**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)  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 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) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 3. …of challenges getting to in-person sessions (e.g., access to suitable motor vehicle/car or public transportation) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 4. …of bad weather conditions (e.g., hot, cold temperatures; precipitation, winds, flooding; air pollution)  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 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) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 6. …I don’t need cardiac rehab (e.g., feel well, heart problem treated, not serious) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 7. …my doctor or other healthcare providers did not feel it was necessary or encourage me | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 8. … I don’t think it will help me | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 9. …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 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 10. …of work responsibilities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 11 …of family responsibilities (e.g., caregiving) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 12. …of other time constraints (e.g., too busy, inconvenient class time, other medical appointments) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 13. …of travel (e.g., holidays, business, cottage, visiting family out-of-town) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 14. …I don’t have the energy, or am feeling down / hopeless | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 15. …I find exercise tiring or painful | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 16. …other health problems, risks or illness prevent me from going (specify:\_\_\_\_\_\_\_\_\_\_\_) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 17. …of technology barriers (e.g., no device, internet connection, cannot get it to work) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 18. … I can manage my heart problem without a cardiac rehab program | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 19. … I am not interested in the program or motivated to go, or I do not like it (e.g., staff, 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:

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