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THE IMPACT OF CARDIAC REHABILITATION  
FOLLOWING HEART VALVE SURGERY  
FAMILY MEMBER

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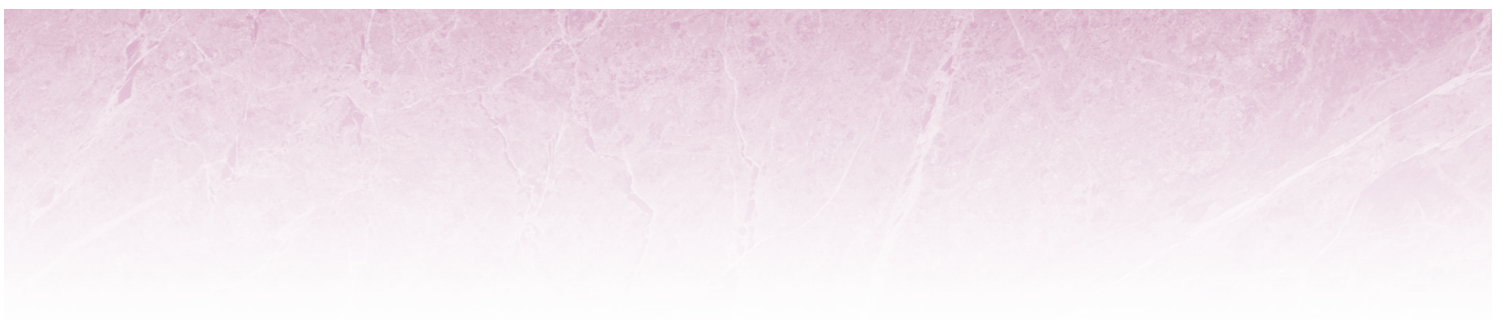
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# The Impact of Cardiac Rehabilitation following Heart Valve Surgery, Family Member



Survey Research Center



Clinic Number Name Address Phone Number
According to our records, you had heart surgery on ____ / ____ / ____ and were discharged on month    day            year
____ / ____ / ____ month    day            year

**Please enter above any missing information or change any that is incorrect.**

**INSTRUCTIONS: PLEASE CHECK THE APPROPRIATE BOX OR FILL IN THE BLANK AS INDICATED.**

Cardiac Rehabilitation is a program that helps patients recover from heart surgery. Cardiac rehabilitation also helps patients improve their heart health. The program is overseen by health care professionals. Patients usually exercise on a treadmill or stationary bicycle for 30 to 60 minutes. They have between 2 to 3 exercise sessions per week in the first few months after they return home from the hospital. Exercise sessions occur in a hospital, clinic, or other medical center. These sessions always include heart monitoring.

We would like to know if your family member participated in a cardiac rehabilitation program following their heart surgery. When answering these questions, think only about that first year after your family member's surgery with the date noted above.

1. Today's Date:    \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                                 Month    Day            Year

2. During your family member's hospital stay for their heart surgery, did anyone talk to them about cardiac rehabilitation?

1  Yes      2  No      3  Don't remember

3. During your family member's hospital stay for their heart surgery, did someone refer them to a cardiac rehabilitation program?

1  Yes      2  No      3  Don't remember

4. During any outpatient clinic visits your family member had during the year after their heart surgery, did someone refer them to a cardiac rehabilitation program? (Do not include a referral they received while in the hospital.)

1  Yes      2  No      3  Don't remember

**In what month and year was the referral made?**

\_\_\_\_ / \_\_\_\_  
 Month    Year

5. In the year following your family member's heart surgery, did they attend an orientation or introductory session in a cardiac rehabilitation program?

- 1  Yes      2  No      3  Don't remember

In what month and year did they attend a cardiac rehabilitation orientation?

\_\_\_ / \_\_\_  
 Month    Year

6. In the year following your family member's heart surgery, did they ever attend at least one exercise session in an outpatient cardiac rehabilitation program? (Do not include exercise done as part of a stress test, personal exercise program, other group exercise program, or while hospitalized.)

- 1  Yes      2  No      3  Don't know

In what month and year did your family member first attend an exercise session in cardiac rehabilitation?

\_\_\_ / \_\_\_  
 Month    Year

In which city and state did your family member first attend an exercise session in cardiac rehabilitation?

Please write the city and state. \_\_\_\_\_  
City State

On average, how many days per week did your family member attend cardiac rehabilitation following your heart surgery?

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Less than 1 session per week | 4 <input type="checkbox"/> 3 sessions per week         |
| 2 <input type="checkbox"/> 1 session per week           | 5 <input type="checkbox"/> 4 or more sessions per week |
| 3 <input type="checkbox"/> 2 sessions per week          | 6 <input type="checkbox"/> Unsure                      |

For about how many weeks did your family member attend cardiac rehabilitation following their heart surgery?

\_\_\_ weeks

Did your family member finish the full cardiac rehabilitation program that was recommended to them by their health providers? In other words, did they complete the recommended course of cardiac rehabilitation?

- 1  Yes      2  No      3  Don't know

**7. What was your family member's primary health insurance or health coverage plan at the time of their heart surgery?**

- 1  Insurance obtained through a current or former employer or union (by your family member or another family member)
- 2  Insurance purchased directly from an insurance company (by your family member or another family member)
- 3  Medicare, for people 65 and older, or people with certain disabilities
- 4  Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or disability
- 5  Uninsured/self-pay
- 6  Other, please specify: \_\_\_\_\_

**8. Which of the following categories best describes your family member's employment status at the time of their heart surgery?**

- 1  Employed, working 40 or more hours per week
- 2  Employed, working 1 to 39 hours per week
- 3  Unemployed, looking for work
- 4  Unemployed, not looking for work
- 5  Retired
- 6  Disabled, not able to work

**What best describes your family member's employment prior to their heart surgery?**

- 1  Manual labor
- 2  Clerical
- 3  Professional or managerial
- 4  Other

**Did your family member return to their prior employment at any point after their heart surgery?**

- 1  Yes    2  No    3  Don't know

**Approximately how many weeks after your family member's heart surgery did they return to their prior employment?**

\_\_ \_\_ weeks                       Don't know

**9. What is your relationship with your family member who had heart surgery?**

1  Spouse or partner

2  Parent

3  Child

4  Sibling

5  Health care provider

6  Other, please specify: \_\_\_\_\_





