Audit Questions:

<u>*Depending on the respondents answer they will be directed to specific areas of the survey via the complex routing process online</u>

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- 1. What is your occupation?
 - a. Vascular consultant
 - b. Vascular registrar
 - c. Nurse
 - d. Physiotherapist
 - e. Exercise professional
 - f. Occupational therapist
 - g. Other
- 2. What city / town are you located in?
- 3. Please provide the name of your hospital trust

Page 3

- 1. Do you have access to an exercise programme for patients with peripheral arterial disease?** This is a routing question
 - a. Yes
 - b. No
 - c. I don't know

Page 4

- 1. Where is your exercise programme located?
 - a. Hospital
 - b. Community leisure facility
 - c. Spoke service
 - d. Other (free text)
- 2. How is the exercise programme funded?
 - a. Research funded only
 - b. NHS funded only
 - c. Both
 - d. I don't know
 - e. Other (free text)

- 3. Do you know how many people were eligible or completed exercise programmes?** This is a routing question
 - a. Yes
 - b. No
 - c. I don't know

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- 1. Please provide the number of eligible patients referred to the exercise programme in the last year. If unsure, please write I don't know (free text).
- 2. Please provide the number of patients who started the exercise programme in the last year. If unsure, please write, I don't know (free text).
- 3. Please provide the number of patients who completed the programme. If unsure, please write I don't know (free text).

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- 1. Who is the clinical lead for the exercise programme?
 - a. Vascular consultant
 - b. Nurse
 - c. Physiotherapist
 - d. Occupational therapist
 - e. Exercise professional
 - f. Other (free text)
- 2. Who is responsible for the day-to-day running of the programme (i.e. taking the exercise sessions)?
 - a. Vascular nurse
 - b. Physiotherapist
 - c. Physiotherapy assistant
 - d. Exercise professional
 - e. Other (open text box)
- 3. Does anyone else assist in the day-to-day running of the programme?
 - a. No
 - b. Nurse
 - c. Physiotherapist
 - d. Physiotherapy assistant
 - e. Exercise professional
 - f. Other (free text)

- 4. Does the person responsible for the day-to-day running of the exercise programme have any specific exercise qualifications (select all that apply).
 - a. No
 - b. British Association for Cardiovascular Prevention and Rehabilitation (BACPR) Exercise Instructor
 - c. British Association of Sport and Exercise Sciences (BASES) Accreditation
 - d. BASES Certified Exercise Practitioner
 - e. American College of Sport Medicine (ACSM) Clinical Exercise Physiologist
 - f. Register of Exercise Professionals (REPS)
 - g. I don't know
 - h. Other (open text box)
- 5. Do you provide any formal education to patients prior to entering an exercise programme, outside of the routine clinic appointments? Please select all that apply.
 - a. No
 - b. We provide comprehensive education including; smoking cessation, lifestyle and behaviour advice, dietary guidance, information about the disease and how to manage it.
 - c. Smoking cessation and exercise advice
 - d. Smoking cessation
 - e. Exercise advice
 - f. Behaviour intervention
 - g. Dietary guidance
 - h. I don't know
 - i. Other (free text)
- 6. Do you provide patients with recommendations for increasing their habitual activity levels such as home exercise programme planning? This must be in addition to supervised exercise.
 - a. No
 - b. Home-exercise booklet
 - c. Pedometer
 - d. Smart watch
 - e. Mobile app
 - f. Regular phone calls
 - g. Other
- 7. Do you assess patients' cardiovascular risk factors prior to entering an exercise programme?** This is a routing question
 - a. Yes
 - b. No
 - c. I don't know

- 1. What risk factors do you assess? Please select all that apply
 - a. Baseline blood pressure
 - b. Height
 - c. Weight
 - d. BMI
 - e. Waist circumference
 - f. Smoking status
 - g. Cholesterol level
 - h. If the patient is on best medical therapy
 - i. Other (free text)

Page 8

- 1. Do patients undergo baseline testing prior to entering an exercise programme?** This is a routing question
 - a. Yes
 - b. No
 - c. I don't know

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- 1. What baseline measures do you take from patients? Please select all that apply.
 - a. ABPI at rest
 - b. ABPI after exercise
 - c. Pain-free and maximum walking distance via a graded treadmill test
 - d. Pain-free and maximum walking distance via a constant load treadmill test
 - e. Incremental shuttle walk test
 - f. Six-minute walking distance
 - g. CPET
 - h. Spirometry
 - i. Strength assessment (such as a one repetition max)
 - j. Other (free text)

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- 1. Do you undertake any quality of life assessment on patients prior to entering the exercise programme? Please select all that apply
 - a. We don't do any quality of life assessment
 - b. Walking impairment questionnaire
 - c. Short-Form 36
 - d. VascuQol
 - e. ED-5Q
 - f. Edinburgh claudication questionnaire

- g. Hospital Anxiety and Depression Scale
- h. I don't know
- i. Other (free text)
- 2. Following baseline testing, do the instructors follow any specific guidelines for their exercise prescription, if so what?
 - a. Patients "self-prescribe"
 - b. Prescribed on the claudication pain scale (e.g. 0-4 or 1-5).
 - c. Prescribed as a % of HRmax
 - d. Prescribed as a % of HRreserve
 - e. Prescribed on the rating of perceived exertion (RPE)
 - f. Other (free text)
- 3. How long does your exercise programme last (in weeks)? If unsure, please write "I don't know"
- 4. How many times does your patient attend supervised classes per week? If unsure, please write "I don't know"
- 5. How long do the individual sessions last (in minutes)? If unsure, please write "I don't know"
- 6. How do you record session attendance? If unsure, please write "I don't know"
- 7. Is your programme a group-based programme and if so, how many people on average take part in the exercise programme?** This is a routing question
 - a. Yes
 - b. No
 - c. I don't' know

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- 1. How many patients on average take in the exercise programme per week?
 - a. Less than 5
 - b. 5-10
 - c. 10 15
 - d. More than 15
 - e. I don't know
 - f. Other
- 2. Is the primary condition for your group-based programme peripheral arterial disease? This means the class is exclusively provided for vascular patients as a vascular service.
 - a. Yes
 - b. We have PAD patients in a cardiac rehabilitation setting

- c. We have PAD patients in a pulmonary rehabilitation setting
- d. We have PAD patients in a multi-morbidity rehabilitation setting
- e. Other (free text

<u>Page 12</u>

- 1. What type of exercises do you undertake as part of your programme?
 - a. Walking on a treadmill only
 - b. Walking in a gym facility only
 - c. Circuit format which includes a component of walking
 - d. Circuit training only
 - e. Resistance training only
 - f. A combination of walking and resistance training
 - g. Upper-body cycling exercise
 - h. High-intensity interval training
 - i. I don't know
 - j. Other (free text)
- 2. When a patient completes an exercise programme do you undertake follow-up testing?
 - a. ABPI at rest
 - b. ABPI after an exercise test
 - c. Pain-free and maximum walking distance via a graded treadmill test
 - d. Pain-free and maximum walking distance via a constant load treadmill test
 - e. Incremental shuttle walk test
 - f. Six-minute walk test
 - g. CPET
 - h. Spirometry
 - i. Strength measures (such as one repetition maximum)
 - j. We don't undertake follow up
 - k. I don't know
 - 1. Other (free text)
- 3. When patients don't want to undertake an exercise programme what barriers are cited? Please select all that apply
 - a. Time (getting to the programme)
 - b. Time (not enough personal time)
 - c. No transport / inability to access public transport
 - d. Not financially able to attend the programme
 - e. Too much pain when walking
 - f. Work commitments
 - g. Other (free text)
- 4. What resources would you use to make changes to your exercise programme? Please select all that apply

- a. National guidance such as NICE
- b. Charity information pages, such as the Circulation Foundation
- c. Latest research articles
- d. Sport and exercise science statements
- e. Word of mouth / expert opinion
- f. Other (free text)
- 5. What would help you improve your exercise programme? Please select the most important factor to you.**This is a routing question
 - a. Additional staff members with expertise
 - b. More funding
 - c. Access to exercise facilities
 - d. More resources such as equipment
 - e. More support from senior staff members
 - f. Better knowledge
 - g. No improvement needed
 - h. Other (free text)

Page 13 * Directed from page 3 question

- 1. What information do you provide to patients if you don't have a specific exercise programme? Please select all that apply
 - a. Basic walking advice
 - b. Structured exercise advice (with specific prescription)
 - c. Smoking cessation guidance
 - d. Home exercise booklet
 - e. Dietary guidance
 - f. Nothing
 - g. I don't know
 - h. Other (free text)
- 2. What do you think are the barriers to implementing an exercise programme in your trust? Please select all that apply
 - a. Funding
 - b. Expertise
 - c. Equipment
 - d. Facilities to deliver the sessions
 - e. Staffing
 - f. Other (free text)
- 3. Where would you look for information about starting an exercise programme? Please select all that apply
 - a. Academic journals / papers
 - b. Charity websites such as the Circulation Foundation

- c. Clinical guidance such as NICE
- d. Expert knowledge / opinion
- e. Other (free text)
- 4. What would help you implement an exercise programme?

Page 14 – all respondents to answer

- 1. Do you think taking part in an exercise programme is important to patients?
 - a. Not at all important
 - b. Slightly important
 - c. Moderately important
 - d. Very important
 - e. Extremely important
- 2. Do you think exercise programmes are valued and prioritised by clinicians in your centre?
 - a. Not at all important
 - b. Slightly important
 - c. Moderately important
 - d. Very important
 - e. Extremely important
- 3. Do you think exercise programmes are valued and prioritised by commissioning groups and funding bodies?
 - a. Not at all important
 - b. Slightly important
 - c. Moderately important
 - d. Very important
 - e. Extremely important