



## Nationwide survey of the provision and characteristics of exercise-based cardiac rehabilitation in Australia

Thank you for taking the time to assist us with this research by completing a short survey about the characteristics of your cardiac rehabilitation program(s). This survey is part of a national study examining the provision and characteristics of cardiac rehabilitation services across Australia. Your participation will contribute to raising the awareness among practitioners and service providers about how cardiac rehabilitation is delivered in this country. This survey will take 20-30 minutes to complete.

If you have any questions in regards to this survey, please email Bridget Abell at [babell@bond.edu.au](mailto:babell@bond.edu.au)

1. By clicking the box below you acknowledge that you have read the explanatory statement relevant to this study and understand that:

- Your participation in this survey is voluntary. You may withdraw at any stage, or refuse to respond to any question that you do not want to answer without penalty.
- You have given consent to be a participant in this research.

I give my consent to participate in the survey

I do not consent to participate

2. Please select below if you would like to receive the results of this research via email at completion of the study

Yes, please send me an email update about study results

I do not wish to receive notification about the results of this study



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3. Please enter the unique study identifier provided in your invitation letter e.g. NSW001

4. Which type of cardiac rehabilitation services do you currently provide? (select all which apply)

- Phase I (inpatient rehabilitation/education)
- Phase II (outpatient rehabilitation/education in any form e.g. *traditional centre-based program, risk factor modification, home program, community program*)
- Phase III (maintenance program/general exercise classes)



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Please note that all questions in the following survey refer to Phase 2 Cardiac Rehabilitation services only. We are not collecting data about the characteristics of your specialised Heart Failure, Phase 1 inpatient services or Phase 3 maintenance programs at this time. If you do not currently run a Phase 2 program, thank you for your interest, however we do not require you to complete the rest of the survey.

5. How many types of programs, or variations of programs, do you currently run at this location?

- Just one program for everybody who enrolls
- Two variations e.g. *home-based and centre-based or short version and long version*
- We run the same program at various locations e.g. *in two different towns* (please specify below)
- More than two variations (please specify below)



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As this study is assessing the range of interventions available to participants, and as such is interested in individual program characteristics, we ask you to enter data for all variations of program you offer. While the first part of the survey refers to your cardiac rehabilitation service in general, later on you will be required to specify the exercise parameters of each program separately. This is particularly important if the exercise intervention varies substantially between your individual programs.

Please feel free to contact the research team if you are not clear about data entry at any time. You can reach us at 0403 983 829 | [babell@bond.edu.au](mailto:babell@bond.edu.au)



## Nationwide survey of the provision and characteristics of exercise-based cardiac rehabilitation in Australia

### Program and participant demographics

6. Is your program based in an area considered to be:

- A major city/metropolitan
- Regional
- Rural
- Region or statewide

7. How long has your program been running?

- Less than 1 year
- 1-5 years
- More than 5 years
- More than 10 years

8. Overall, approximately how many patients would enroll in your service/program(s) each year, whether or not they complete?

- Less than 50
- 50-100
- 101-500
- More than 500

9. In terms of overall program costs:

- There is no program cost charged to participants who attend
- There is a cost for participants, but it is fully paid by private health funds
- There is a cost for participants, but it is partially paid by private health funds
- The entire cost of the program is paid for by the participant
- There is a combination of the above as we accept both public and private patients

Other (please specify)



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**Overall program style**

10. What services does your cardiac rehabilitation program deliver (in any location by any means):

- Exercise sessions or program only
- Education/counselling services only ->INELIGIBLE: exit survey
- Comprehensive services (a combination of exercise, education, counselling and/or support)
- A modular-type service (components depend on individual participant and resources but may contain any combination of exercise, education, medical treatment, referral to other services, counselling and/or support)
- Other (please specify)



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## Main Components and Providers

11. Which of the following components are routinely included in your service/program(s) for all participants? (select all which apply):

- Exercise training or physical activity advice
- General education (risk factors, heart disease, chest pain management, driving, return to usual role etc)
- Dietary advice/monitoring (may also include cooking instructions, label reading, shopping trips)
- Psychological advice/counselling (e.g. coping strategies, goal setting)
- Smoking cessation
- Relaxation/stress relief training
- Medication review/education
- Components vary based on individual participant and resources (may be chosen by participant or health professional)
- Other (please specify)

12. Which health care professionals are involved in the delivery of the cardiac rehabilitation service/program(s) to participants in your program? (select all which apply: *please note this may be via education/supervision, exercise prescription, one-on one consultation etc*)

- Cardiologist
- Doctor (other than Cardiologist)
- Nurse
- Physiotherapist
- Exercise Physiologist
- Occupational Therapist
- Nutritionist/Dietitian
- Psychologist
- Pharmacist
- Social Worker
- Physiotherapy Assistant
- Cultural Health Worker

Other (please specify)

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### Methods and Materials

13. What type of materials do you use to provide the educational component of your program? (select all which apply)

- We use materials specifically designed for cardiac rehabilitation such as the Heart Manual or CHOICE/COACH modules
- We use general health material produced by agencies, such as Heart Foundation material, QUIT smoking packs, Facts on Fat pamphlets etc
- We provide our own hand-outs, slides, talks etc designed by program staff
- We do not provide educational materials to participants
- We do not offer an educational component in our service

14. Do you use any pre-recorded or standardised materials for providing the exercise component to participants such as Heart Moves videos, the Heart Manual or other exercise videos or programs?

- Our program uses pre-designed exercise programs or DVDs such as Heart Moves, the Heart Manual, Zumba etc
- We deliver our own exercise program
- We refer our participants to other exercise services/programs e.g exercise physiologists, fitness instructor
- We do not offer an exercise component as part of our service

15. Do you use the following means to deliver any component of your rehabilitation service to your participants (select all which apply)

- Internet-based education
- Internet-based exercise monitoring
- Telephone-based education, counselling or monitoring
- Video/Teleconferencing
- None of the above
- Other non-traditional means e.g phone application, Skype (please specify)

16. If you use any of the above methods (e.g phone, internet, conferencing) for program delivery, please describe for which components they are used and their usual scheduling e.g *program participants log exercise daily with an online program, monthly phone calls from nurse to provide motivational support, group video-conferences weekly for various educational topics*

17. Do you use any of the following methods/tools as part of the exercise component of your service/program(s)? (select all which apply)

- Heart rate monitor
- Pedometer
- Telemetry/ECG monitoring on site
- Telemonitoring (via phone or internet)
- Exercise logs
- None of the above/not applicable

18. If you use any of the methods above (e.g. heart rate monitor, telemetry), are these used:

- At every session
- Only at some sessions (please specify)



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19. Do you routinely provide an exercise program (either supervised or unsupervised) to the majority of your participants?

- Yes
- No ->INELIGIBLE: exit survey
- We do not provide the exercise program ourselves but refer to other health care professionals or services e.g exercise physiologist, physiotherapist, walking program, gym, personal trainer (please specify below) ->INELIGIBLE: exit survey



## Nationwide survey of the provision and characteristics of exercise-based cardiac rehabilitation in Australia

### Exercise Component of Program

The next set of questions all relate to the exercise component of your program(s) and how it is usually provided.

If you run more than one variation of exercise program, please fill out this next set of questions for each program which you run (there will be an option to enter a second variation at the end of this section).

Feel free to contact the research staff at any time for further guidance with this process.

### Please enter details for Program 1 (or your only program) below:

20. Where is the exercise component of your cardiac rehabilitation program delivered? (select all which apply)

- Hospital-based gym or outpatient centre
- Community hall, park or centre
- Participant's home/local area
- Commercial gym e.g. Goodlife, Fitness First, YMCA
- Other/Combination of the above (please specify)



21. In what format is cardiac rehabilitation provided to participants:

- In a group setting
- On an individual basis
- As a combination of group and individual contacts *e.g education in a group setting but exercise at home individually* (please specify)

22. Which health professional routinely supervises the exercise component of your program? (select all which apply)

- Cardiologist
- Doctor (other than Cardiologist)
- Exercise Physiologist
- Nurse
- Occupational Therapist
- Physiotherapy Assistant
- Physiotherapist
- Unsupervised

Other (please specify)



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**Exercise Prescription Parameters  
(1)**

**Continue entering details for Program 1 (or your only program) below:**

23. How long is the exercise program which your service provides for each participant *e.g 8 weeks, 12 weeks, 6-8 weeks, ongoing*

24. What type of exercise modality is used by the participants in your program (select all which apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Treadmill     | <input type="checkbox"/> Walking (not on treadmill) | <input type="checkbox"/> Stair Climber   |
| <input type="checkbox"/> Cycle         | <input type="checkbox"/> Swimming                   | <input type="checkbox"/> Resistance training (weights, bands, dumbbells, machines) |
| <input type="checkbox"/> Cross-trainer | <input type="checkbox"/> Games/sports               | <input type="checkbox"/> Calisthenics/body weight exercises                        |
| <input type="checkbox"/> Rower         | <input type="checkbox"/> Pool                       |  |
| <input type="checkbox"/> Stepper       | <input type="checkbox"/> Arm Ergo                   |  |

Other (please specify)

25. Do participants choose which exercise modality they will perform or is it chosen for them

- Participants choose exercise modality
- Program staff choose exercise modality
- Both participants and staff choose modality

Other (please specify)

26. How does the exercise modality change throughout the program?

- Participants use the same exercise modality throughout the program
- Participants use a variety of modalities, changing regularly *e.g each session or week*
- Participants may use more than one modality within a single session *e.g circuit training*

27. Do you use any of the following styles of training in your program (select all that apply):

- Circuit training
- Yoga
- TaiChi
- Interval training

28. How many times per week are participants required to exercise as part of the prescribed rehabilitation program? *e.g attend the centre 3 times a week or home walking program 4 days per week*

29. Are they encouraged to undertake additional exercise at home or separate to that considered part of the prescribed rehabilitation program? If yes, please specify what and how this is monitored or recorded:

30. How long does each exercise session last (not the whole visit, just the time spent on exercise)

31. Do you prescribe an intensity for exercise training sessions in specific terms (e.g BORG scale, heart rate, VO2) or in more general terms such as "walk briskly" or "exercise at a level where you can just maintain conversation"

- Prescribed based on specific factors *e.g BORG, heart rate, VO2*
- Prescribed in general terms (please explain why)

32. Is the exercise intensity for training based on:

- Maximal or sub-maximal heart rate measured via exercise testing
- Maximal or sub-maximal VO2max measured via exercise testing
- Heart rate predicted from age
- Heart rate calculated via Karvonen method
- Heart rate calculated via Gellish method
- BORG scale of perceived exertion (6-20)
- Modified BORG scale of perceived exertion (1-10)
- Respiratory Rate

Other (please specify)

33. Please describe the level of intensity (or range of intensities) used in your exercise prescription *e.g 60% of maximal heart rate observed during treadmill testing, 11-13 on BORG scale, 75-85% age-predicted heart rate reserve*

34. Is the level of exercise (aerobic or resistance) progressed (either in terms of time, frequency or intensity) as participants move through the program?

- Yes
- No

35. If yes, is this progression at pre-specified points (e.g at week 3) or guided by participant monitoring and progress

- At pre-determined points
- Via participant progress/monitoring

36. If possible, please describe how this progression occurs e.g. "Participants are individually progressed through increasing levels of exercise by program staff based on symptoms and response to training". Or, "every 2 weeks the intensity of exercise is gradually increased, symptoms permitting". Or, "the resistance on the bike/speed on the treadmill/weight of dumbbells was increased every session, symptoms permitting"

37. Do participants undergo any form of exercise or fitness testing (select all which apply):

- before exercise training (initial assessment)?
- after exercise training?
- at 3 month follow-up?
- at 6 month follow-up?
- at 12 month follow-up?
- do not use any forms of objective fitness or exercise testing

38. What exercise or fitness test(s) are carried out at initial assessment?

- exercise (ECG) stress test (maximal)
- exercise (ECG) stress test (sub-maximal)
- other heart-rate based fitness test e.g. YMCA, step test, graded bike test
- 6 minute walk test
- shuttle walk test
- VO2 max measured (gas analysers)
- 10m time test
- timed up and go
- no objective exercise or fitness tests

Other (please specify)

39. Do you carry out any other types of fitness or exercise testing at a later stage (e.g use 6 minute walk test at baseline but ECG stress test at 12 month follow-up)

- No, we always use the same exercise/fitness test(s)
- We don't carry out any further exercise or fitness testing
- We don't carry out any fitness or exercise testing at all
- Yes (please specify)

40. What is/are the reasons for exercise or fitness testing? (select all which apply)

- to set exercise intensity/design exercise program
- to monitor disease or symptoms
- to measure progress and improvement
- risk stratification

Other (please specify)

41. Are participants encouraged to continue ongoing participation in a maintenance program or home-based exercise after completion? And if so how? (e.g. given maintenance programs, attend for regular check-ups)



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### Compliance with exercise sessions

These next questions relate to adherence/compliance with the exercise component of your program. When answering, consider the attendance at scheduled exercise sessions for centre-based programs or how often exercise sessions are recorded as completed for home-based programs.

This needs to be reported separately for each variation of exercise program you run

**Please continue to enter details for Program 1 (or your only program) below:**

42. For this particular program, do you keep either a record of attendance at supervised exercise sessions or monitor participant adherence with prescribed home exercise sessions?

- Yes ->Skip Logic directs to Q45
- No ->Continue to Q43



Nationwide survey of the provision and characteristics of exercise-based cardiac rehabilitation in Australia

**Compliance with exercise sessions (estimated)**

**Please continue to enter details for Program 1 (or your only program) below:**

43. To the best of your knowledge, could you estimate adherence to the exercise component of your program

- Less than 25% of participants who start your program finish it OR less than 25% of exercise sessions are attended or completed by participants
- 25-50% of participants who start your program finish it OR 25-50% of exercise sessions are attended or completed by participants
- 51-75% of participants who start your program finish it OR 51-75% of exercise sessions are attended or completed by participants
- More than 75% of participants who start your program finish it OR more than 75% of exercise sessions are attended or completed by participants

44. In your opinion are exercise sessions

- More often attended/completed than educational sessions
- Less often attended/completed than educational sessions
- Attended/completed the same amount as educational sessions
- Can't answer as don't offer both types of sessions



## Nationwide survey of the provision and characteristics of exercise-based cardiac rehabilitation in Australia

### Compliance with exercise sessions (recorded)

#### Please continue to enter details for Program 1 (or your only program) below:

45. Based on your records, please select which of the following best describes the adherence of participants with the exercise component of your program e.g if approximately 50% of participants who start your program finish it OR if approximately 50% of exercise sessions are attended or completed by participants then select 41-50%

- Less than 10%
- 10-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- More than 90%

46. In your opinion are exercise sessions

- More often attended/completed than educational sessions
- Less often attended/completed than educational sessions
- Attended/completed the same amount as educational sessions
- Can't answer as don't offer both types of sessions



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Please check "Yes" below if you run more than one variation of exercise program within your service

47. Do you need to enter data about another variation of exercise program which you run?

- Yes ->Continue with Qs 48 to 74
- No ->Skip Logic directs to Q75

Comments



## Nationwide survey of the provision and characteristics of exercise-based cardiac rehabilitation in Australia

### Exercise Component of Program 2

The next set of questions all relate to the exercise component of your program(s) and how it is usually provided.

If you run more than one variation of exercise program, please fill out this next set of questions for each program which you run (there will be an option to enter a second or third variation at the end of this section).

Feel free to contact the research staff at any time for further guidance with this process.

### Please enter details for Program 2 below:

48. Where is the exercise component of your cardiac rehabilitation program delivered? (select all which apply)

- Hospital-based gym or outpatient centre
- Community hall, park or centre
- Participant's home/local area
- Commercial gym e.g. Goodlife, Fitness First, YMCA
- Other/Combination of the above (please specify)



49. In what format is cardiac rehabilitation provided to participants:

- In a group setting
- On an individual basis
- As a combination of group and individual contacts *e.g education in a group setting but exercise at home individually* (please specify)

50. Which health professional routinely supervises the exercise component of your program? (select all which apply)

- Cardiologist
- Doctor (other than Cardiologist)
- Exercise Physiologist
- Nurse
- Occupational Therapist
- Physiotherapy Assistant
- Physiotherapist
- Unsupervised

Other (please specify)



Nationwide survey of the provision and characteristics of exercise-based cardiac rehabilitation in Australia

**Exercise Prescription Parameters  
(2)**

**Continue entering details for Program 2 below:**

51. How long is the exercise program which your service provides for each participant *e.g 8 weeks, 12 weeks, 6-8 weeks, ongoing*

52. What type of exercise modality is used by the participants in your program (select all which apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Treadmill     | <input type="checkbox"/> Walking (not on treadmill) | <input type="checkbox"/> Stair Climber  |
| <input type="checkbox"/> Cycle         | <input type="checkbox"/> Swimming                   | <input type="checkbox"/> Calisthenics/Body-weight exercises                             |
| <input type="checkbox"/> Cross-trainer | <input type="checkbox"/> Games/sports               | <input type="checkbox"/> Resistance Training (bands, dumbbells, free-weights, machines) |
| <input type="checkbox"/> Rower         | <input type="checkbox"/> Pool                       |   |
| <input type="checkbox"/> Stepper       | <input type="checkbox"/> Arm Ergo                   |   |

Other (please specify)

53. Do participants choose which exercise modality they will perform or is it chosen for them

- Participants choose exercise modality
- Program staff choose exercise modality
- Both participants and staff choose exercise modality

Other (please specify)

54. How does the exercise modality change throughout the program?

- Participants use the same exercise modality throughout the program
- Participants use a variety of modalities, changing regularly *e.g each session or week*
- Participants may use more than one modality within a single session *e.g circuit training*

55. Do you use any of the following styles of training in your program (select all that apply):

- Circuit training
- Yoga
- TaiChi
- Interval training

56. How many times per week are participants required to exercise as part of the prescribed rehabilitation program? *e.g attend the centre 3 times a week or home walking program 4 days per week*

57. Are they encouraged to undertake additional exercise at home or separate to that considered part of the prescribed exercise program? If yes, please specify what and how this is monitored or recorded:

58. How long does each exercise session last (not the whole visit, just the time spent on exercise)

59. Do you prescribe an intensity for exercise training sessions in specific terms (e.g BORG scale, heart rate, VO2) or in more general terms such as "walk briskly" or "exercise at a level where you can just maintain conversation"

- Prescribed based on specific factors *e.g BORG, heart rate, VO2*
- Prescribed in general terms (please explain why)

60. Is the exercise intensity for training based on:

- Maximal or sub-maximal heart rate measured via exercise testing
- Maximal or sub-maximal VO2max measured via exercise testing
- Heart rate predicted from age
- Heart rate calculated via Karvonen method
- Heart rate calculated via Gellish method
- BORG scale of perceived exertion (6-20)
- Modified BORG scale of perceived exertion (1-10)
- Respiratory Rate

Other (please specify)

61. Please describe the level of intensity (or range of intensities) used in your exercise prescription *e.g 60% of maximal heart rate observed during treadmill testing, 11-13 on BORG scale, 75-85% age-predicted heart rate reserve*

62. Is the level of exercise (aerobic or resistance) progressed (either in terms of time, frequency or intensity) as participants move through the program?

- Yes
- No

63. If yes, is this progression at pre-specified points (e.g at week 3) or guided by participant monitoring and progress

- At pre-determined points
- Via participant progress/monitoring

64. If possible, please describe how this progression occurs e.g. "Participants are individually progressed through increasing levels of exercise by program staff based on symptoms and response to training". Or, "every 2 weeks the intensity of exercise is gradually increased, symptoms permitting". Or, "the resistance on the bike/speed on the treadmill/weight of dumbbells was increased every session, symptoms permitting"

65. Do participants undergo any form of exercise or fitness testing (select all which apply):

- before exercise training (initial assessment)?
- after exercise training?
- at 3 month follow-up?
- at 6 month follow-up?
- at 12 month follow-up?
- do not use any forms of objective fitness or exercise testing

66. What exercise or fitness test(s) are carried out at initial assessment?

- exercise (ECG) stress test (maximal)
- exercise (ECG) stress test (sub-maximal)
- other heart-rate based fitness test e.g. YMCA, step test, graded bike test
- 6 minute walk test
- shuttle walk test
- VO2 max measured (gas analysers)
- 10m time test
- timed up and go
- no objective exercise or fitness tests

Other (please specify)

67. Do you carry out any other types of fitness or exercise testing at a later stage (e.g use 6 minute walk test at baseline but ECG stress test at 12 month follow-up)

- No, we always use the same exercise/fitness test(s)
- We don't carry out any further exercise or fitness testing
- We don't carry out any fitness or exercise testing at all
- Yes (please specify)

68. What is/are the reasons for fitness or exercise testing? (select all which apply)

- to set exercise intensity/design exercise program
- to monitor disease or symptoms
- to measure progress and improvement
- risk stratification

Other (please specify)

69. Are participants encouraged to continue ongoing participation in a maintenance program or home-based exercise after completion? And if so how? (e.g. given maintenance programs, attend for regular check-ups)



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### Compliance with exercise sessions (Program 2)

These next questions relate to adherence/compliance with the exercise component of your program. When answering, consider the attendance at scheduled exercise sessions for centre-based programs or how often exercise sessions are recorded as completed for home-based programs.

This needs to be reported separately for each variation of exercise program you run

**Please continue to enter details for Program 2 below:**

70. For this particular program, do you either keep a record of attendance at supervised exercise sessions or monitor participant adherence with prescribed home exercise sessions?

- Yes ->Skip Logic directs to Q73
- No ->Continue to Q71



Nationwide survey of the provision and characteristics of exercise-based cardiac rehabilitation in Australia

**Compliance with exercise sessions (estimated for Program 2)**

**Please continue to enter details for Program 2 below:**

71. To the best of your knowledge, could you estimate adherence to the exercise component of your program

- Less than 25% of participants who start your program finish it OR less than 25% of exercise sessions are attended or completed by participants
- 25-50% of participants who start your program finish it OR 25-50% of exercise sessions are attended or completed by participants
- 51-75% of participants who start your program finish it OR 51-75% of exercise sessions are attended or completed by participants
- More than 75% of participants who start your program finish it OR more than 75% of exercise sessions are attended or completed by participants

72. In your opinion are exercise sessions

- More often attended/completed than educational sessions
- Less often attended/completed than educational sessions
- Attended/completed the same amount as educational sessions
- Can't answer as don't offer both types of sessions



Nationwide survey of the provision and characteristics of exercise-based cardiac rehabilitation in Australia

**Compliance with exercise sessions (recorded for Program 2)**

**Please continue to enter details for Program 2 below:**

73. Based on your records, please select which of the following best describes the adherence of participants with the exercise component of your program *e.g if approximately 50% of participants who start your program finish it OR if approximately 50% of exercise sessions are attended or completed by participants then select 41-50%*

- Less than 10%
- 10-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- More than 90%

74. In your opinion are exercise sessions

- More often attended/completed than educational sessions
- Less often attended/completed than educational sessions
- Attended/completed the same amount as educational sessions
- Can't answer as don't offer both types of sessions



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**Copy of page:**

If you run a third variation of exercise program please tick "Yes" below and provide a brief explanation of how it differs from the other programs you offer. If necessary we may follow this up with you in the future.

75. Do you need to enter data about another variation of exercise program which you run?

- No
- Yes (please specify)



### Nationwide survey of the provision and characteristics of exercise-based cardiac rehabilitation in Australia

#### Evidence-based practices

The next set of general questions is related to clinical guidelines and research evidence that may be used to inform the content and structure of cardiac rehabilitation programs

76. Do you know which of the following health professionals were part of the team who first established your program and played a role in determining the content and nature of the service?

- Cardiologist/doctor
- Nurse
- Allied health staff
- Hospital/Health service administration
- Not sure

Other (please specify)



77. Do you know if your cardiac rehabilitation program, and more specifically the exercise component, is based on any local, national or international clinical guidelines e.g *Recommended Framework for Cardiac Rehabilitation (National Heart Foundation)*, *Best Practice Guidelines for Cardiac Rehabilitation and Secondary Prevention (Human Services Victoria)*, *American College of Sports medicine Guidelines* etc if so please list

Not sure

No

Yes (please specify)

78. Can you list the rationale behind why you provide the specific exercise program and cardiac rehabilitation service that you do? e.g *based on clinical guideline, based on research study, reasons related to cost, reasons related to location or distance, staff preference, unsure*



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79. If you have any additional information about your program(s) or our study please share below



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Thank you for taking the time to complete this survey. If you have any further questions please email **[babell@bond.edu.au](mailto:babell@bond.edu.au)**

80. We may need to follow-up answers to particular survey questions with a brief email.

- Yes, you can contact me via email to follow-up
- Please do not contact me for follow-up