

## SUPPLEMENTARY MATERIAL

**Supplemental Table S1. Virtual CR Curriculum Details**

<b>Curriculum Component</b>	<b>Curriculum Details</b>
<i>1. Health Assessment</i>	<p>Patients provided with a general health assessment</p> <p>Provided with a form to determine their own modifiable and non-modifiable risk factors</p> <p>Asked to set health goals to improve quality of life with heart disease that are measurable and attainable and taught how to do so</p>
<i>2. Exercise Program</i>	<p>Personalized exercise program with supports to be able to do it at home</p> <p>Provided with weekly aerobic and strength exercise logs</p>
<i>3. Education</i>	<p>Group education on the heart, medications, diet, coping with stress, exercise safety and symptom management</p> <p>Individual counselling with members of the VCR team</p>
<i>4. Nutrition &amp; Lifestyle</i>	<p>Education on diet, resources on the Mediterranean diet and a form to assess adherence to the diet</p> <p>Smoking cessation support through education and aids</p>
<i>5. Emotional and Mental Health</i>	<p>Provided with a document to record their thoughts, reactions, and feelings to situations and to consider restructuring thinking</p> <p>Provided with a decision matrix that allowed participants to consider the advantages and disadvantages of taking or not taking an action</p>

**Supplemental Table S2. Survey questions and response options**

<b>Question</b>	<b>Response Options</b>
<b>Demographics</b>	
<i>1. Please identify who is completing this survey.</i>	<input type="checkbox"/> Patient, by myself <input type="checkbox"/> Patient, with assistance from another person (spouse, child, family member, friend, support person)
<i>2. What is your/the patient's age group?</i>	<input type="checkbox"/> Less than 18 <input type="checkbox"/> 19 – 29 <input type="checkbox"/> 30 – 39 <input type="checkbox"/> 40 – 49 <input type="checkbox"/> 50 – 59 <input type="checkbox"/> 60 – 69 <input type="checkbox"/> 70 – 79 <input type="checkbox"/> 80+
<i>3. What is your/the patient's gender?</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Trans Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Intersex <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Gender Queer <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe: _____
<i>4. What is your/the patient's racial background?</i>	<input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Filipino <input type="checkbox"/> Indigenous <input type="checkbox"/> Latin American <input type="checkbox"/> Arab

- West Asian
- South Asian
- Pacific Islander
- White
- Prefer not to answer
- Other: \_\_\_\_\_

**Technology and Privacy**

5. *What type of virtual group visit(s) did you have with the Cardiac Health and Rehab Clinic?*

- Telephone
- Video
- Both telephone and video

6. *How comfortable are you with using your device (smartphone, tablet, and/or computer) to join the Cardiac Health and Rehab clinic virtual group visit(s)?*

- Very uncomfortable
- Uncomfortable
- Somewhat uncomfortable
- Neither comfortable nor uncomfortable
- Somewhat comfortable
- Comfortable
- Very comfortable

7. *How easy was it to join the Cardiac Health and Rehab Clinic virtual group visit(s)?*

- Very hard
- Hard
- Somewhat hard
- Neither easy nor hard
- Somewhat easy
- Easy
- Very easy

8. *Did you feel that your personal health information was kept confidential, just as it would be in an in-person visit?*

- Yes
- No
- Don't know

**Patient Experience and Satisfaction**

9. *What would have been your preference for your visit(s) with the Cardiac Health and Rehab Clinic?*

- Virtual
- In-person
- Both/Mixed
- No preference

10. *Did you feel that your virtual group visit(s) with the Cardiac Health and Rehab Clinic met your goals/expectations?*

- Yes

No (if no, please fill the box below explaining why)

11. Did you feel that the virtual health education session(s) with the Cardiac Health and Rehab Clinic were beneficial?

- Yes
- No
- Not applicable

12. As a result of attending the virtual group visit(s) with the Cardiac Health and Rehab Clinic, have you made any physical activity and/or lifestyle changes?

- Yes
- No
- Not applicable

If you wish, please provide further information about any changes you've made. Reminder: We ask you not to include any identifying information or personal health information in your response

13. Did you understand what to do at home to manage your cardiac rehabilitation following your virtual group visit(s) with the Cardiac Health and Rehab Clinic?

- Yes
- No
- Not applicable

14. Overall, how satisfied were you with the content of your virtual group visit(s) with the Cardiac Health and Rehab Clinic?

- Very dissatisfied
- Dissatisfied
- Somewhat dissatisfied
- Neither satisfied nor dissatisfied
- Somewhat satisfied
- Satisfied
- Very satisfied

15. Overall, how would you rate your experience with virtual care at the Cardiac Health and Rehab Clinic?

- 0 - Very poor experience
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – Very good experience

*16. What did you like about your virtual group visit(s) with the Cardiac Health and Rehab Clinic? Reminder: We ask you not to include any identifying information or personal health information in your response*

Open text response

*17. What could we have done better for your virtual group visit(s) with the Cardiac Health and Rehab Clinic? Reminder: We ask you not to include any identifying information or personal health information in your response*

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Open text response

**Supplemental Table S3. Sociodemographic Information** Detailed information on survey respondents' sociodemographic information including who responded to the survey, the age of the patient, the gender of the patient and the patient's racial background.

Variable	Number of Respondents (%) (n=30)
<i>Survey respondent</i>	
Patient themselves	29 (96.7)
Patient with support	1 (3.3)
<i>Age (years)</i>	
Less than 18	0 (0)
19-29	0 (0)
30-39	0 (0)
40-49	3 (10.0)
50-59	3 (10.0)
60-69	15 (50.0)
70-79	7 (23.3)
80+	2 (6.7)
<i>Gender</i>	
Male	19 (63.3)
Female	11 (36.7)
Two-spirit, Trans Male, Trans Female, Non-binary, Intersex, Gender Fluid, Gender Queer, Prefer to self-describe, Prefer not to answer	0 (0)
<i>Racial Background</i>	
Black, Chinese, Korean, Japanese, Southeast Asian, Filipino, Indigenous, Latin American, Arab, West Asian, Pacific Islander	0 (0)
South Asian	2 (6.7)
White	27 (90.0)
Other	1 (3.3)