

## Cardiac Rehab Telehealth Initial Visit Patient Assessment Script

*This script can be used to assess patient telehealth needs. This script can be adapted to be combined with an existing individualized treatment plan. This script can be used at the intake visit or first Telehealth visit.*

Thanks for joining our cardiac rehab program. I am so glad to be working with you! Cardiac rehab is a monitored program for physical activity and improving your health behaviors.

It helps us to understand what devices you have and what you are comfortable using to communicate with the CR staff. We would like to ask you some questions so that we can help to develop a plan for cardiac rehab.

1. What language do you prefer to communicate in?
2. Do you have a smartphone, tablet, or computer?
  - a. If yes, what kind of device do you have? Are you comfortable using this device for video visits?
    - i. If participant is not comfortable using their device(s), ask why.
3. Do you have internet access at home?
  - a. If no, do you know of any other internet resources in your community? Examples can be using a computer at a family member or friend's home, the library, community center, etc.
  - b. If yes, do you have any issues with your internet connection?
    - i. If yes, do you have someone available who can help you resolve these issues (e.g., family member, friend)?
4. Do you have access to MyChart?
5. What is your preferred method of communication?
6. Do you have a blood pressure machine? Weight Scale?
7. Do you have a wearable activity tracker? What does the tracker track (e.g., steps, HR)?
8. Do you know how to count your pulse rate?
9. Do you know your recommended target heart rate and rating of perceived exertion (RPE) when exercising?
  - a. Note: There may be some people who don't know what RPE is. If the patient seems confused, ask if they know what RPE is and explain it to them if they don't.
10. What exercise are you currently doing?
11. Do you have any existing injuries that may affect your exercise?
12. Do you have any exercise equipment at home? Weights and/or bands (consider canned goods, water bottles, cast iron pans)?
13. Are you interested in setting up a telephone or video conference with a dietician, mental health provider, or pharmacist? Which one? *Can prompt patient that many patients find it helpful to speak with other experts to learn more about their health. These are recommended and available components of the program.*
14. Let's talk about your safety plan. Who do you contact if there is an emergency? I want you to write down important phone numbers on your Cardiac Rehab Safety Plan.
  - a. We also would like to review with you warning symptoms during physical activity or exercise. We don't expect these to happen, but you should let us know if you experience severe shortness of breath, new pain, pressure or aching in your chest, arms, jaw neck, shoulder, or back, extreme fatigue, light-headedness, irregular heart rhythm or heart



fluttering, severe and/or new joint or muscle pain. If you get any of those symptoms, stop what you are doing and contact a member of your health care team right away.

15. Do you want to use a mobile app to help you participate in cardiac rehab? This app can be used to track your heart rate and other vitals while exercising, message your cardiac rehab team, and has educational articles on healthy eating, managing stress, and more.
  - a. If no, ask why. If there are concerns that can be addressed, do so here (e.g., if there are concerns about privacy, reassure the patient by telling them the app was developed within UCSF and has passed all the proper security checks).
16. Do you have any questions or concerns about participating in Telehealth CR?
17. During these next few weeks, what are your goals for cardiac rehab and overall health?
18. Start a daily log of: exercise, blood pressure, heart rate, and weight.

