

AVAILABILITY AND ACCESSIBILITY OF CARDIAC REHABILITATION SERVICES IN LOW- AND MIDDLE-INCOME COUNTRIES QUESTIONNAIRE

To be completed by Staff Cardiologists at an adult cardiac institute/department.

INSTRUCTIONS: Please answer each question by selecting the correct response(s) or writing your response in the space provided.

Goals of a cardiac rehabilitation program are to improve function, relieve symptoms, and enhance the patient's quality of life. Secondary prevention, an integral part of cardiac rehabilitation aims to slow progression of the underlying disease and thus reduce rates of reinfarction, graft closure, and cardiac mortality.

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Section 1. General Information	
This section of the questionnaire focuses on general information about your institute.	
1. What is the classification of your institute?	2. What is the catchment population for the services provided by your institute?
<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Nongovernmental organization (NGO)	<input type="checkbox"/> <100 000 <input type="checkbox"/> 100 000 to 200 000 <input type="checkbox"/> 200 001 to 300 000
<input type="checkbox"/> Mixed <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> 300 001 to 400 000 <input type="checkbox"/> 400 001 to 500 000 <input type="checkbox"/> >500 000
3. When patients are admitted to the hospital with a cardiac condition, which health care worker in your medical team approaches them regarding cardiac rehabilitation? (please select all that apply)	4. When patients are discharged from the hospital after treatment for a cardiac condition, what follow-up options are available to them? (please select all that apply)
<input type="checkbox"/> Cardiologist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Dietitian <input type="checkbox"/> Nurse	<input type="checkbox"/> Participate in a cardiac rehabilitation program <input type="checkbox"/> Follow-up with a primary care provider <input type="checkbox"/> Follow-up with the Cardiologist <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Psychologist <input type="checkbox"/> Social worker <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other (please specify): _____	
5. After cardiac patients are discharged from the hospital, at what time point do they start attending a cardiac rehabilitation program?	6. What is the average duration of the cardiac rehabilitation program?
<input type="checkbox"/> <1 month <input type="checkbox"/> 1 to 2 months	<input type="checkbox"/> <3 months <input type="checkbox"/> 3 to 6 months
<input type="checkbox"/> 3 to 4 months <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> 7 to 12 months <input type="checkbox"/> Other (please specify): _____
7. After patients complete attending a cardiac rehabilitation program, at what time point do they follow-up with a primary care provider?	8. After patients complete attending a cardiac rehabilitation program, at what time point do they follow-up with you?
<input type="checkbox"/> <1 month <input type="checkbox"/> 1 to 2 months <input type="checkbox"/> 3 to 4 months	<input type="checkbox"/> <1 month <input type="checkbox"/> 1 to 2 months <input type="checkbox"/> 3 to 4 months
<input type="checkbox"/> Patients do not follow-up with a primary care provider <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Patients do not follow-up with the Cardiologist <input type="checkbox"/> Other (please specify): _____
9. How often do patients follow-up with you after completing a cardiac rehabilitation program?	
<input type="checkbox"/> Once per month <input type="checkbox"/> Once every two months <input type="checkbox"/> Once every three months <input type="checkbox"/> Patients do not follow-up with the Cardiologist <input type="checkbox"/> Other (please specify): _____	

Section 2. Characteristics of the Cardiac Rehabilitation Program Participants	
This section of the questionnaire focuses on characteristics of the cardiac rehabilitation participants.	
10. Please indicate the type(s) of patients who are considered eligible for participation in the cardiac rehabilitation program at your institute. (please select all that apply)	
<input type="checkbox"/> Acute Myocardial Infarction <input type="checkbox"/> Percutaneous Coronary Intervention <input type="checkbox"/> Coronary Artery Bypass Graft Surgery <input type="checkbox"/> Valvular Heart Disease <input type="checkbox"/> Heart Failure <input type="checkbox"/> Peripheral Arterial Disease <input type="checkbox"/> Heart Transplant <input type="checkbox"/> Other (please specify): _____	
11. Does the cardiac rehabilitation program have an age restriction for participation?	12. If you answered "Yes", what is the upper age limit for participation in the cardiac rehabilitation program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
13. What percentage of eligible male patients have access to cardiac rehabilitation?	14. What percentage of eligible female patients have access to cardiac rehabilitation?
<input type="checkbox"/> <10% <input type="checkbox"/> 10 to 20% <input type="checkbox"/> 21 to 30% <input type="checkbox"/> 31 to 40% <input type="checkbox"/> 41 to 50% <input type="checkbox"/> 51 to 60% <input type="checkbox"/> 61 to 70% <input type="checkbox"/> 71 to 80% <input type="checkbox"/> 81 to 90% <input type="checkbox"/> >90% <input type="checkbox"/> Rehabilitation program does not offer service for males	<input type="checkbox"/> <10% <input type="checkbox"/> 10 to 20% <input type="checkbox"/> 21 to 30% <input type="checkbox"/> 31 to 40% <input type="checkbox"/> 41 to 50% <input type="checkbox"/> 51 to 60% <input type="checkbox"/> 61 to 70% <input type="checkbox"/> 71 to 80% <input type="checkbox"/> 81 to 90% <input type="checkbox"/> >90% <input type="checkbox"/> Rehabilitation program does not offer service for females
15. What percentage of patients in the cardiac rehabilitation program belong to an ethnic minority group in your country?	
<input type="checkbox"/> <10% <input type="checkbox"/> 10 to 20% <input type="checkbox"/> 21 to 30% <input type="checkbox"/> 31 to 40% <input type="checkbox"/> 41 to 50% <input type="checkbox"/> 51 to 60% <input type="checkbox"/> >60%	

Section 3. Barriers to Cardiac Rehabilitation in Low-resource Settings

This section of the questionnaire focuses on your perceptions of barriers for successful implementation of a cardiac rehabilitation program at your institute and eligible patients' barriers to participation in cardiac rehabilitation.

16. Please rate the barriers for successful implementation of a cardiac rehabilitation program at your institute by using this scale.	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
a) Lack of economic resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Lack of qualified personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Lack of adequate physical space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Lack of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Rehabilitation is not profitable enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Rehabilitation does not offer any benefit to the patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Rehabilitation is not an investment priority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Rehabilitation is not a priority for the institute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Rehabilitation is not supported by health policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Please specify any other barriers for successful implementation of a cardiac rehabilitation program at your institute. _____					

17. Please rate eligible patients' perceptions of barriers to participation in a cardiac rehabilitation program by using this scale.	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
a) Cultural barriers (for example, disapproval from community, lack of culture-specific activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Inequality in health service delivery (for example, cardiac rehabilitation services are inaccessible to females and/or ethnic minorities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Language difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Distance to the facility (for example, the cardiac rehabilitation facility is too far from home/work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Costs (for example, cannot afford cardiac rehabilitation, insurance does not cover rehabilitation, transportation fee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Lack of support/referral from doctor (for example, health care worker did not refer the patient to a cardiac rehabilitation program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Lack of availability of cardiac rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Lack of motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Lack of knowledge about cardiac rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Cardiac rehabilitation is not necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Physical activity has negative effects on health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Time constraints (for example, do not have time, rehabilitation program is not open during convenient times)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Work responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Family commitments (for example, take care of family, perform domestic tasks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Other health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Please specify any other barriers to participation in a cardiac rehabilitation program for patients. _____					

18. What approaches could transcend barriers to participation in a cardiac rehabilitation program due to patients' age, gender, culture, ethnicity, and/or religion?

19. Given the current constraints, do you think that transferring authority and responsibility for cardiac rehabilitation from a central Ministry of Health to Ministry of Health controlled or non-controlled offices at regional, provincial, and/or local levels would be feasible in your city?

- Yes
 No

Section 4. Characteristics of the Cardiac Rehabilitation Program	
This section of the questionnaire focuses on characteristics of the cardiac rehabilitation program.	
20. What type(s) of outpatient cardiac rehabilitation programs are offered by the institute? (please select all that apply)	21. Is the cardiac rehabilitation facility open at least one day on the weekend or open late to accommodate patients who cannot attend during standard business hours?
<input type="checkbox"/> Centre-based <input type="checkbox"/> Home-based <input type="checkbox"/> Community-based	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Please indicate whether the cardiac rehabilitation program routinely assesses the following in your patients. (please select all that apply)	23. Please select the component(s) offered by the cardiac rehabilitation program. (please select all that apply)
<input type="checkbox"/> Total cholesterol <input type="checkbox"/> LDL, HDL, and triglycerides <input type="checkbox"/> Glucose in nondiabetic patients or HbA _{1c} <input type="checkbox"/> Homocysteine <input type="checkbox"/> Lp(α) <input type="checkbox"/> Apo A1 <input type="checkbox"/> Apo B <input type="checkbox"/> C-reactive protein	<input type="checkbox"/> Smoking cessation <input type="checkbox"/> Exercise training <input type="checkbox"/> Management of pharmacological interventions <input type="checkbox"/> Healthy diet advice <input type="checkbox"/> Psychological support (for example, screening for depression, counselling) <input type="checkbox"/> Social support <input type="checkbox"/> Other (please specify): _____
24. Which health care worker contributes <u>most</u> to smoking cessation activities in the cardiac rehabilitation program?	25. What is the approximate duration of the smoking cessation component of the cardiac rehabilitation program?
<input type="checkbox"/> Cardiologist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Dietitian <input type="checkbox"/> Nurse <input type="checkbox"/> Psychologist <input type="checkbox"/> Social worker <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Community health worker <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> 1 month <input type="checkbox"/> 1 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> Other (please specify): _____
26. What type(s) of counselling sessions for smoking cessation does the cardiac rehabilitation program offer? (please select all that apply)	27. What pharmacotherapies do the cardiac rehabilitation program staff prescribe to patients for smoking cessation? (please select all that apply)
<input type="checkbox"/> Group therapy <input type="checkbox"/> One-on-one session <input type="checkbox"/> Rehabilitation program does not offer counselling for smoking cessation <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Nicotine replacement therapy <input type="checkbox"/> Bupropion <input type="checkbox"/> Other (please specify): _____
28. Please indicate the nicotine replacement therapy forms that the program staff recommend to patients. (please select all that apply)	29. What type(s) of health insurance coverage do patients use to pay for nicotine replacement therapy? (please select all that apply)
<input type="checkbox"/> Gum <input type="checkbox"/> Dermal patch <input type="checkbox"/> Inhaler <input type="checkbox"/> Nasal spray <input type="checkbox"/> Lozenge	<input type="checkbox"/> Central government <input type="checkbox"/> Local government <input type="checkbox"/> Private insurance <input type="checkbox"/> Social assistance plans <input type="checkbox"/> Military <input type="checkbox"/> Private <input type="checkbox"/> Don't know <input type="checkbox"/> Other (please specify): _____

30. What percentage of your participants quit smoking by the time they complete the smoking cessation component?	31. Which of the following medications do health care workers prescribe to patients in the cardiac rehabilitation program? (please select all that apply)
<input type="checkbox"/> <10% <input type="checkbox"/> 51 to 60% <input type="checkbox"/> 11 to 20% <input type="checkbox"/> 61 to 70% <input type="checkbox"/> 21 to 30% <input type="checkbox"/> 71 to 80% <input type="checkbox"/> 31 to 40% <input type="checkbox"/> 81 to 90% <input type="checkbox"/> 41 to 50% <input type="checkbox"/> >90%	<input type="checkbox"/> Aspirin <input type="checkbox"/> Statins <input type="checkbox"/> Angiotensin- <input type="checkbox"/> Diuretics converting enzyme <input type="checkbox"/> Other <input type="checkbox"/> inhibitor <input type="checkbox"/> Beta-blockers
32. Which phase(s) of cardiac rehabilitation does your institute offer? (please select all that apply)	33. What is the approximate duration of phase II?
<input type="checkbox"/> Phase I (a health care worker raises awareness of risks and discusses risk factor modification with patient prior to discharge from hospital) <input type="checkbox"/> Phase II (patient participates in a supervised cardiac rehabilitation program) <input type="checkbox"/> Phase III (patient learns to self-manage his/her overall cardiovascular health in a supervised program) <input type="checkbox"/> Phase IV (long-term maintenance of physical activity and lifestyle change)	<input type="checkbox"/> 1 month <input type="checkbox"/> 1 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> Other (please specify): _____
34. How often do patients attend phase II?	35. Which of the following phases offer high intensity interval training (exercise programs that include intervals with aimed heart rate >85% of predicted for age)? (please select all that apply)
<input type="checkbox"/> 1 session per week <input type="checkbox"/> 3 sessions per week <input type="checkbox"/> 2 sessions per week <input type="checkbox"/> ≥4 sessions per week	<input type="checkbox"/> Phase II <input type="checkbox"/> Phase III <input type="checkbox"/> Phase IV
36. Does the cardiac rehabilitation program offer any of the following alternative exercises? (please select all that apply)	37. Please indicate the number of each of the following types of trained personnel in the cardiac rehabilitation program.
<input type="checkbox"/> Swimming <input type="checkbox"/> Tai Chi <input type="checkbox"/> Dancing <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Yoga _____	_____ Cardiologist _____ Psychologist _____ Physiotherapist _____ Social worker _____ Dietitian _____ Psychiatrist _____ Nurse _____ Other(please specify): _____
38. Are there cardiac rehabilitation staff who can communicate with patients in the region's primary language, and at least <u>two</u> of the most common secondary languages?	39. What type(s) of health insurance coverage do patients use to pay for cardiac rehabilitation service? (please select all that apply)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Central government <input type="checkbox"/> Private <input type="checkbox"/> Local government <input type="checkbox"/> Cardiac rehabilitation is a free service <input type="checkbox"/> Private insurance <input type="checkbox"/> Don't know <input type="checkbox"/> Social assistance <input type="checkbox"/> Other (please specify): plans _____ <input type="checkbox"/> Military

40. What are the sources of funding to operate the cardiac rehabilitation program? (please select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Private | <input type="checkbox"/> Private insurance |
| <input type="checkbox"/> Central government | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Local government | <input type="checkbox"/> Other (please specify):
_____ |

Section 5. Contact Details

Please provide your contact information.

Name of Cardiac Institute

Address of Cardiac Institute

City

Province/State

Postal Code

Country

Area Code and Telephone Number

Fax Number

Institute Website

Your Current E-mail Address

Thank you for taking the time to complete this questionnaire.