

SA Cardiac Rehabilitation Services Patient Reported Experience Measures (PREMS) Questionnaire

Congratulations on completing your recent Cardiac Rehabilitation program.

We hope you now have all the skills and knowledge for heart health for life. Because we wish to deliver health care that is consumer focused, your thoughts and feedback are very valuable to us.

As a participant in our cardiac rehabilitation program, we would value your assistance with the continued improvement of our service by providing us with your feedback using the following evaluation form.

Your feedback will remain anonymous unless you wish us to contact you for detailed feedback about any matter of concern.

Your anonymous feedback may also be used for research purposes and consent to do this will be implied by completing this evaluation form.

The evaluation form is very short and easy to complete and will take only 10 minutes of your time. Remember your thoughts and feedback are very valuable to us and we take all feedback seriously.



In the first section we will ask a few short questions about yourself, the service(s) you attended and setting goals for your heart health for life.



Q1. Where you go for your Cardiac Rehabilitation?

- | | |
|---|---|
| <input type="checkbox"/> Alice Springs Hospital – Health Living NT | <input type="checkbox"/> Lyell McEwin Hospital |
| <input type="checkbox"/> Angaston – Inner North BCIC | <input type="checkbox"/> Maitland BCIC |
| <input type="checkbox"/> Ashford Hospital | <input type="checkbox"/> Millicent - South East BCIC (South East Regional Community Health) |
| <input type="checkbox"/> Berri BCIC - Riverland Regional Community Health | <input type="checkbox"/> Modbury Hospital |
| <input type="checkbox"/> Calvary Rehabilitation (Calvary Adelaide Hospital) | <input type="checkbox"/> Mount Barker BCIC |
| <input type="checkbox"/> CATCH Telephone/ Web and GP Hybrid | <input type="checkbox"/> Mount Gambier - South East BCIC (South East Regional Community Health) |
| <input type="checkbox"/> Darwin Hospital - Healthy Living NT | <input type="checkbox"/> Murray Bridge BCIC - CHSALHN Country Health Connect Murray Bridge |
| <input type="checkbox"/> Flinders Medical Centre | <input type="checkbox"/> Noarlunga GP Plus Super Clinic |
| <input type="checkbox"/> Flinders Private Hospital | <input type="checkbox"/> Port Augusta BCIC |
| <input type="checkbox"/> Gawler - Inner North BCIC | |

Port Lincoln BCIC (Port Lincoln Health Service)

Victor Harbor BCIC (Southern Fleurieu Health Service)

Port Pirie BCIC (Regional Health Service)

Wallaroo BCIC (Northern & Yorke Health Service)

The Queen Elizabeth Hospital - QEH

Whyalla BCIC (Eastern Eyre and Far North Health Services)

Royal Adelaide Hospital

Online website

Q2. How old were you at the time of your cardiac rehabilitation program?

Younger than 30

60-70

30-40

70-80

40-50

Older than 80

50-60

Q3. What is your gender?

Male

Non-Binary

Female

Prefer not to say

Q4. What type of service did you participate in? (select all that apply)

Face to face

With your GP

Telephone

Hybrid (Face to Face and Telephone or Face to Face and Web Based)

Web

Q5. Can you please tell us why you chose this service(s)?

Q6. Do you remember the date you were discharged from hospital and the approximate date that you began your cardiac rehabilitation program?

Q7. What were you most concerned about with regard to your heart condition?

Q8. What motivated you to attend a cardiac rehabilitation program?

Q9. Were you involved with setting goals for your heart health and wellbeing?

Yes

No

Q10. Do you think you achieved your goals during the program? If no, what was/were the reason/s?

Yes

No (please specify below)

Q11. Was your partner or carer invited to join you in the cardiac rehabilitation sessions?

Yes

No

Q12. What were the 3 main goals you have set for yourself to maintain after a cardiac rehabilitation?

Q13. Did you complete the program?

Yes

No

Q14. Of the program(s) you participated in how many weeks did you complete?

1

5

9

2

6

10

3

7

Greater than 10

4

8

In this section we will ask for your thoughts about the education content of your cardiac rehabilitation.



Q15. The information delivered in the education sessions helped me make positive changes to my lifestyle?

Strongly agree

Somewhat disagree

Somewhat agree

Strongly disagree

Neither agree nor disagree

Q16. The information provided during the education sessions was clear and easy to understand?

Strongly agree

Somewhat disagree

Somewhat agree

Strongly disagree

Neither agree nor disagree

Q17. The presenter/s were responsive/ supportive and addressed my concerns or questions?

Strongly agree

Somewhat disagree

Somewhat agree

Strongly disagree

Neither agree nor disagree

Q18. Do you have any additional comments about the presenter/s?

Yes (please specify below)

No

Q19. The information provided made me more confident in (select all that apply)

Understanding my condition/s

Managing my cholesterol level

Understanding my medications

Managing my blood sugar level

Understanding my mental health

None

Starting my exercise

Other (Please specify below)

Managing my blood pressure

Well done this is the last section.

In this next section we will ask about group sessions and referral to allied health specialist and you overall thoughts about the service you received.



If you attended telephone or web-based sessions, you can skip this section. If answered “No” or “I don’t know” to Q20 – you can skip ahead to the allied health referral section.

Q20. Did your cardiac rehabilitation program offer group sessions?

Yes

I do not know

No

Q21. Did you attend the group sessions?

Yes

No

Q22. How was your experience in the group sessions? If you would like, please tell us more about your experience (e.g. what did you like about the program? What else would you have liked to see?).

Q23. Which **allied health care referral** and care did you receive during and/or after your cardiac rehabilitation? (select all answers that apply)

Exercise Physiologist

Psychologist

Physiotherapist

Social worker

Dietician

None

Pharmacist

Other / Awaiting Appointment
(Please specify below)

Q24. How long did you wait to get allied health support?

Q25. Was the referral time length convenient to you?

Yes

No

Q26. The consultation/education provided by the allied health team was beneficial?

Strongly agree

Somewhat disagree

Somewhat agree

Strongly disagree

Neither agree nor disagree

Q27. Do you have any comments about the consultation / education provided by the allied health team?

Q28. Did you feel safe and well supported during exercise sessions?

Yes

Not applicable

No

Comments (Please specify below)

Q29. The exercise component of the program helped me understand safety issues during exercise including recognising warning signs/ symptoms and the importance of self-monitoring?

Yes

Not applicable

No

Q30. During my rehabilitation I was treated with respect and dignity?

Yes

No

Q31. During my rehabilitation I was treated in a culturally sensitive manner?

Yes

No

Q32. Are you now working with your GP and practice nurses to continue your cardiac rehabilitation and lifestyle changes?

Yes

No (please comment below)

Q33. Are there any other messages or comments you would like to share with the team to improve our cardiac rehabilitation program?

Q34. Thank you for taking the time to complete this evaluation of our service. Please provide your name and mobile number if you wish to discuss any concerns with your local Cardiac Rehabilitation Coordinator.

Thank you again - keep up the good work of taking care of your heart.

