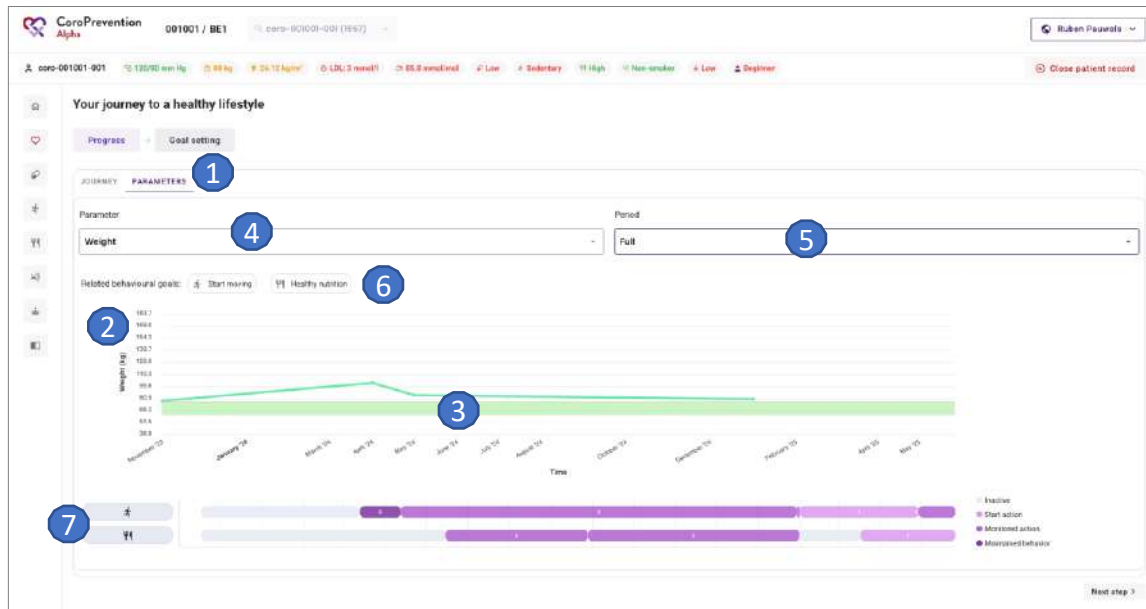
3 The green area is the personalized target zone that the patient should strive to achieve.

4 You can choose which parameter you want to visualise.

5 You can choose the timeframe that you want to visualise.

6 There is an overview of the behavioural goals that are related to the selected parameter.

7 For each related behavioral goal, you can view in which level of guidance the patient was for that behavioral goal over time.



How to set the patient's behavioural and outcome goals

1. In "Goal setting", you can set the patient's
 - a) behavioural goals and
 - b) outcome goals. The patient should aim to achieve the outcome goals by working on the behavioural goals.

The screenshot shows the CoroPrevention Alpha Caregiver dashboard for patient 061001 / BE1. The 'Goal setting' section is active, showing a table of goals. The table has columns for 'Behavioural Goals', 'Outcome Goals', 'Status', 'Motivation', and 'Decision'. The 'Decision' column is further divided into 'Inactive', 'Start action', 'Monitored action', and 'Maintained behavior'.

Goal Type	Goal	Status	Motivation	Decision
Behavioural	Medication adherence	Medium	Moderate	Inactive
Behavioural	Start moving	Intermediate	High	Start action
Behavioural	Healthy nutrition	Medium	Low	Start action
Behavioural	Smoke-free living	Active smoker (high dependence)	High	Start action
Behavioural	Stress relief	Low	Low	Start action

The 'Decision' column shows actions like 'Start moving', 'Healthy nutrition', 'Smoke-free living', and 'Stress relief' in the 'Start action' column, and 'Medication adherence' in the 'Monitored action' column.

How to change the configuration of the levels of guidance for the patient's behavioural goals

1 In the "Behavioural goals" tab in "Goal setting", select together with the patient for each behavioural goal its level of guidance.

View the current status, i.e., how well the patient is doing in terms of outcomes.

2 This is the same as the information depicted in the risk profile bar (at the top in the caregiver dashboard). You can use this information when determining the patient's level of guidance for a behavioural goal.

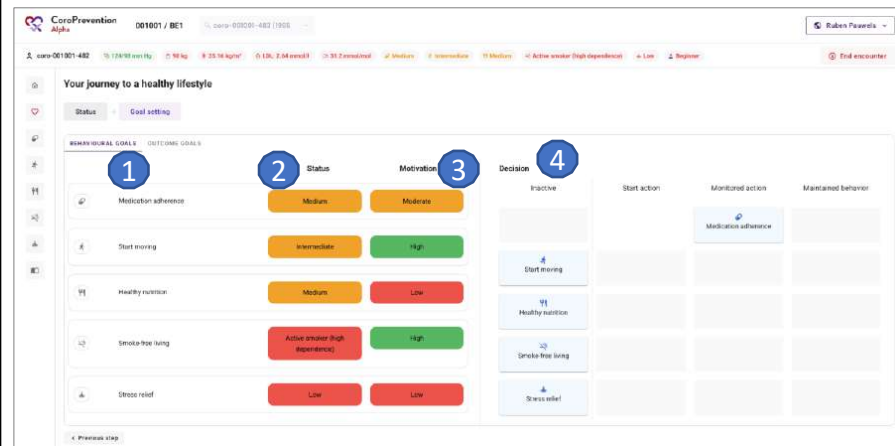
View how motivated the patient is to work on the behavioural goal. You can use this information when determining the patient's level of guidance for a behavioural goal.

For each behavioural goal, the goal is to discuss and decide together with the patient in which level of guidance the patient will be.

There are three levels of guidance: "start action", "monitored action", and "maintained behavior".

4 Change the level of guidance of a behavioural goal by dragging the behavioural goal to the desired level of guidance. If the patient doesn't want to work on a behavioural goal, leave that goal at inactive.

Changes to level of guidance done in the caregiver dashboard, will be automatically applied in the patient mobile application.



Note: For the behavioural goal "Medication adherence", only "inactive", "monitored action" and "maintained behaviour" are available.

How to set the patient's outcome goals?

In the "Outcome goals" tab in "Goal setting", you can select the outcome goals for the patient. In contrast to the behavioural goals, here direct measured outcomes are given.

You can view how well the patient is doing for each outcome goal. This is directly linked to the patient's current parameter values.

The outcome goals are automatically updated by the system based on the patient's reported parameter values. However, if desired, you can adjust this.

Note: If a patient reports a not optimal parameter value (e.g. high blood pressure) in the mobile app or the nurse reports a not optimal parameter value in the "Start an encounter" screen in the dashboard, the related outcome goal (e.g. "Lowering blood pressure") is enabled automatically. The same applies for other parameters/outcome goals."

The screenshot displays the 'Your journey to a healthy lifestyle' interface in the CoroPrevention Alpha application. At the top, a navigation bar includes the user's name 'Ruben Pauwels' and a list of health metrics: 'core-001001-482', '135/96 mmHg', '96 kg', '35.16 kg/m²', '130/ 2.64 mmol/L', '31.2 mmol/L', 'Intermediate', '11 Medication', 'Active smoker (high dependency)', 'Low', and 'Beginner'. The main heading is 'Your journey to a healthy lifestyle'. Below this, there are two tabs: 'BEHAVIOURAL GOALS' and 'OUTCOME GOALS'. The 'OUTCOME GOALS' tab is selected and highlighted with a red circle labeled '1'. Under this tab, there are two columns: 'Status' and 'Outcome goal'. The 'Status' column has a header 'Status' highlighted with a red circle labeled '2'. It lists four items: 'Lowering blood pressure' (Good), 'Healthy weight' (Poor), 'Lowering cholesterol' (Poor), and 'Diabetes management' (Good). The 'Outcome goal' column has a header 'Outcome goal' highlighted with a red circle labeled '3'. It lists four items: 'Lowering blood pressure' (toggle off), 'Healthy weight' (toggle on, with an 'Add target weight' button), 'Lowering cholesterol' (toggle on), and 'Diabetes management' (toggle off). At the bottom left, there is a 'Previous step' button.

How to set the patient's outcome goals?

4 You can, together with the patient, set a target weight. When you add a target weight and the patient's current BMI is more than 25 kg/m², the recommended target weight is set automatically to a 5 percent weight reduction. If the patient's BMI is already 25 kg/m² or lower, it is recommended to maintain the same weight

5 You can, together with the patient, remove the target weight.

The screenshot shows the CoroPrevention Alpha interface for patient 001001 / BE1. The 'Your journey to a healthy lifestyle' section is active, with the 'OUTCOME GOALS' tab selected. The table below shows the status of various health goals:

Goal	Status	Outcome goal
Lowering blood pressure	Good	☐
Healthy weight	Poor	☒ Target weight: 85.5 kg Remove target weight
Lowering cholesterol	Poor	☒
Diabetes management	Good	☐

Annotations: A blue circle with the number 4 points to the 'Target weight' input field, and a blue circle with the number 5 points to the 'Remove target weight' button.



CoroPrevention

PERSONALISED PREVENTION FOR
CORONARY HEART DISEASE

Case nurse manual caregiver dashboard - education module

V7.1, 12 Feb 2026



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 848056

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How to follow up on the patient's disease-related knowledge?

1 In "Progress", you have an overview of the patient's progress for his/her disease-related knowledge. The patient's disease-related knowledge is assessed in the knowledge challenge. This is a small quiz consisting of 14 multiple-choice questions. The maximal score is 14.

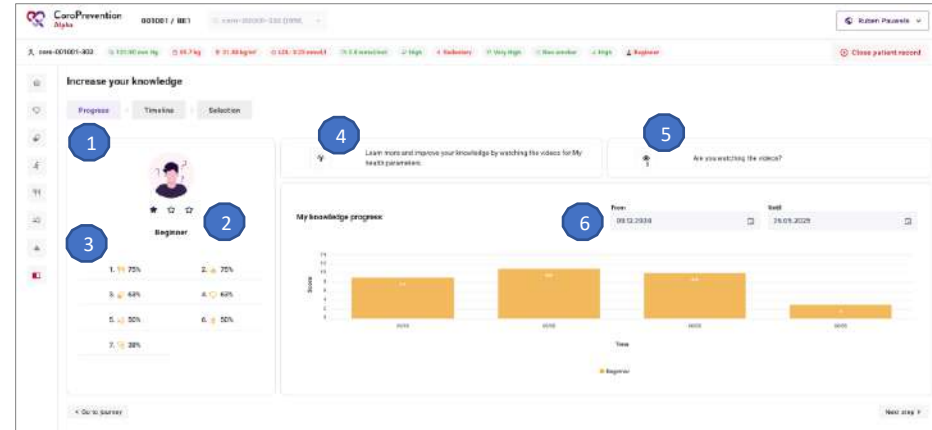
2 You can view the patient's current knowledge level. There are three knowledge levels: beginner, advanced knowledge, and health expert. Within these levels, the patient can attain 1, 2 or 3 stars, depending on the number of correct answers in the last knowledge challenge.

There is an overview of how well the patient's knowledge is for different categories. The categories are respectively: healthy nutrition, stress relief, medication adherence, my heart, smoke-free living, start moving and health parameters. The percentage indicates how well the patient scored on this category in his/her current knowledge level.

There is a tip that about which categories the patient needs to improve his/her knowledge. This tip can be used in the shared decision making conversation with the patient.

5 There is an overview of how many educational videos the patient watched since the last visit.

6 The graph depicts the evolution of the patient's score on the knowledge challenge over time. The different colors indicate the patient's knowledge level at that moment. The stars in the bar depict the patient's score on the knowledge challenge. In the upper right corner, you can adjust the time period shown in the chart.



How to follow up on the personalized educational material sent to the patient?

1 In "Timeline", you can follow up on how many of the personalized educational items (e.g. video, article, image) that you sent to the patient were viewed by the patient.

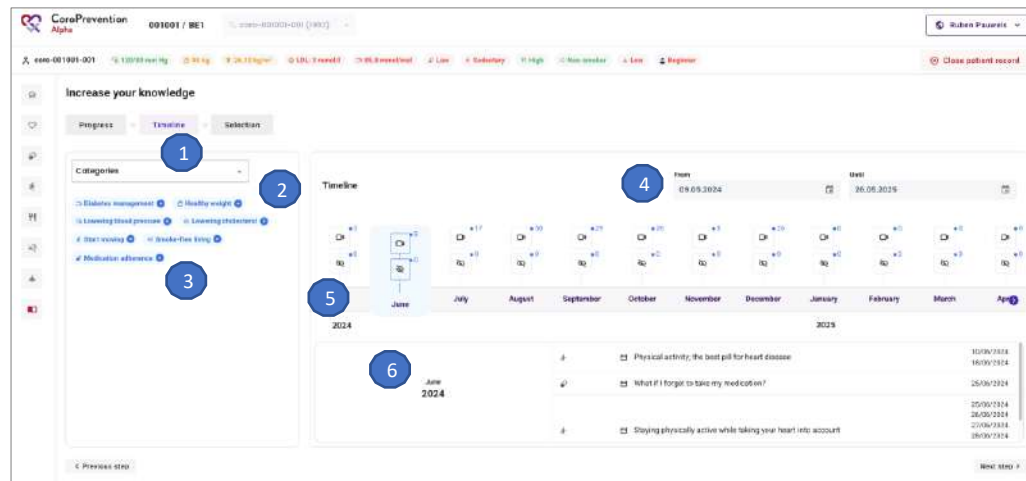
2 You can select the categories (multiple) that you want to include in the timeline.

3 Categories that are currently selected are displayed. These can be removed by clicking on the "cross" icon.

4 You can change the time period that you want to see in the timeline.

5 The timeline shows per month how many educational items were sent to the patient ("camera" symbol) and how many of these items were viewed by the patient ("eye" symbol).

6 You can click on a month to view more detailed information about the educational items that were sent to the patient.



How to select personalized educational material for the patient?

1 In "Selection", you can select the educational content that is relevant for the patient.

Overview of action related educational material that is available in the CoroPrevention Tool Suite. For each educational item, there is an icon representing the type of education (i.e. text, image or video), the category and if the patient already viewed this educational item or not.

You can search educational content by using the search function.

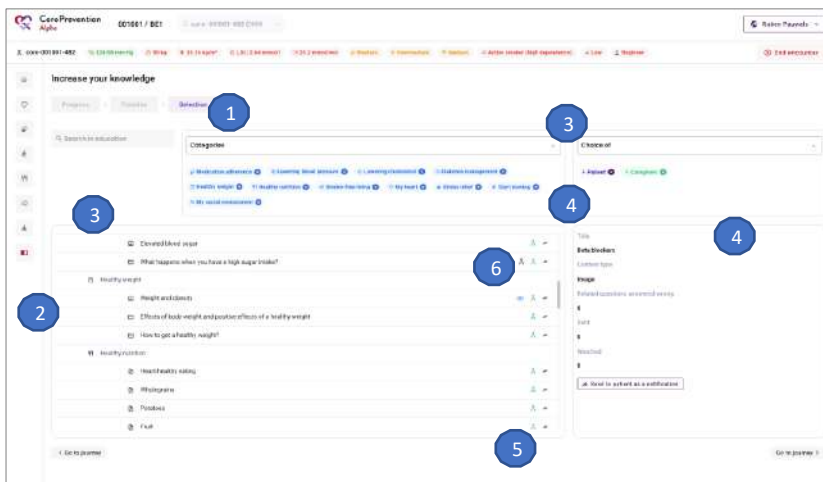
3 You can also apply filters to look for specific educational content based on the category or who selected the educational content.

You can view the filters for the category and choice of that are currently applied. You can remove any of these filters by clicking on the "cross" icon.

Based on the patient's current outcome and behavioural goals, a set of recommended educational content is automatically selected for

5 the patient. As a caregiver, you can also update this set of recommended educational content. Educational content that is selected by the algorithm or by you, has a "caregiver" symbol.

6 Educational content that is selected by the patient has a "patient" symbol.



How to select personalized educational material for the patient?

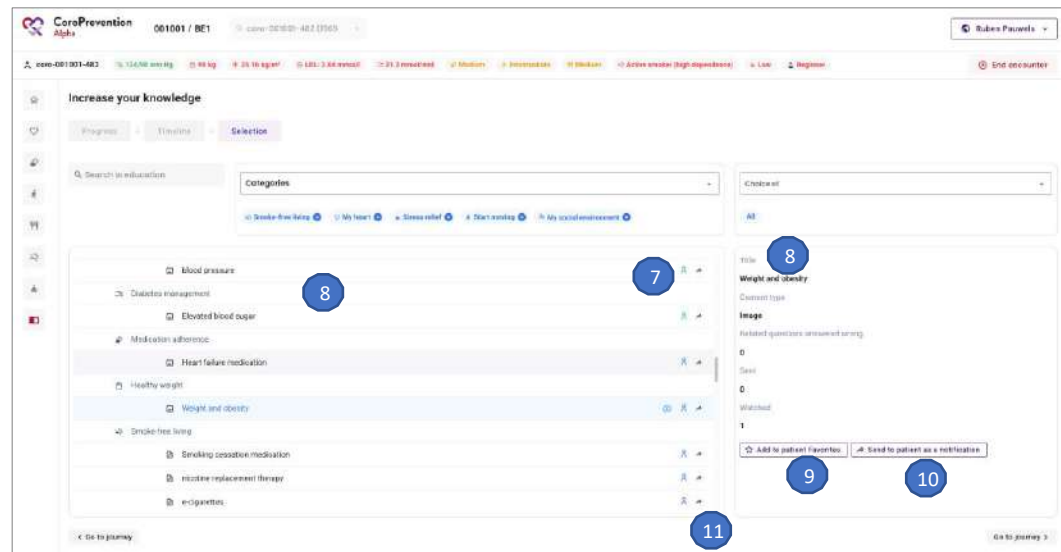
7 You can remove an educational item from the patient's or caregiver's choice by clicking on the "patient" or "caregiver" symbol respectively.

8 You can click on the educational item to view more information (i.e. title, content type, number of related questions of the knowledge challenge that the patient answered wrong, how many times the educational item was sent to the patient, and how many times the educational item was viewed by the patient).

9 You can add the educational item to the patient's favourites by clicking this button.

10 You can send the educational item to the patient as a notification (i.e. in an application reminder) by clicking this button.

11 You can also send the educational item to the patient (i.e. in an application reminder) by clicking on the "share" icon.





CoroPrevention

PERSONALISED PREVENTION FOR
CORONARY HEART DISEASE

Case nurse manual caregiver dashboard - medication adherence module

V7.1, 12 Feb 2026



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1 In "Status", you have an overview of the patient's status for medication adherence.

2 You can see how the patient describes his/her medication adherence in general.

3 Note: The "Status" button is available until the end of visit 2. After that, see "Progress" button on next page of this manual.

4 You can see an overview of the patient's barriers for medication adherence (only V2). The barriers are based on the patient's answers on the Identification of specific questionnaires i.e. IMAB (medication barriers), GAD-7 (symptoms of anxiety) and PHQ-9 (signs of depression) that were completed in the ePRO application at V1.

5 The elements indicated in green are no barriers for the patient.

6 The elements indicated in orange are small barriers for the patient.

The elements indicated in red are major barriers for the patient. These are the elements that the patient has limited knowledge about, or that go wrong on a regular basis. These are the patient's main points for improvement and should be the focus of the shared decision making discussion.



CoroPrevention
PERSONALISED PREVENTION FOR
CORONARY HEART DISEASE

How to follow up on the patient's progress for medication adherence?

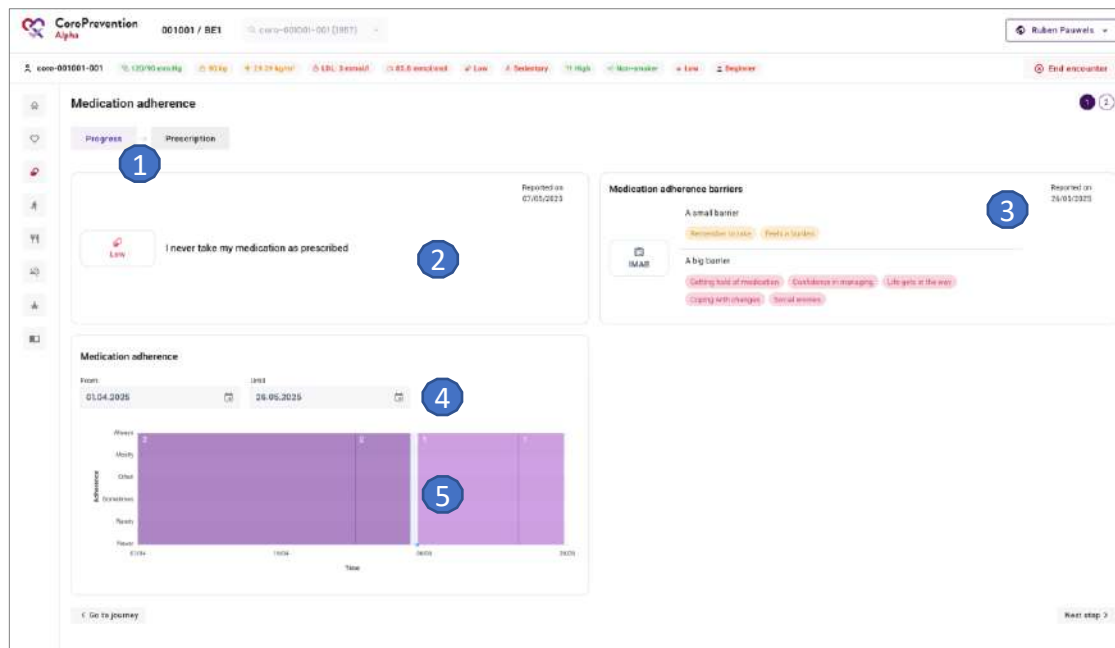
1 In "Progress", you have an overview of the patient's progress for medication adherence.

2 You can see how the patient describes his/her medication adherence in general.

The patient's small (orange) and major (red) barriers for medication adherence are depicted. The barriers are based on the patient's answers on specific questionnaires i.e. IMAB, GAD-7 and PHQ-9 that were completed in the ePRO application at V1.

The chart depicts how the patient's medication adherence evolved over time. The medication adherence was reported by the patient in the mobile application or the ePRO application. With date picker you can adjust the time period shown in the chart.

The numbers in the chart indicate the level of guidance for "Medication adherence" that the patient was in at that moment.



How to follow up on the patient's progress for medication adherence?

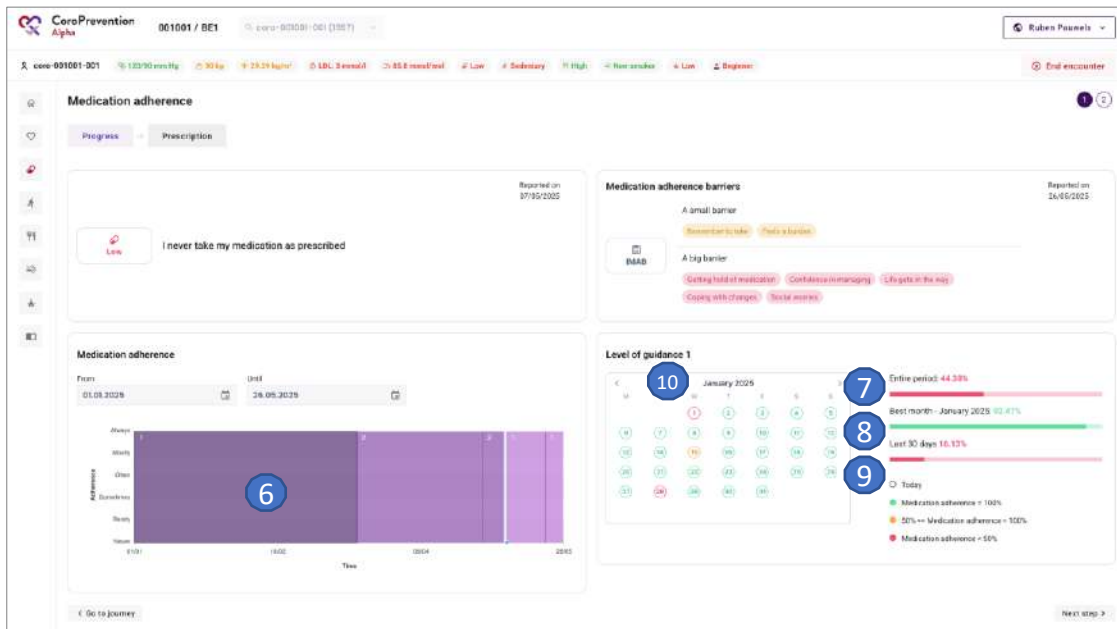
6 You can click on a period in a level of guidance to view more details about this period.

7 You can view the medication adherence percentage over this entire period in level of guidance 1 for "Medication adherence".

8 You can view the best month of this period in level of guidance 1 for "Medication adherence".

9 You can view the medication adherence percentage of the last 30 days in this period in level of guidance 1 for "Medication adherence".

10 In the calendar overview, you can view on which days the patient's medication adherence was good (green), moderate (orange), or bad (red).



How to view the patient's medication prescription?

- 1 In "Prescription", you have an overview of the patient's medication prescription.
- 2 The patient's current medication prescription is shown. There is also an indication of the changes that were made since last encounter. These changes are especially relevant to discuss with the patient.
- 3 Drugs that were added since last visit are indicated by a "plus" icon.
- 4 Drugs that were edited since last visit are indicated by a "pencil" icon.
- 5 Drugs that were deleted since last visit are scratched through.
- 6 Pills are indicated by a "pill" icon, while injections are indicated by a "syringe" icon.
- 7 You can click on a row in the medication prescription to view more information about the drug.
- 8 You can view the parameters that the medication is related to, the reason why the patient has to take the medication, the date that it was prescribed and by whom it was prescribed, and which changes were made to this drug over time. There is also an infographic that you can use in the discussion with the patient to explain the mechanisms that the drug works on and the reason why the patient has to take the drug.
- 9 To be able to view the additional information about a drug, the medication class of the drug should be selected.
- 10 You can record additional notes for the drug.
- 11 If you have an investigator role in the study / in dashboard, you can open the medication decision support system by clicking this button.
- 12 You can print the medication prescription for the patient and the recommendations for the patient's general practitioner by clicking these buttons.

The screenshot displays the 'Medication adherence' section of the CoroPrevention Alpha interface. At the top, there are navigation tabs for 'Progress' and 'Prescription', with 'Prescription' being the active tab. Below this, there are buttons for 'Print for patient', 'Print for general practitioner', and 'Open medication decision support to edit the prescription'. The main area shows a list of medications: 'Totalip (L)', 'Glibogedret', and 'Aspirin (+)'. Each medication entry includes a 'Daily' status, a 'Medication class' dropdown, and a 'Medication class (x)' dropdown. The 'Aspirin (+)' entry is selected, showing a '100 mg' dosage and a 'Medication class (x)' dropdown. To the right of the medication list, there is a 'Totalip' section with 'Related parameters' (HDL, LDL, Total cholesterol) and a 'Reason' section (To reduce cholesterol and stabilizing plaques in the coronary arteries). Below this is a 'Change history' table with columns for 'When', 'Who', and 'What'. The table shows three entries: '26/05/2025' by 'Investigator' for 'Decreased the number of pills in the evening/night from 2 to 1', '26/05/2025' by 'Investigator' for 'Increased the number of pills in the evening/night from 1 to 2', and '26/05/2025' by 'Investigator' for 'Added the drug to the prescription'. At the bottom right, there is an infographic titled 'Cholesterol-lowering medication' showing a circular diagram of a human body with a heart and a red arrow pointing to the heart. The 'Notes' section at the bottom right is empty.

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CoroPrevention

PERSONALISED PREVENTION FOR
CORONARY HEART DISEASE

Case nurse manual caregiver dashboard - medication DSS

V7.1, 12 Feb 2026



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 848056

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How to open the medication decision support system (medication DSS)?

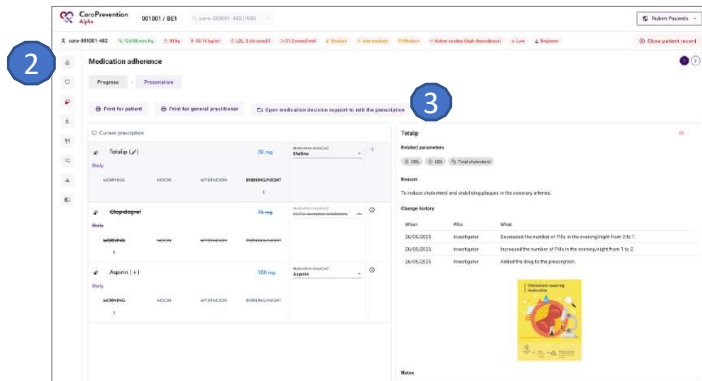
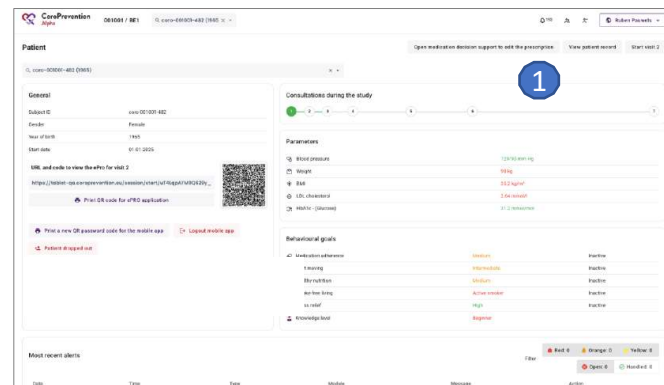
There are three ways to open the medication DSS.

1 In the patient summary, you can open the medication DSS by clicking this button.

2 Open the patient record, click the "House" menu item to open the medication DSS by clicking the "Open medication decision support" button.

3 In the "Medication adherence" module, you can go to "Prescription" and click on this button to open the medication DSS.

Note: The nurse role can open and add/edit the medication DSS until visit 2 is closed in the dashboard. The nurse cannot run the medication DSS algorithm.



How to navigate in the medication DSS?

There are four tabs in the medication DSS: a) cardiac medication, b) other medication, c) allergies, and d) titration schemes.

You can close the medication DSS by clicking this button. The changes are automatically made to the patient's medication prescription on his/her smartphone.

You can print the medication prescription by clicking any of these buttons.

All warnings from the medication DSS for this patient are grouped in this section.

You can close the medication DSS by clicking this button. You cannot leave the medication DSS when the medication prescription is incomplete.

The screenshot displays the CoroPrevention medication decision support system (DSS) interface. At the top, the patient's name '001001 / BE1' and a date '00-00-00 00:00 (2000)' are visible. Below this, a search bar contains '000-001001-482'. The main section is titled 'Medication decision support system' and features four tabs: 'Cardiac medication' (labeled 'a'), 'Other medication' (labeled 'b'), 'Allergies' (labeled 'c'), and 'Titration schemes' (labeled 'd'). To the right of these tabs are three buttons: 'Close' (labeled '2'), 'Print for general practitioner' (labeled '3'), and 'Print for patient' (labeled '5'). Below the tabs, a warning section (labeled '4') lists several alerts, including one about the patient's age and another about the patient's blood pressure. At the bottom, the 'Current prescription' section shows a table for 'Aspirin' with columns for 'Morning', 'Noon', 'Afternoon', and 'Evening/night'. The table indicates a dosage of '1' for 'Morning' and 'Noon', and '5' for 'Afternoon' and 'Evening/night'. Below the table, there is a message 'This medication has been recommended by the algorithm.' and a 'More info' button. A 'Change history' button is also visible at the bottom right.

How to prescribe cardiac medication following the guidelines using the medication DSS?

- 1 In the "Cardiac medication" tab, you find an overview of all cardiac medication entered into the prescription.

If the drug has a **green** background color, it means that the drug is already correctly prescribed, as recommended by the ESC guidelines.

If the drug has a **yellow** background color, it means that the drug was added by the algorithm of the medication DSS because it is recommended according to the guidelines.

You have to check if you want to follow this recommendation and if that is the case, complete the missing information for the drug. After completing the missing information, the background color for the drug changes from yellow to green.
- 2 If the drug has a **white** background color, it means that the drug is not recommended according to the guidelines. It is also possible that a drug is a combination drug of which some components are recommended by the guidelines and some others are not. This is indicated by a white row with a recommendation icon for the recommended medication classes.
- 3 Note: The color-codes and recommendation algorithm are visible for investigators only.
- 3 View the route of administration (i.e. oral/pill or injection medication), the name and the dosage (dose and unit) of the drug.
- 4 View the medication class(es) of the drug. If it is a combination drug, multiple medication classes are indicated.

The screenshot displays the 'Cardiac medication' tab in the CoroPrevention Caregiver dashboard. At the top, there's a patient overview bar with fields like 'Case ID', 'Name', 'Age', 'Sex', 'Weight', 'Height', 'Blood Pressure', 'Heart Rate', 'Cholesterol', 'Diabetes', 'Smoking', 'Alcohol', 'Medication', 'Status', 'Active status', 'High dependence', 'Edit', and 'Refresh'. Below this, there are tabs for 'Cardiac medication', 'Other medication', 'Allergies', 'Transition schemes', and 'Algorithm input'. The 'Cardiac medication' tab is active, showing a list of medications. The first medication is 'Aspirin' with a green background, indicating it's correctly prescribed. The second medication is 'Clopidogrel' with a yellow background, indicating it was added by the algorithm. The third medication is 'Aspirin + Clopidogrel' with a white background, indicating it's not recommended. The 'Add drug' button is in the top right corner. The 'Current prescription' section shows 'Aspirin' 100 mg, 'Clopidogrel' 75 mg, and 'Aspirin + Clopidogrel' 100 mg. The 'Recommendation' section shows 'Aspirin' 100 mg and 'Clopidogrel' 75 mg. The 'Add drug' button is in the top right corner.

How to prescribe cardiac medication following the guidelines using the medication DSS?

5 View the frequency and at what time(s) the that the patient is prescribed to take the drug.

6 View the notes about the drug.

7 Edit the drug by clicking this button.

You can delete the drug from the medication prescription by clicking this button. If you delete a drug that is recommended according to the guidelines, you will be asked to state the reason why you rejected the recommendation. Immediately after deleting one of the drugs the action can be undone by clicking the "Undo" button in the confirmation message. If you delete a recommended drug, it is only deleted from the prescription but still shown in the recommendations.

8 You can view more information about the drug by clicking this button. The detailed information includes: the class of recommendation, the level of evidence, the guideline information, and the guideline source.

9 You can add a drug to the patient's medication prescription by clicking this button. When prescribing the same medication class twice, a warning will be displayed.

11 You can view the change history for the drug.

The screenshot displays the CoroPrevention medication DSS interface. At the top, patient information is shown: ID 001482, 54 years old, 75 kg, 163 cm, 163 kg/m², 163 cm, 163 kg/m², 163 cm, 163 kg/m². The interface is divided into tabs: Cardiac medication, Other medication, Allergies, Titration schemes, and Algorithm input. The Cardiac medication tab is active, showing a table of medications. The 'Current prescription' section lists Aspirin 100 mg, Daily, with a frequency of 1. The 'Recommendation' section lists Clopidogrel 75 mg, Daily, with a frequency of 1. Numbered callouts highlight the following elements: 5 (Frequency dropdown), 6 (More info button), 7 (Edit button), 8 (Delete button), 9 (Add drug button), 10 (Warning message), and 11 (Change history button).

How to prescribe cardiac medication following the guidelines using the medication DSS?

12 If the drug was added to the medication prescription by the patient since last encounter, there is an icon indicating this.

The screenshot displays a medication management interface. At the top, a pill icon is next to the text 'Asprin 20 mg'. To the right of this text is a small icon consisting of a blue circle with a white plus sign, indicating the drug was added by the patient. Below this, there is a table with columns for 'Daily', 'Morning', 'Noon', 'Afternoon', and 'Evening/Night'. The 'Daily' column has a dropdown menu. The 'Morning' column has a value of '1', 'Noon' has '0', 'Afternoon' has '0', and 'Evening/Night' has '0'. Below the table, there is a section labeled 'No notes added' and a 'Change History' button with a dropdown arrow. On the far right, there is a blue circular badge with the number '12'.

How to make changes to the patient's medication prescription?

1 Close the medication prescription by clicking this button.

After you clicked the "Close" button, you have an overview
2 of the patient's medication prescription (cardiac and other medication) and the titration schemes.

Return to the medication DSS to edit the patient's
3 prescription by clicking this button.

Note: You cannot exit the medication DSS if there are "open recommendations" (i.e., recommendations that were not accepted or rejected by the caregiver).

The top screenshot shows the 'Medication decision support system' interface. It features a 'Close' button circled in blue with a '1' next to it. The interface displays patient information, a list of medications (Aspirin, Clopidogrel), and their dosages and frequencies. A warning message is visible on the right side of the screen.

The bottom screenshot shows the same interface, but with the 'Edit prescription' button circled in blue with a '3' next to it. The interface displays patient information, a list of medications (Aspirin, Clopidogrel), and their dosages and frequencies. A warning message is visible on the right side of the screen.

How to make changes to the patient's medication prescription?

4 You can return to the CoroPrevention caregiver dashboard by clicking this button.

The screenshot displays the CoroPrevention caregiver dashboard for a patient with ID coro-081901-482. The top navigation bar includes various patient metrics: blood pressure (124/94 mm Hg), weight (90 kg), heart rate (35.14 bpm), LDL (2.54 mmol/L), HDL (1.12 mmol/L), cholesterol status (Medium), inflammation status (Low), kidney status (15 Medium), smoking status (Active smoker (high dependence)), and a 'Log in' button. The main content area is divided into sections for medication management. The first section, 'Daily', shows a table with columns for Morning, Noon, Afternoon, and Evening/night, with values 1, 0, 0, and 0 respectively. Below this table, a message states 'This medication has been recommended by the algorithm.' The second section, 'Other medication', shows a table with columns for Morning, Noon, Afternoon, and Evening/night, with values 1, 0, 0, and 0 respectively. Below this table, a message states 'This medication has been recommended by the algorithm.' The third section, 'Titration schemes', shows a table with columns for Start dosage, Target dosage, and Description, with values 25 mg, 75 mg, and Increase after 3 weeks when there are no contra-indications respectively. A 'Go to patient overview' button is located at the bottom right of the dashboard.

coro-081901-482 124/94 mm Hg 90 kg 35.14 bpm 2.54 mmol/L 1.12 mmol/L Medium Low 15 Medium Active smoker (high dependence) Log in

	Morning	Noon	Afternoon	Evening/night
Daily	1	0	0	0

This medication has been recommended by the algorithm.

	Morning	Noon	Afternoon	Evening/night
Daily	1	0	0	0

This medication has been recommended by the algorithm.

Other medication

	Morning	Noon	Afternoon	Evening/night
Daily	1	0	0	0

The medication prescription is empty.

Titration schemes

Titration scheme for beta blocker	
Start dosage	25 mg
Target dosage	75 mg
Description	Increase after 3 weeks when there are no contra-indications

Go to patient overview

How to view the patient's other (non-cardiac) drugs in the medication DSS?

Note: It is not mandatory to enter other medication to the Tool Suite. No medication decision support system algorithm is applied on the other medication.

1 In the "Other medication" tab, view the non-cardiac medication entered.

2 You can view the way of administration (i.e. oral/pill or injection medication) of the drug.

3 You can view the name of the drug.

4 You can view the dosage of the drug (dose and unit).

5 You can view the frequency that the patient has to take the drug.

6 You can view at what time(s) the patient has to take the drug.

CoroPrevention Alpha 001001 / BE1

Medication decision support system

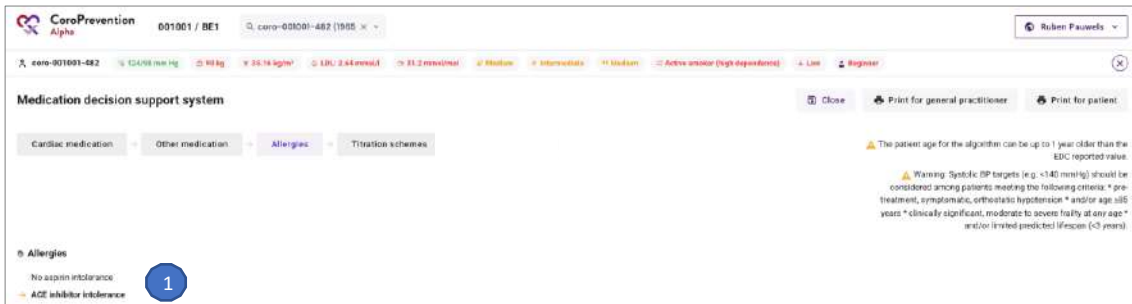
Cardiac medication | **Other medication** | Allergies | Titration schemes

Current prescription

Medication	Dose	Unit	Frequency	Time of Day
Furosemide	80	mg	Daily	Morning, Noon, Afternoon, Evening/night
Oramorph	0.5	mg	Daily	Morning, Noon, Afternoon, Evening/night

How to view the patient's allergies in the medication DSS?

1 In the "Allergies" tab, the medication allergies entered for the patient are shown. This includes notes about aspirin and ACE inhibitor intolerance.



The screenshot displays the CoroPrevention Alpha Medication decision support system interface. At the top, the patient ID is 001001 / BE1, and the search bar shows 'coro-001001-482 (1985)'. Below the patient information, a row of medication status indicators is visible: 'coro-001001-482', 'ASA 100 mg', '80 kg', '25.74 kg/m²', '180 2.64 mmol/L', '21.2 mmol/L', 'Moderate', 'Intermediate', 'Moderate', 'Active amiodarone (high dependence)', 'Low', and 'Regular'. The main section is titled 'Medication decision support system' and includes tabs for 'Cardiac medication', 'Other medication', 'Allergies', and 'Titration schemes'. The 'Allergies' tab is selected and highlighted with a blue circle containing the number 1. Below the tabs, the 'Allergies' section lists 'No aspirin intolerance' and 'ACE inhibitor intolerance'. On the right side, there are buttons for 'Close', 'Print for general practitioner', and 'Print for patient'. A warning message is displayed: 'The patient age for the algorithm can be up to 1 year older than the EDC reported value.' and 'Warning: Synthetic BP targets (e.g. <140 mmHg) should be considered among patients meeting the following criteria: * pre-treatment, symptomatic, orthostatic hypotension * and/or age ≥65 years * clinically significant, moderate to severe frailty at any age * and/or limited predicted lifespan (<3 years)'.

How to view and edit the patient's titration schemes in the medication DSS?

In the tab "Titration schemes", define the titration schemes for medication that should be up-titrated.

- 1 You can create two types of titration schemes: dosage titration schemes and drug addition titration schemes.

Create a new dosage titration scheme by clicking

- 2 this button. A dosage titration scheme defines for a certain drug the start and target dosage.

Create a new drug addition titration scheme by clicking this button. A drug addition titration

- 3 scheme defines a start medication class and medication classes that should be added based on the patient's parameter values.

- 4 Edit the titration scheme by clicking this button.

- 5 Delete the titration scheme by clicking this button.



CoroPrevention

PERSONALISED PREVENTION FOR
CORONARY HEART DISEASE

Case nurse manual caregiver dashboard – Physical activity module (including EXPERT tool)

V7.1, 12 Feb 2026



www.coroprevention.eu



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 848056

How to view the patient's current status for physical activity?

- 1 In "Status" / "Progress", you have an overview of the patient's current physical activity, as reported in the ePRO application.

Note: The "Status" button is available until the end of visit 2. After that you will see "Progress" button.

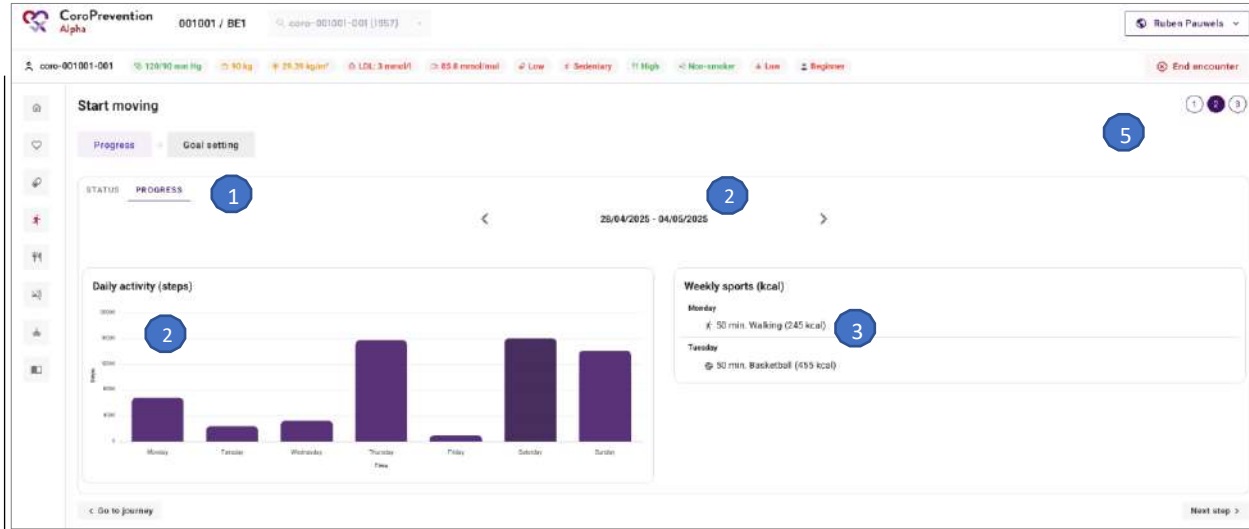
- 2 You can view how much the patient is moving globally.

- 3 You have an overview of the results of the Rapid Assessment of Physical Activity (RAPA) questionnaire. This includes how active the patient is, if the patient performs strength exercises, and if the patient performs flexibility exercises.

The screenshot shows the 'Start moving' screen in the CorePrevention Alpha app. The top navigation bar includes the app logo, user information (001001 / BE1), and a list of tabs: 'core-001001-402 (1085)', '124.94 km/hg', '90 kg', '131.2 mmHg', '31.2 mmHg', '4 mmHg', '4 mmHg', 'Active smoker (high dependence)', 'Lipid', and 'Beginner'. The 'Status' tab is selected, and the 'Goal setting' tab is also visible. The main content area is titled 'Start moving' and contains a section for 'Current physical activity'. This section has a goal of '1 day(s) with a total of 30 minutes or more of at least moderate physical activity' and a progress bar showing 0% completion. Below this, there's a section for 'Physical activity' with three items: 'Under active regular' (yellow), 'Fulfilled strength exercises' (green), and 'Did not perform flexibility exercises' (red). The screen is annotated with three blue circles and numbers: 1 points to the 'Status' tab, 2 points to the goal text, and 3 points to the 'Under active regular' item.

How to view the patient's progress for physical activity?

- 1 Navigate to the progress tab in the **Start moving** module.
- 2 The subject's daily step count is displayed as a bar chart under "Daily Activity".
- 3 Any reported sports activities are shown in the "Weekly sports" section.
- 4 You can browse different weeks by clicking the week indicator (forward and back arrows).
- 5 The subject's level of guidance is displayed in the top corner.

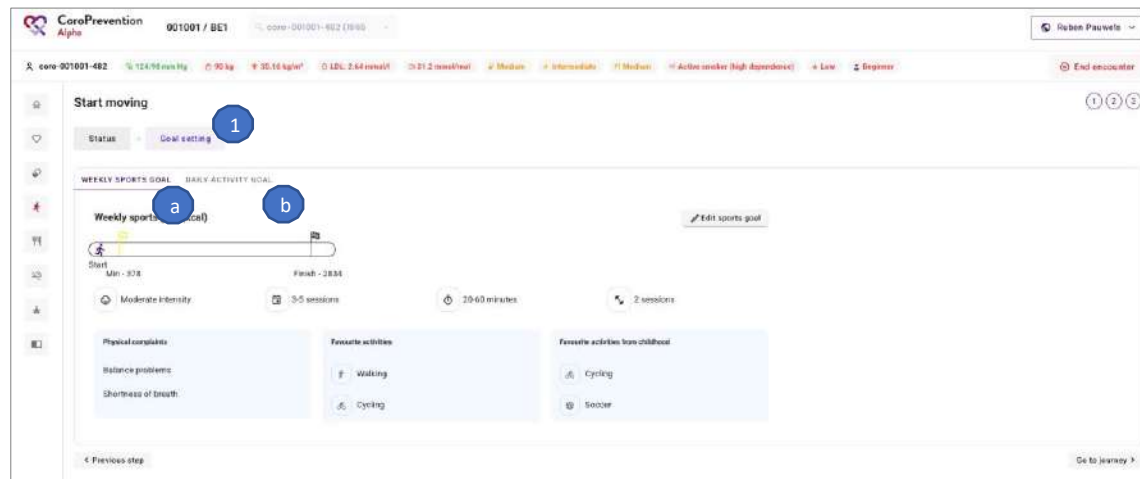


Which types of physical activity goals can be set for the patient?

- 1 In "Goal setting", you can set the patient's goals for physical activity. Two types of physical activity goals can be set: a) a weekly sports goal and b) a daily activity goal.

- If no weekly sports is yet set for the "monitored action" (level of guidance 2) for "Start moving", the goal becomes applicable from the moment that you save the goal.

- When you edit the weekly sports goal for the patient and the patient already has a goal for the ongoing week, the updated goal becomes applicable as of Monday (i.e., start of the new week). The daily activity goal is always updated immediately as this is a daily goal.



How to set and edit the patient's weekly sports goal?

1 In the "Weekly sports goal" tab in "Goal setting", view the patient's weekly sports goal for next week.

An overview of the patient's weekly sports goal is shown, expressed in kcal. The flags denote the minimal and optimal goal for the weekly sports goal.

2 The patient should strive to achieve at least the yellow flag but aim for the finish flag.

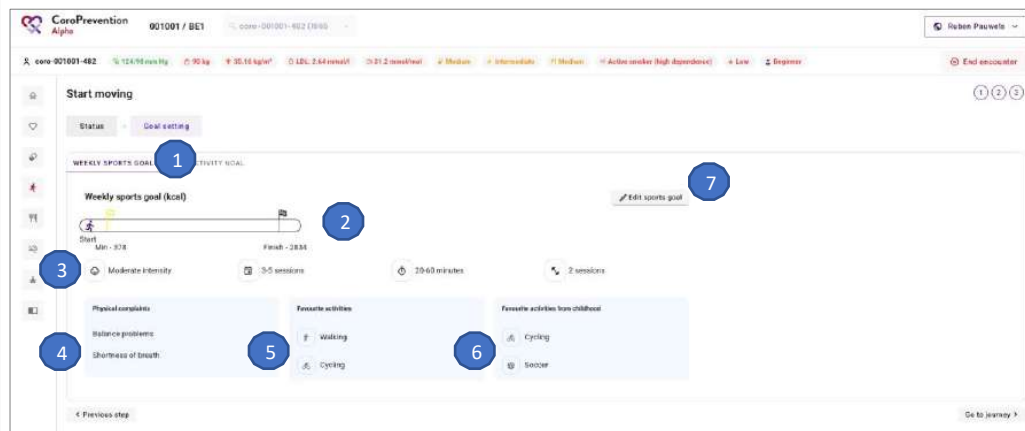
3 There is an overview of the exercise prescription, consisting of: the recommended exercise intensity, the recommended number of exercise sessions, the recommended session duration, and the recommended number of strength training sessions.

The physical complaints that the patient indicated (in the ePRO application) that he/she suffers from are depicted. This information can be taken into account when setting the weekly sports goal.

The patient's current favourite activities are depicted. This information can be taken into account when discussing how to achieve the weekly sports goal.

6 The patient's favourite activities from childhood are depicted. These can be used to motivate the patient to possibly restart this activity.

7 You can edit the patient's weekly sports goal (i.e., exercise prescription)) by clicking the "Edit sports goal" button.



How to set the patient's daily activity goal?

1 In the "Daily activity goal" tab in "Goal setting", you can set the patient's personalized daily activity goal for next week. The daily activity goal is expressed in steps.

2 You can view the patient's current level for the daily activity goal. There are four levels of step goals: inactive (< 2500 steps), beginner (2500-4999 steps), intermediate (5000-7500 steps) and advanced (> 7500 steps).

3 You can edit the patient's level for the daily activity goal by clicking this button.

4 Based on the patient's achievement of the daily activity goal last week, there is a proposed daily activity goal no sport* for next week. If the patient achieved the daily activity goal for that day on at least 5 out of the 7 days and the daily activity goal is not yet at least 7500 steps, the system proposes to increase the daily activity goal no sport by 10 percent. Otherwise, the system recommends that you keep the daily activity goal no sport the same as last week. You can discuss this proposal with the patient.

5 You can edit the patient's daily activity goal no sport for next week.

6 The patient's daily activity goal is different depending on whether the patient performs sports or not. When the patient performs a sports activity, the patient needs to do fewer steps during the day. Therefore, the patient's daily activity goal is lowered automatically on days that he/she reports sports.

Note: if patient reports a sports activity (e.g. between 10h and 11h) the steps taken during that time are not taken into for the daily activity goal. The patients receives a credit for the registered activity.

The screenshot shows the CoroPrevention Alpha caregiver dashboard. At the top, there's a patient profile header with the name '605001 / BE1' and a patient ID '605001-482 (7868)'. Below this, there's a 'Start moving' section with a 'Status' dropdown and a 'Goal setting' tab. The 'Daily activity goal (steps)' section is highlighted. It shows a 'Level' dropdown set to 'Inactive (<2500 steps)', a 'Proposed' goal of 2500 steps, and a 'Set goal' button. A note states: 'If you report sports, your daily activity goal will be automatically lowered.' The interface is annotated with numbered circles 1 through 6 corresponding to the steps in the text.

*No sport goal is the step goal that the patient should aim to achieve on days that he/she does not perform structured sports activities.

How to navigate in the EXPERT tool?

The EAPC EXPERT tool is an interactive training and decision support system for exercise prescription in patients with cardiovascular disease. The EXPERT tool is implemented in the CoroPrevention Tool Suite.

1 There are two tabs in the EXPERT tool: a) weekly sports goal and b) safety precautions.

Save the weekly sports goal and close the EXPERT tool by clicking this button. After saving the weekly sports goal, the changes are automatically made to the patient's weekly sports goal on his/her smartphone.

2 Note: You cannot leave the EXPERT tool when the weekly sports goal is incomplete or when you did not save the exercise prescription (i.e., accept/reject/change the recommendation).

You can download the weekly sports goal or safety precautions by clicking this button.

Note: the printout is intended for professionals e.g., an exercise physiologist or physiotherapist if used for creating a detailed exercise program for the patient.

3 The recommendation and safety precautions contain medical terms which might not be understood by the patient hence the printout is not intended to be given to the patients. The date of creation / revision of the exercise prescription is indicated in the printout.

The screenshot displays the CoroPrevention EXPERT tool interface. At the top, a patient profile is shown with details like '901001 / BE1' and various vital signs. The 'EXPERT tool' section is active, featuring two tabs: 'Weekly sports goal' (labeled 'a') and 'Safety precautions' (labeled 'b'). The 'Safety precautions' tab is selected, showing a form with fields for 'Primary indication', 'Select risk factors', 'Select exercise modifiers', 'Select anomalies occurred during exercise testing', and 'Select medication that affects exercise prescription'. The 'Recommendation' section at the bottom provides detailed exercise advice, including heart rate zones, energy expenditure, and strength training exercises. The interface includes buttons for 'Save and close', 'Close', and 'Print'.

How to define the patient's weekly sports goal (or exercise prescription)?

1 In the "Weekly sports goal" tab, view and edit the patient's weekly sports goal. The patient's weekly sports goal is represented as the exercise prescription.

2 View the boxes with all the parameters related to cardiovascular diseases. There are five boxes, one for each of the categories included in the EXPERT tool algorithm: primary indications, key risk factors, exercise modifier, anomalies, and medication. You can open each box by clicking on the box.

CoroPrevention Alpha 001001 / BE1 corp-001001-402 (1005)

corp-001001-402 124/90 mmHg 55 kg 35.14 kg/m² 124/2.04 mmHg 31.2 mmol/mol 2 Modest 1 Intermediate 1 Modest 1 Active smoker (high dependence) 1 Link 1 Engineer

Female, 66 years 78 bpm 523 m

EXPERT tool Save and close X Close Print

Weekly sports goal Safety precautions

1

Primary indications Select primary indication: Heart failure (with/without LVEF) and CAD

Key risk factor Select risk factors: Dyslipidemia Obesity

Exercise modifier Select exercise modifiers:

Anomalies Select anomalies occurred during exercise testing:

Medication Select medication that affects exercise prescription: Statins

Recommendation

- IMT (from 30 up to 60% of Pmax, 20-30 min/day, 3-5 days/week), and electro muscle stimulation can be added in case of very deconditioned patients
- advice exercise modalities with large caloric expenditure (walking, jogging, stepping, etc)
- +90 kcal/week of energy expenditure should be achieved
- Strength training exercise: 2 days/week, 40-60% of 1RM, 8-15 reps/set
- HRT intensity: [heart failure (with lowered LVEF) and CAD] → above VT2 for 4 min/cycle
- HRT Structure: [heart failure (with lowered LVEF) and CAD] → up to 6 cycles of 4 * 4 min, preceded by 10 min warm-up
- HRT Frequency: [heart failure (with lowered LVEF) and CAD] → 2 to 3

Saved prescription

- IMT after CABG surgery (from 30 up to 60 of Pmax, 20-30 min/session, 3-5 days/week)
- advice exercise modalities with large caloric expenditure (walking, jogging, stepping, etc)
- +90 kcal/week of energy expenditure should be achieved
- Strength training exercise: 2 days/week, 40-60% of 1RM, 12-15 reps/set

How to define the patient's weekly sports goal (or exercise prescription)?

3 Within each category, you should select all the conditions that are applicable for the patient by clicking on the corresponding checkmark. The EXPERT tool also automatically selects some risk factors based on the patient's information, e.g., when the patient's BMI is too high, the system will select obesity. Anomalies and medication do not have an individual exercise recommendation, but choices made in these two lists are considered in the final exercise recommendation. For some cases in the "Anomalies" category, you have to define the heart rate at which the patient experienced the anomaly.

The screenshot displays the 'EXPERT tool' interface for a patient named '001001 / BE1'. The patient's details include: Female, 60 years, 70 kg, 163 cm. The interface is divided into several sections:

- Primary indicator:** Select primary indicators: Heart failure (with licensed LVEF) and CAD.
- Key risk factor:** Select risk factors: Dyslipidemia, Obesity. A table lists selected conditions with their severity, frequency, duration, and status.
- Exercise modifier:** Select exercise modifiers.
- Anomalies:** Select anomalies occurred during exercise testing.
- Medication:** Select medication that affects exercise prescription: Daily.
- Recommendation:** A table showing the final exercise recommendation.

Condition	Severity	Frequency	Duration	Status
Obesity	Moderate	3-5	>4 weeks	No
Type 1 Diabetes	Moderate	3	>12 weeks	Yes
Type 2 Diabetes	Moderate	5	>12 weeks	Yes
Hypertension	Moderate-high	Daily	>6 weeks	Yes
Dyslipidemia	Moderate	3-5	>12 weeks	Yes

Recommendation	Frequency	Duration	Status
Moderate	3-5	>4 weeks	Yes

Additional notes at the bottom of the recommendation section:

- RMT (from 30 up to 40% of Pmax, 20-30 min/day, 3-5 days/week), and electro muscle stimulation can be added in case of very deconditioned patients
- advice exercise modalities with large caloric expenditure (walking, jogging, shopping, etc)
- >300 kcal/week of energy expenditure should be achieved
- Strength training: exercises: 2 days/week, 40-60% of 1RM, 8-15 reps/set.
- RMT intensity: Heart failure (with licensed LVEF) and CAD: > 100% for a moderate

How to define the patient's weekly sports goal (or exercise prescription)?

When you open the EXPERT tool, it automatically suggests a recommendation (indicated by a thick border around the box).

- 4 Every time you change the disease-related selections, the recommendation is updated automatically. Make sure you check that this recommendation is suited for the patient.

If you agree with the automatically generated recommendation,

- 5 you can accept the recommendation and save it to the patient record by clicking this button.

- 6 If you wish to modify the generated recommendation, you can click this button.

Note: The recommendation by EXPERT tool updates only when changes are made to the guidelines, patient profile, or selections.

CoroPrevention Alpha 001001 / BE1

Female, 66 years 78 bpm 523 m

EXPERT tool

Weekly sports goal Safety precautions

Primary indication: Select primary indication: Heart failure (with/without LVEF) and CAD

Key risk factor: Select risk factors: Dyslipidemia Obesity

Exercise modifier: Select exercise modifiers:

Arrhythmias: Select arrhythmias occurred during exercise testing

Medication: Select medication that affects exercise prescription: Statins

Recommendation

Intensity	Duration	Frequency	Notes
Moderate	3-5	30-40	>24 weeks
Moderate	3-5	30-40	>24 weeks

4

5

6

Save and close Close Print

How to define the patient's weekly sports goal (or exercise prescription)?

6 You may choose to modify either some or all the fields in the generated recommendation. We advise you to formulate the reason why you have changed the recommendation. This extra information can serve as a future reference when analysing the data of the patient or for other members of the team when accessing the patient's record.

7 You can click the undo button if you want to undo your changes in the recommendation.

You can save the modified recommendation by clicking this button. From the second time onwards, when you save a recommendation for a certain patient, you will have to choose between creating a new training program or a continuation of the existing one that is considered part of the last (ongoing) training program.

8 This decision will not have any influence on the exercise training recommendation as such. Considering a recommendation as the beginning of a training program or not has only informative purposes.

9 You can go back to the initial recommendation and collapse the recommendation box by clicking this button.

The screenshot shows the CoroPrevention Caregiver dashboard interface. At the top, patient information is displayed: 'Female, 60 years, 78 kg, 153 cm'. Below this, a 'Recommendation' box is open, showing a list of recommendations on the right and a form for editing on the left. The form includes fields for 'Intensity', 'Frequency', 'Session duration', 'Program duration', 'Strength training', and 'Additional training strategies'. The 'Intensity' field is set to 'Moderate', 'Frequency' to '2-5', 'Session duration' to '30-45', 'Program duration' to '2-4 weeks', and 'Strength training' to 'Yes'. The 'Additional training strategies' field is empty. The recommendation text on the right includes: '• HIIT (from 30 up to 60% of Pmax, 20-30 min/day, 3-5 days/week) and electro muscle stimulation can be added in case of very deconditioned patients', '• active exercise modalities with large caloric expenditure (walking, jogging, stepping, etc)', '• Strength training exercises', '• 2 days/week, 40-60% of 1RM, 8-15 repetition', '• HIIT intensity', '• Heart failure (with lowered LVEF) and CMPF - above VT2 for 4 min/cycle', '• HIIT Sessions', '• Heart failure (with lowered LVEF) and CMPF - up to 6 cycles of 4 x 4 min, preceded by 10 min warm up', '• HIIT Frequency', '• Heart failure (with lowered LVEF) and CMPF - 2 to 3'. The interface also includes an 'Undo' button and a 'Save' button.

How to define the patient's weekly sports goal (or exercise prescription)?

When starting the trial for the patient, you only see the "Recommendation" box as there is no "Saved prescription" yet.

After you click the "Save" button for the first time, you get a "Saved prescription" and a "Recommendation" (i.e., two boxes).

Close the EXPERT tool by clicking on the "Close" button.

Note: This closes the EXPERT tool without saving changes.

CoroPrevention Alpha

901001 / BE1

core-001001-482 (1005)

core-001001-482

134/98 mmHg

98 kg

35.14 kg/m²

LDL-C: 2.04 mmol/L

31.2 mmol/mol

Moderate

Intermediate

Moderate

Active disorder (high dependence)

Low

Beginner

Female, 60 years

78 bpm

523 m

EXPERT tool

Weekly sports goal

Safety precautions

Primary indication

Select primary indication: Heart failure (with/without LVEF) and CAD

Key risk factor

Select risk factors: Dyslipidaemia, Obesity

Exercise modifier

Select exercise modifiers:

Abnormalities

Select abnormalities occurred during exercise testing:

Medication

Select medication that affects exercise prescription: Statins

Recommendation

Moderate

3-5

30-60

12 weeks

Yes

10

Saved prescription

Moderate

3-5

30-60

12 weeks

Yes

10

11

- PMT (from 30 up to 60% of P_{max}, 20-30 minutes, 3-5 days/week), and electro muscle stimulation can be added in case of very deconditioned patients
- advice exercise modalities with large caloric expenditure (walking, jogging, stepping, etc)
- >900 kcal/week of energy expenditure should be achieved
- Strength training exercise:
 - 2 days/week, 40-60% of 1RM, 8-15 reps/set
- HIT intensity
 - Heart failure (with lowered LVEF) and CAD: > above VT2 for 4 min/cycle
 - HIT Sessions
 - Heart failure (with lowered LVEF) and CAD: > up to 6 cycles of 4 * 4 min, preceded by 10 min warm-up
 - HIT frequency:
 - Heart failure (with lowered LVEF) and CAD: > 2 to 3

- PMT after CABG surgery (from 30 up to 60 of P_{max}, 20-30 min/week, 3-5 days/week)
- advice exercise modalities with large caloric expenditure (walking, jogging, stepping, etc)
- >900 kcal/week of energy expenditure should be achieved
- Strength training exercise:
 - 2 days/week, 40-60% of 1RM, 10-15 reps/set

- 1 In the "Safety precautions" tab, you can consult the list of safety precautions according to the patient's most recently saved exercise recommendation.
- 2 You can click on each of the boxes to read more information on each one of the categories.

Note: the printout is intended for professionals e.g., an exercise physiologist or physiotherapist if used for creating a detailed exercise program for the patient. The recommendation contains medical terms which might not be understood by the patient hence the printout is not intended to be given to the patients. Inform the patient verbally about the safety precautions as applicable.



Abbreviations (EXPERT tool)

CAD	Coronary artery disease
PCI	Percutaneous coronary intervention
CABG	Coronary artery bypass graft
LVEF	Left ventricular ejection fraction
CMP	Cardiomyopathy
CRT	Cardiac resynchronization therapy
ICD	implantable cardioverter-defibrillator
TIA	Transient ischemic attack

CRT	Cardiac resynchronization therapy
ICD	implantable cardioverter-defibrillator
COPD	Chronic obstructive pulmonary disease

VO2peak	peak oxygen uptake
VT	ventilatory threshold
IMT	Maximal inspiratory muscle training with PImax (maximal inspiratory pressure)
HRR	heart rate reserve
1RM	1 repetition maximum (maximal muscle strength)



CoroPrevention

PERSONALISED PREVENTION FOR
CORONARY HEART DISEASE

Case nurse manual caregiver dashboard – Nutrition module

V7.1, 12 Feb 2026



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 848056

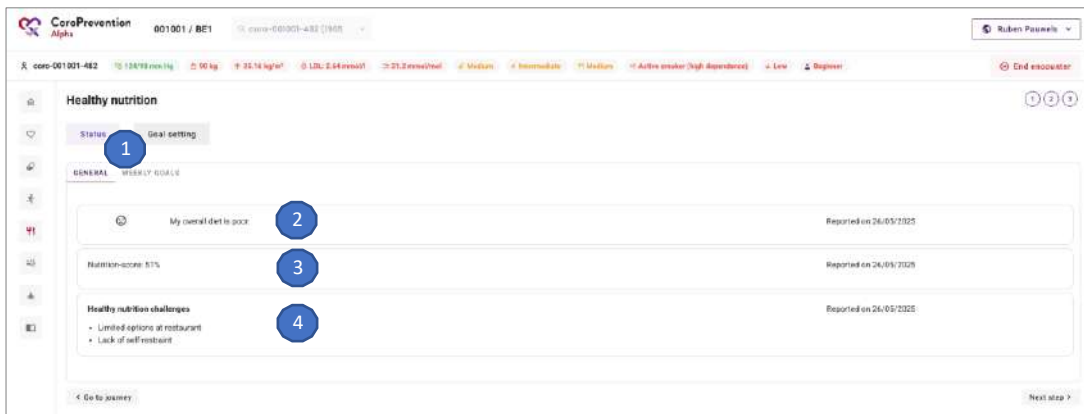
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What is the Nutrition-score?

- The MedDietScore assesses how adherent a person is to the Mediterranean dietary pattern. It assesses the person's nutrition intake for 11 food groups: non-refined cereals, fruit, vegetables, legumes, potatoes, fish, meat and meat products, poultry, full fat dairy products, olive oil and alcohol intake.
- For CoroPrevention, we developed the Nutrition-score (based on the MedDietScore). The Nutrition-score indicates how heart-healthy a person is eating. The key updates made to the MedDietScore to arrive at the Nutrition-score are the following:
 - Update of the scoring protocol for alcohol intake. In the MedDietScore, drinking 0 alcohol is regarded as bad, but in the Nutrition-score this is regarded as good.
 - Update of the food groups to also cover alternatives that are more available in Nordic countries (ref. Nordic diet).
 - Addition of salt and sugar as two extra food groups.
- The Nutrition-score is calculated by looking at how much the person consumes of each of the food groups.
- A Nutrition-score of 100% is the best a person can achieve. However, it is not feasible for everyone to get to this 100%. The patient should aim to get as close as possible to 100%.
- Note that at the visits with the case nurse, the patient completes the MedDietScore questionnaire and two extra questions for sugar and salt in the ePRO application. The scoring protocol from the MedDietScore is used there. Whereas, in the mobile app, the patient completes the Nutrition-score questionnaire, which is a similar questionnaire in the ePRO but the phrasing is adapted so it is easier for the patient to fill in the questions and the scoring protocol is updated.

How to follow up on the patient's progress for healthy nutrition?

- 1 In "Status / Progress", there is an overview of the patient's current nutrition, as reported in the ePRO application and in the patient mobile app.
- 2 The overall rating of the patient's diet (self-reported by the patient) is depicted.
- 3 The Nutrition-score is shown, expressed as a percentage.
- 4 You can see which challenges the patient reported as hindering him/her in eating healthy.



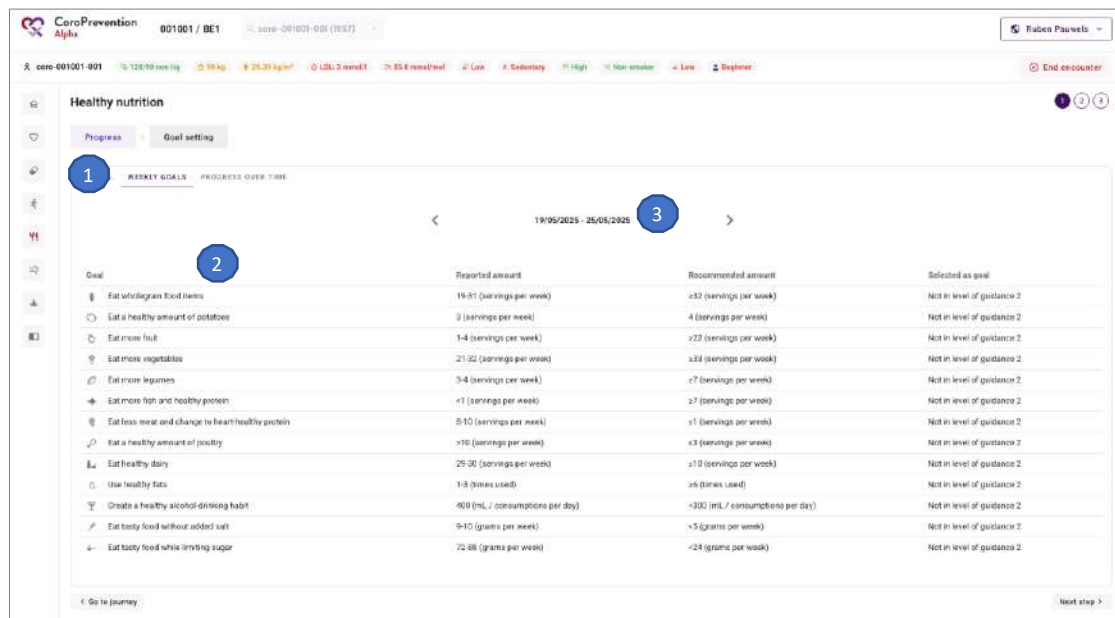
How to follow up on the patient's progress for healthy nutrition?

- 1 In the "Progress" → "Weekly goals" tab, you can review the patient's reported nutrition intake for the past week.

For each food group, the following is shown:

- 2
- Amount reported by the patient (in servings per week),
 - Recommended amount based on the Nutrition-score guidelines
 - Whether the patient selected as an active goal (in Level of Guidance 2).

This overview shows where the patient meets, exceeds, or falls below dietary recommendations, helping you provide tailored feedback. Use the date arrows to navigate between weeks.



How to follow up on the patient's progress for healthy nutrition?

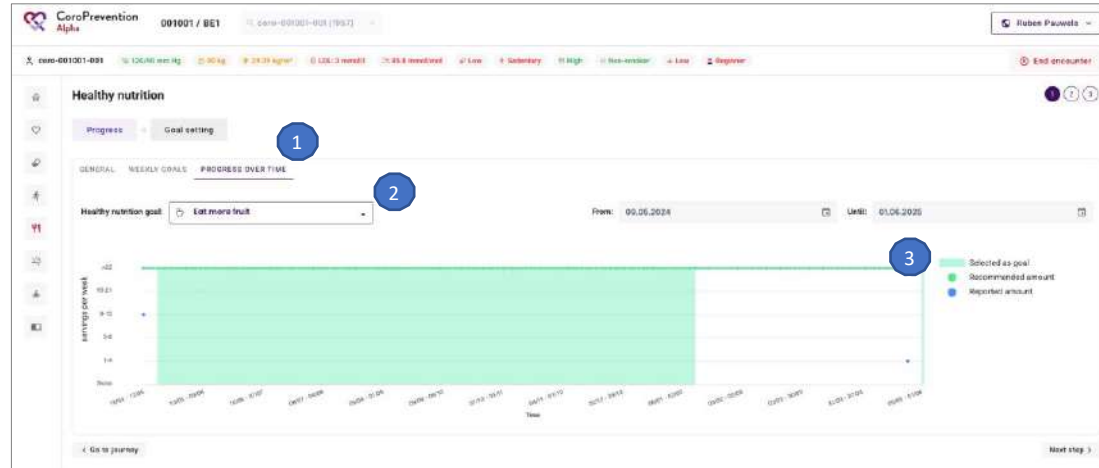
This visual timeline helps to monitor trends, spot recurring difficulties, and provide meaningful feedback or motivation based on progress.

In the **"Progress over time"** tab, you can track how the patient's nutrition behaviour evolves week by week for each selected goal.

Switch between goals by clicking on the drop-down list

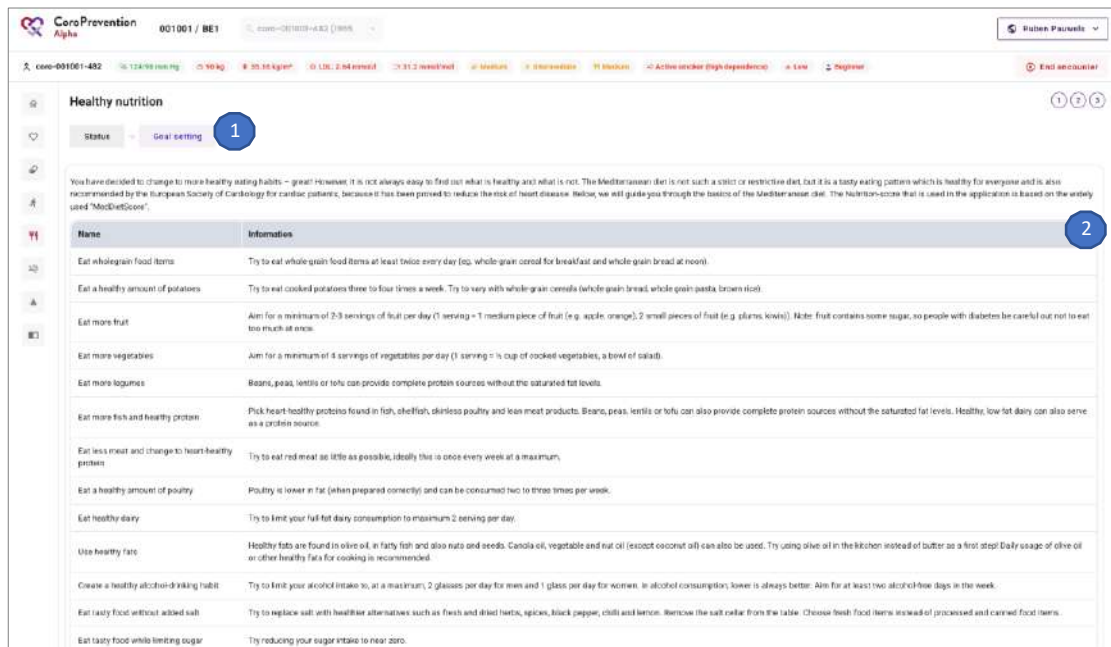
The graph displays:

- Reported servings per week (blue)
- Selected goal (green shaded area)
- Recommended intake (horizontal line)



Which types of healthy nutrition goals can be set for the patient?

- 1 In "Goal setting", discuss the patient's goals for a healthy nutrition. Instruct the patient to update the goals in the mobile app on a weekly basis when actively working on healthy nutrition (in level of guidance 2).
- 2 The text gives a brief explanation of the Mediterranean and Nordic diet.



3 The table provides detailed information about the goals to adhere to the Mediterranean or Nordic diet, where the focus is on having a heart-healthy lifestyle.





CoroPrevention

PERSONALISED PREVENTION FOR
CORONARY HEART DISEASE

Case nurse manual caregiver dashboard – Smoke-free living module

V7.1, 12 Feb 2026

www.coroprevention.eu



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 848056

How to follow up on the patient's progress for smoke-free living?

1 In "Status", there is an overview of the patient's current status for smoke-free living, as reported in the ePRO application and in the patient mobile app.

2 In "Smoking behaviour", shows an overview of how many cigarettes the patient smokes on a daily or monthly basis. The Fagerström score is shown (indicating whether the patient is dependent on nicotine). Degree of nicotine dependence is shown with color coding.

3 In "Motivation to stop smoking", gives an overview of the patient's motivation to stop smoking.

4 "Quit attempts before the study", gives an overview of the quit attempts that the patient undertook before the study.

5 "Most recent quit attempt during the study" will only contain information after the patient performed a first quit attempt with the mobile app. This section details more information about the patient's most recent quit attempt.

CoroPrevention Alpha 001001 / BE1 coro-000001-0001 (1805) End encounter

Smoke-free living

1 Status Overall status

2 Smoking behaviour Reported on 26/05/2023

Number of cigarettes: 20 cigarettes daily
Fagerström score: 7 *Moderate dependence*

3 Motivation to stop smoking Reported on 26/05/2023

I REALLY want to stop smoking but I don't know when I will

4 Quit attempts before the study Reported on 26/05/2023

Number of quit attempts: 1
Most recent quit attempt: 1 January 2023
Options used to quit smoking:

- Nicotine replacement therapy
- E-cigarettes

5 Most recent quit attempt during the study Reported on 29/09/2024

Quit date: 30 September 2024 0 day(s)
Options used to quit smoking: No data

How to discuss the patient's quit plan?

1 In "Goal setting", you have static information on the recommended steps of a quit plan.

You can use this screen as a guideline during the visit, to steer the conversation and to support the patient.

Note that there is no interaction between the caregiver dashboard and the mobile app for this part.

The screenshot displays the CoroPrevention Alpha caregiver dashboard for patient 001001 / BE1. The patient's profile at the top includes vital signs: 124/88 mm Hg, 60 kg, 35.16 kg/m², LDL 2.64 mmol/L, and ST 3.2 mmol/mol, along with risk factors like Medium cholesterol, Intermediate alcohol use, and High dependence on smoking. The main content area is titled 'Smoke-free living' and features a 'Goal setting' tab, which is highlighted by a blue circle with the number 1. Below this tab, a list of nine steps for quitting smoking is provided: 1. Decide to quit, 2. Set a quit date, 3. Ways to quit smoking, 4. Involve others, 5. Set the stage, 6. Challenges, 7. Benefits and rewards, 8. Coping plans, and 9. Keep a diary. Navigation buttons for 'Previous step' and 'Go to journey' are located at the bottom of the screen.



CoroPrevention

PERSONALISED PREVENTION FOR
CORONARY HEART DISEASE

Case nurse manual caregiver dashboard – Stress relief

V7.1, 12 Feb 2026



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 848056

www.coroprevention.eu

How to follow up on the patient's progress for stress relief?

1 In “Status / Progress”, you have an overview of the patient’s current status for stress relief, as reported in the ePRO application and in the patient mobile app.

You have an overview of:

2 The patient’s self-perceived stress level;

3 The patient’s current stressors;

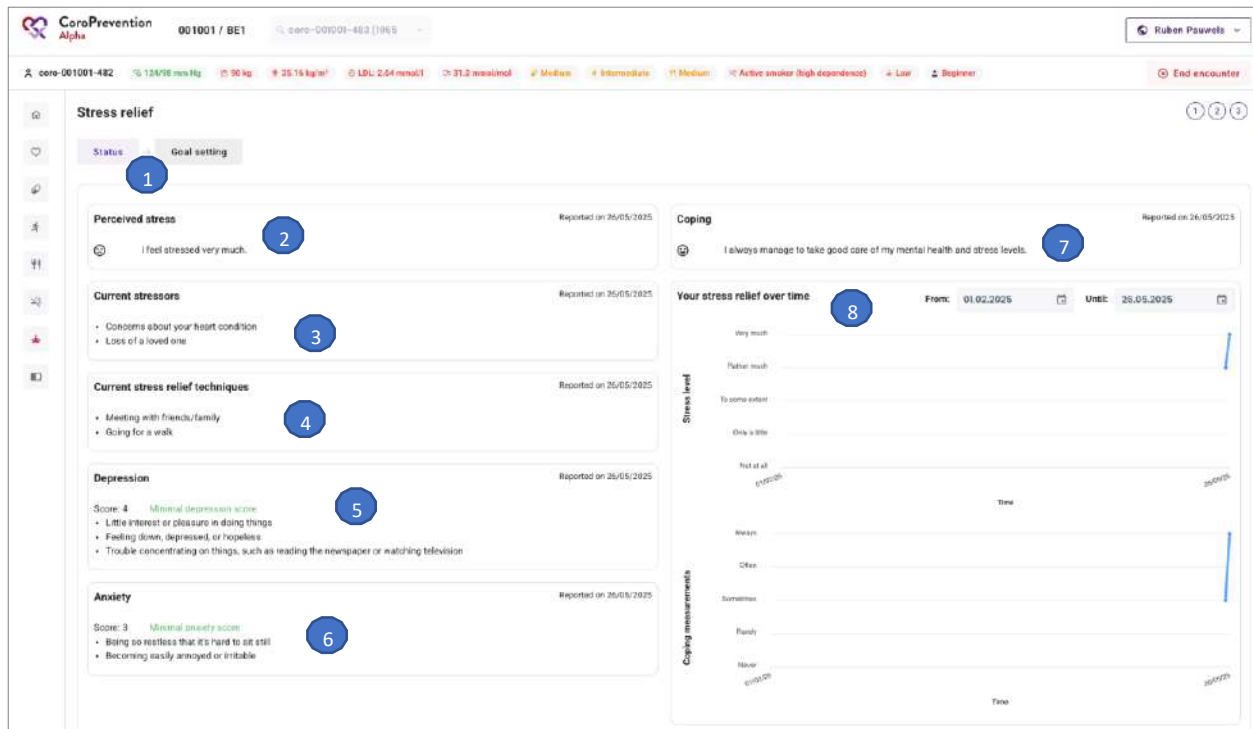
4 The patient’s current stress relief techniques;

5 The results of the depression questionnaire (PHQ-9);

6 The results of the anxiety questionnaire (GAD-7);

7 The self-administered measurement of how well the patient copes with stress;

8 Charts that allow you to view the evolution of the patient’s stress and coping measurements over time.



How to discuss the patient's goals for stress relief?

1. In "Goal setting", you can view the patient's motivation to work on the different stress relief goals.

Take time to discuss these goals and possible ways to reach the goals with the patient.

Always consider if professional help is needed for the patient's mental health.

The screenshot displays the CoroPrevention Alpha dashboard for patient 001001 / BE1. The top navigation bar includes the patient's name, ID, and a list of clinical indicators: 124/98 mmHg, 90 kg, 25.16 kg/m², LDL 2.64 mmol/L, 21.2 mmol/mol, Medium, Intermediate, Medium, Active smoker (high dependence), Low, and Beginner. The main content area is titled 'Stress relief' and features a 'Goal setting' tab, which is highlighted with a blue circle and the number 1. Below the tab, there are two columns: 'Stress relief goals' and 'Motivation'. The 'Stress relief goals' column lists five goals: 'Reduce stress', 'Improve mental wellbeing', 'Sleep better', 'Sleep better', and 'Feel less lonely'. The 'Motivation' column shows the patient's motivation level for each goal, represented by colored buttons: 'Neutral' (orange) for 'Reduce stress', 'Motivated' (green) for 'Improve mental wellbeing', 'Very motivated' (green) for both 'Sleep better' entries, and 'Not at all' (red) for 'Feel less lonely'. The dashboard also includes a 'Previous step' button and a 'Go to journey' button.

Stress relief goals	Motivation
Reduce stress	Neutral
Improve mental wellbeing	Motivated
Sleep better	Very motivated
Sleep better	Very motivated
Feel less lonely	Not at all



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