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THE IMPACT OF CARDIAC REHABILITATION FOLLOWING HEART VALVE SURGERY

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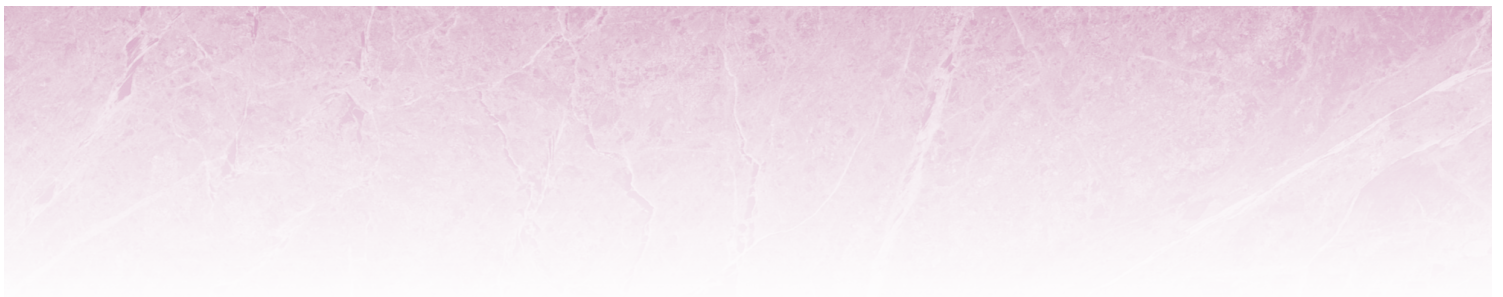
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INCLUDE:



The Impact of Cardiac Rehabilitation following Heart Valve Surgery



Survey Research Center

1-7

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

8-15

16-23

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. Heart health educational classes are common.

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

24-31

1. Today's Date: ___ / ___ / ___
Month Day Year

2. During your hospital stay for your heart surgery, did anyone talk to you about cardiac rehabilitation?

32

1 Yes 2 No 3 Don't remember

3. During your hospital stay for your heart surgery, did someone refer you to a cardiac rehabilitation program?

33

1 Yes 2 No 3 Don't remember

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

34

1 Yes 2 No 3 Don't remember

35-40

In what month and year was the referral made?
___ / _____
Month Year

5. In the year following your heart surgery, did you 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 you attend a cardiac rehabilitation orientation?

___ / ___
Month Year

6. In the year following your heart surgery, did you 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 you first attend an exercise session in cardiac rehabilitation?

___ / ___
Month Year

In which city and state did you first attend an exercise session in cardiac rehabilitation?

Please write the city and state. _____
City State

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

1 Less than 1 session per week 4 3 sessions per week
2 1 session per week 5 4 or more sessions per week
3 2 sessions per week 6 Unsure

For about how many weeks did you attend cardiac rehabilitation following your heart surgery?

___ weeks

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

1 Yes 2 No 3 Don't know

7. **What was your primary health insurance or health coverage plan at the time of your heart surgery?**

60

- 1 Insurance obtained through a current or former employer or union (by you or another family member)
- 2 Insurance purchased directly from an insurance company (by you 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 employment status at the time of your heart surgery?**

61

- 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

62

What best describes your employment prior to your heart surgery?

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

Did you return to your prior employment at any point after your heart surgery?

63

- 1 Yes
- 2 No
- 3 Don't know

Approximately how many weeks after your heart surgery did you return to your prior employment?

64-65

__ __ weeks

9. Please answer the following questions regardless of whether you attended or did not attend cardiac rehabilitation. Your answers are important.

In what way did your exercise habits change in the 6 months following your heart surgery?

- 66
- | | |
|--|--|
| 1 <input type="checkbox"/> Greatly worsened | 5 <input type="checkbox"/> Somewhat improved |
| 2 <input type="checkbox"/> Moderately worsened | 6 <input type="checkbox"/> Moderately improved |
| 3 <input type="checkbox"/> Somewhat worsened | 7 <input type="checkbox"/> Greatly improved |
| 4 <input type="checkbox"/> No change | |

In what way did your personal stress levels change in the 6 months following your heart surgery?

- 67
- | | |
|--|--|
| 1 <input type="checkbox"/> Greatly worsened | 5 <input type="checkbox"/> Somewhat improved |
| 2 <input type="checkbox"/> Moderately worsened | 6 <input type="checkbox"/> Moderately improved |
| 3 <input type="checkbox"/> Somewhat worsened | 7 <input type="checkbox"/> Greatly improved |
| 4 <input type="checkbox"/> No change | |

In what way did your dietary habits change in the 6 months following your heart surgery?

- 68
- | | |
|--|--|
| 1 <input type="checkbox"/> Greatly worsened | 5 <input type="checkbox"/> Somewhat improved |
| 2 <input type="checkbox"/> Moderately worsened | 6 <input type="checkbox"/> Moderately improved |
| 3 <input type="checkbox"/> Somewhat worsened | 7 <input type="checkbox"/> Greatly improved |
| 4 <input type="checkbox"/> No change | |

In answering questions 10 through 13:

Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal.

Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

10. During the last 7 days, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

Think about *only* those physical activities that you did for at least 10 minutes at a time.

69-70

1 none

__ days per week



How much time in total did you usually spend on one of those days doing vigorous physical activities?

71-74

__ __ hours __ __ minutes

11. Again, think *only* about those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis. Do not include walking.

75-76

1 none

— days per week



How much time in total did you usually spend on one of those days doing vigorous physical activities?

77-80

— — hours — — minutes

12. During the last 7 days, on how many days did you walk for at least 10 minutes at a time? This includes walking at work and at home, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise, or leisure.

81-82

1 none

— days per week



How much time in total did you usually spend on one of those days doing vigorous physical activities?

83-86

— — hours — — minutes

13. This next question is about the time you spent sitting on weekdays while at work, at home, while doing course work, and during leisure time. This includes time spent sitting at a desk, visiting friends, reading, traveling on a bus, or sitting or lying down to watch television.

During the last 7 days, how much time in total did you usually spend *sitting* on a week day?

87-90

— — hours or — — minutes

14. Has a doctor told you that you should currently be taking medication(s) for your heart condition?

1 Yes 2 No 3 Don't know

Do you ever forget to take your heart medicines?

1 Yes 2 No

Do you ever have problems remembering to take your heart medicines?

1 Yes 2 No

When you feel better, do you sometimes stop taking your heart medicines?

1 Yes 2 No

Sometimes if you feel worse when you take your heart medicines, do you stop taking them?

1 Yes 2 No

15. In a typical day, how many servings of fruit do you eat each day? (A serving of fruit is the size of a tennis ball or a small apple; a whole banana equals 2 servings.)

__ __ Servings per day

16. In a typical day, how many servings of vegetables do you eat each day? (A serving of vegetables is 1/2 cup cooked or 1 cup raw.)

__ __ Servings per day

17. Who filled out this survey?

1 Myself (without assistance)

2 Myself (with assistance)

3 Spouse or partner

4 Parent

5 Health care provider

6 Other, please specify: _____

