

CARDIAC REHABILITATION BARRIERS SCALE-REVISED

Cardiac rehabilitation is a program where you have sessions of exercise and education / counseling over time in-person and/or via technology, and work with a healthcare team to reduce your heart risk factors. The following questions ask about the factors influencing your participation in cardiac rehabilitation. Please select one option for each question row regardless of whether you attended or **did not** attend a cardiac rehabilitation program.

I did not attend a cardiac rehabilitation program, or if I did participate, I missed or may miss some sessions with the therapist(s) or home exercise because:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Not Applicable
1. ...of distance (e.g., no program located in your area, too far to travel for in-person sessions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...of cost (e.g., program services if applicable; transportation costs such as parking, gas; rehab supplies such as shoes, exercise equipment, devices / trackers, education materials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...of challenges getting to in-person sessions (e.g., access to suitable motor vehicle/car or public transportation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ...of family responsibilities (e.g., caregiving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ...I didn't know about cardiac rehab (e.g., doctor didn't tell me about it or refer me, or there does not seem to be a program to which I could be referred)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ...I don't need cardiac rehab (e.g., feel well, heart problem treated, not serious)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ...I already exercise at home, or in my community so don't feel I need cardiac rehab, or I already had a chronic disease management program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ...of bad weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ...I find exercise tiring or painful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ...of travel (e.g., holidays, business, cottage, visiting family out-of-town)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ...of other time constraints (e.g., too busy, inconvenient class time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ...of work responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. ...I don't have the energy, or am feeling down / hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. ...other health problems prevent me from going (specify:_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. ...I am too old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. ...my doctor did not feel it was necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. ... I don't think it will help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. ... I can manage my heart problem without a cardiac rehab program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. ... I am not interested in the program or motivated to go, or I do not like it (e.g., unhelpful staff, unsure how to do exercises)

20. ...it took too long to get into the program

21. ...I prefer to exercise alone, not in a group

22. Other reason (s) for not attending cardiac rehabilitation:
