|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please indicate how much you agree or disagree with the following statements regarding cardiac rehabilitation (CR):**  | **Strongly Agree** | **Agree** | Neutral | **Disagree** | **Strongly Disagree** | **N/A** |
| **1.** Clinical practice guidelines promote referral to CR\* | [ ]  | [ ] [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **2.** My colleagues generally refer patients to CR\* | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **3.** My department/practice generally refers all eligible patients to CR as a standard of care\* | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **4.** Reimbursement policies are a financial disincentive to CR referral | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **5.** Follow-up care, including referral, is handled by another healthcare professional | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **6.** I generally intend to refer patients to CR\* | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **7**. I am not familiar with the CR programs in my area | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **8**. I am not familiar with CR sites outside my geographic area | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **9.** There is no standard referral form for CR, making it more effort to refer to sites closest to patients’ homes | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **10.** An allied health professional fills out referral forms on my behalf\* | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **11.** It is inconvenient to make a referral to CR | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **12.** I prefer to manage my patients’ secondary prevention myself | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **13.** I have patient education materials in my office that are sufficient for promoting behavioural change | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **14.** I can prescribe an exercise regimen for my patients myself | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **15.** Female cardiac patients generally don’t like to exercise | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **16.** I am skeptical about the benefits of CR | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **17.** The available CR program is of poor quality | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **18.** I have had a bad experience with a CR program | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **19.** The CR program does not provide me with patient discharge summaries | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**20.** What are the most important factors that affect your referral of patients to cardiac rehabilitation?

\*Reverse-scored items

n/a = not applicable.