

Supplementary Online Content

Kureshi F, Kennedy KF, Jones PG, et al. Association between cardiac rehabilitation participation and health status outcomes after acute myocardial infarction. *JAMA Cardiol.* Published online October 19, 2016. doi:10.1001/jamacardio.2016.3458

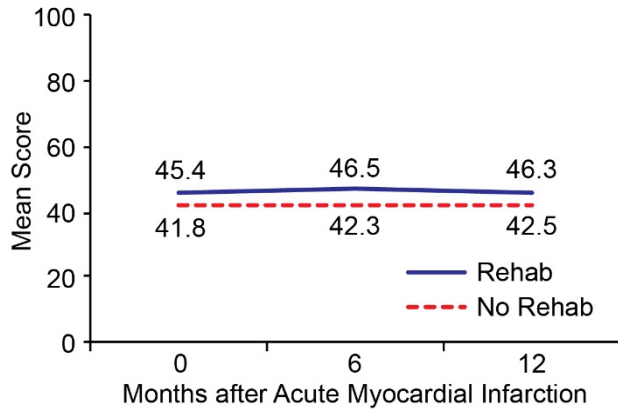
eFigure 1. Mean Short Form-12 (SF-12) Physical Component Summary (PCS) and Mental Component Summary (MCS) Scores of Cardiac Rehabilitation Participants (n=2015) and Nonparticipants (n=2914) During 12 Months After Acute Myocardial Infarction

eFigure 2. Propensity Scatter Plot Used for Matching Cardiac Rehabilitation Participants and Nonparticipants

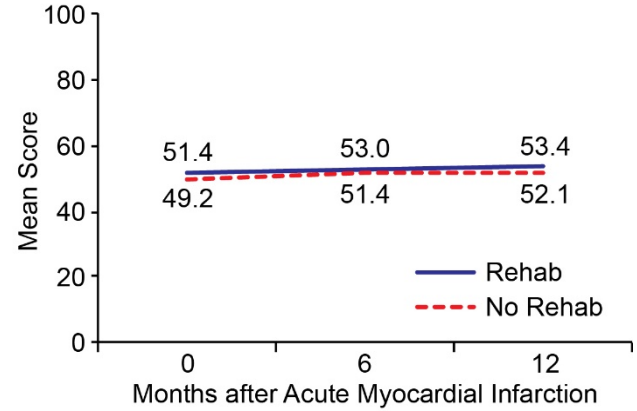
eFigure 3. Standardized Differences of Patient Covariates Before and After Propensity Matching

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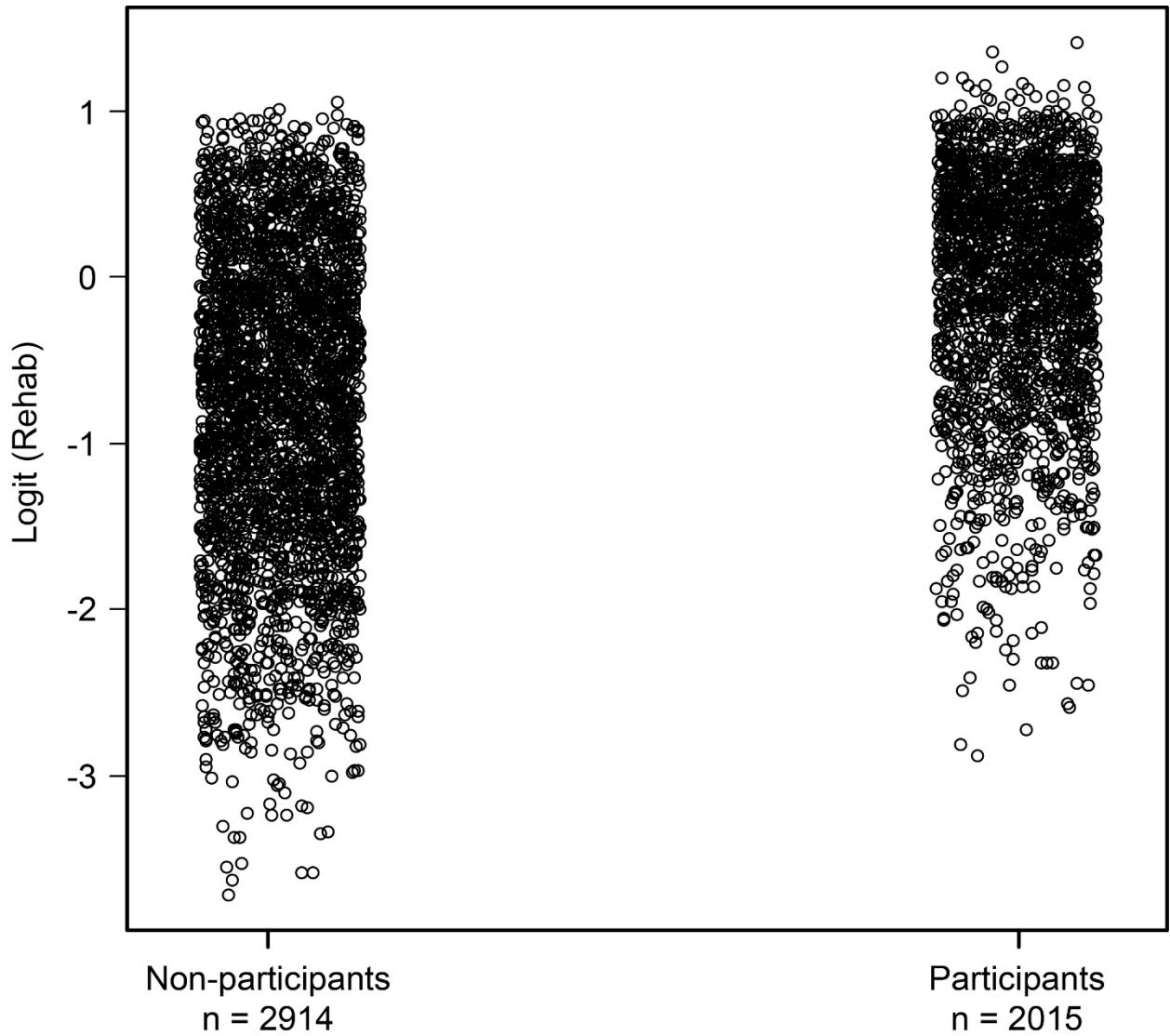
A. SF-12 PCS Score



B. SF-12 MCS Score

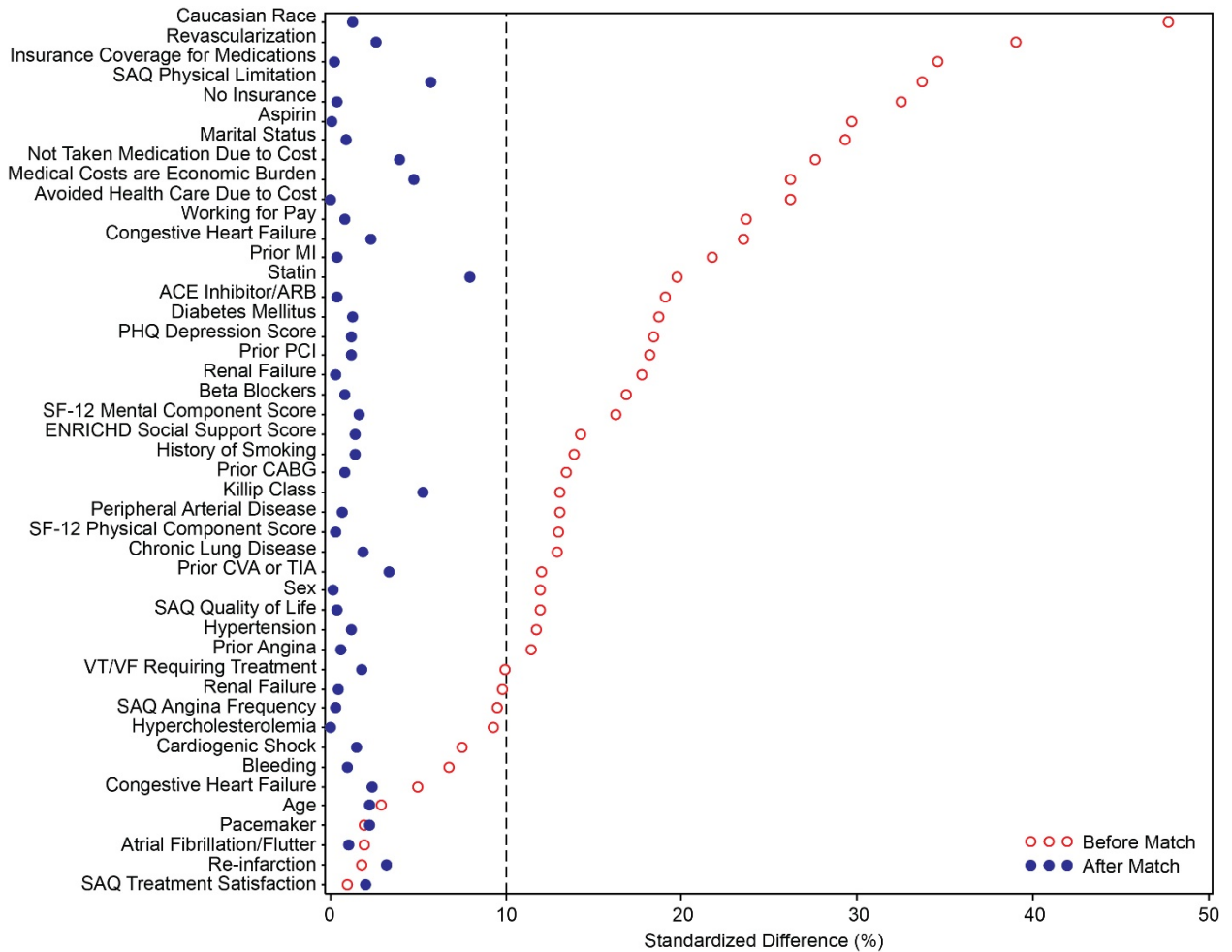


eFigure 2. Propensity Scatter Plot Used for Matching Cardiac Rehabilitation Participants and Nonparticipants



Logit (Rehab) on the y-axis indicates the logit of patient propensity score for the likelihood of participating in Cardiac rehabilitation based on observed covariates.

eFigure 3. Standardized Differences of Patient Covariates Before and After Propensity Matching



*A Standardized Difference >10% for a patient characteristic is generally accepted to denote inadequate balance between groups

PHQ, Patient Health Questionnaire; ENRICHD, Enhancing Recovery in Coronary Heart Disease; CABG, Coronary Artery Bypass Grafting; MI, Myocardial Infarction; PCI, Percutaneous Coronary Intervention; CVA, Cerebrovascular accident; TIA, Transient Ischemic Attack; VT, Ventricular Tachycardia; VF, Ventricular Fibrillation; SAQ, Seattle Angina Questionnaire; SF-12, Short Form 12; ACE, Angiotensin Converting Enzyme; ARB, Angiotensin Receptor Blocker