

PROVIDER ATTITUDES TOWARD CARDIAC REHABILITATION & REFERRAL SCALE (PACRR) – REVISED

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*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My colleagues generally refer patients to CR*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My department/practice generally refers all eligible patients to CR as a standard of care* (e.g., automatic referral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reimbursement policies are a financial disincentive to CR referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow-up care, including referral, is handled by another healthcare professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I generally intend to refer patients to CR*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am not familiar with the CR programs in my area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am not familiar with CR sites outside my geographic area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. There is no standard referral form for CR, making it more effort to refer to sites closest to patients' homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. An allied health professional fills out referral forms on my behalf*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. It is inconvenient to make a referral to CR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I prefer to manage my patients' secondary prevention myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I have patient education materials in my office that are sufficient for promoting behavioural change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I can prescribe an exercise regimen for my patients myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I don't want to spend my time referring, as my patients are not motivated to go or to exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am skeptical about the benefits of CR for my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The available CR program is of poor quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I have had a bad experience with a CR program (e.g., patient reported dislike, did not receive discharge summary, patient had adverse event, program changed medications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Patients have too many barriers to attend CR (e.g., can't pay for, distance, time conflicts), so there is no point in referring them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I often have concerns about safety or risk in CR related to my patient's clinical status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Reverse-scored items; see next page for open-ended item.
n/a = not applicable.

February 2023

Ghisi, G.L.M., & Grace, S.L. (2019). Validation of the Provider Attitudes toward Cardiac Rehabilitation & Referral (PACRR) scale. [Heart, Lung & Circulation;28\(8\):1218-1224.](#)

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

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