PRIME-Rural Survey

Thank you for you for your interest in participating in the PRIME-Rural Research Study, a project funded by the American Heart Association. We are interested in your perspectives on heart disease or its risk factors and on cardiovascular care innovations for rural and rural-serving primary care clinics.

All questions are voluntary. You may choose to skip any question or quit the survey at any time.

All your responses will be kept confidential. When we report results, we will not identify you by name. We will be using the results of this study to help us design and implement interventions to help patients in rural areas with heart disease and its risk factors. Results also will be shared in publications, presentations, and other products.

This study is being overseen by the University of Washington's Institutional Review Board, or IRB, which is a committee that protects the rights of research subjects like yourself. If you want to talk to them, you can contact them at hsdinfo@uw.edu or (206) 543-0098.

Should you have any questions, please feel free to contact our study's lead researcher/Principal Investigator, Chris Longenecker, at ctlongen@uw.edu or (206) 616-1159.

1) Are you answering this survey as a patient or healthcare provider?
   - ◯ Patient
   - ◯ Healthcare provider

2) Please enter your first name: _____

3) Please enter your last name: _____

4) Please enter your email address: _____

Demographics

The following questions are to help us better understand your experiences.

None of the following questions are required. You can skip any question you are not comfortable answering.

As a participant in this study, please answer the questions below. Thank you!

What year were you born (e.g., 1950)?

_____

We will be mailing you a gift card as a thank-you for participating in this study. Please list a mailing address below where you can receive mail.

Street address

_____

City

_____

State

_____

Zip code

_____

Is your home zip code different than your mailing zip code? We are interested in your home zip code because it helps us determine how rural the area where you live is.

◯ Yes
◯ No

Please enter your home zip code:

_____

Phone number

_____
(Include Area Code)

Please select the race(s) that best apply to you. You may select multiple options.

☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White
☐ Other, please specify

American Indian/Alaska Native - print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.

_____

Select the race(s) that best apply to you:

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Korean
- ☐ Japanese
- ☐ Vietnamese
- ☐ Other (please specify)

Print, for example, Pakistani, Cambodian, Hmong, etc.

_____

Black or African American - print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

_____

Select the race(s) that best apply to you:

- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other (please specify)

Native Hawaiian or Other Pacific Islander - please specify, for example, Tongan, Fijian, Marshallese, etc.

_____

White - print for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.

_____

Please specify your race:

_____

Are your of Hispanic, Latino, or Spanish origin?

☐ No, not of Hispanic, Latino, or Spanish origin ☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes another Hispanic, Latino, or Spanish origin -- Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, Etc.

Please specify your Hispanic, Latino, or Spanish origin

_____

Were you born in the United States?

- ☐ Yes
- ☐ No (please specify)

Please specify which country you were born in:

_____

Please select the gender category/identity that best applies to you.

- ◯ Man
- ◯ Woman
- ◯ Non-binary
- ◯ Additional gender category/identity not listed (please specify)
- ◯ I prefer not to say

Please specify gender category/identity:	_____
Please select the sexual orientation that best applies to you.	◯ Gay or lesbian (homosexual) ◯ Bi (bisexual) ◯ Straight (heterosexual) ◯ Other (please specify) ◯ I prefer not to say
Please specify sexual orientation:	_____
Please specify your highest level of education	◯ 12th grade or less ◯ Graduated high school, or obtained GED or equivalent ◯ Some college, no degree ◯ Associate degree ◯ Bachelor's degree ◯ Post-graduate degree
How many people live in your household?	◯ One ◯ Two ◯ Three ◯ Four ◯ Five ◯ Six ◯ Seven ◯ Eight ◯ Nine or more
What is your marital status?	◯ Single (never married) ◯ Married or in a domestic partnership ◯ Widowed ◯ Divorced ◯ Separated ◯ Other (please specify)
Please specify your marital status:	_____
Do you have children?	◯ Yes ◯ No
How many children do you have?	_____
How many of your children who are 18 or younger live with you?	_____

What is your approximate annual household income?	◯ $0 - $9,999 ◯ $10,000 - $19,999 ◯ $20,000 - $29,999 ◯ $30,000 - $39,999 ◯ $40,000 - $49,999 ◯ $50,000 - $59,999 ◯ $60,000 - $69,999 ◯ $70,000 - $79,000 ◯ $80,000 - $89,999 ◯ 90,000 - $99,999 ◯ $100,000 and up
Do you own your own home?	◯ Yes ◯ No
Are you covered by any kind of health insurance or health care plan, including employer-sponsored insurance, prepaid plans, or government plans such as Medicare, Medicaid, or TRICARE?	◯ Yes ◯ No
What type of health insurance do you have?	◯ Public insurance (government, Medicaid, Medicare, or TRICARE) ◯ Private insurance (for example, through employer or relative's employer, or purchased from the Health Insurance Marketplace [healthcare.gov]) ◯ Public and private
How many miles do you have to travel to see your primary care provider for appointments?	_____
Please indicate which of the following best applies to you	◯ I have been told by a health care provider I have heart failure (my heart doesn't pump/squeeze very well). ◯ I have been told by a health care provider I have atherosclerotic cardiovascular disease (blockages in the blood vessels of my heart). ◯ I have been told by a health care provider I have one or more of the following cardiovascular disease risk factors (Body Mass Index/BMI greater than 30, tobacco use, hypertension/high blood pressure, high cholesterol, or diabetes).
Please select the following risk factors you have been told you have by a health care provider:	☐ Elevated Body Mass Index (BMI) (greater than 30) ☐ High blood pressure ☐ High cholesterol levels ☐ Diabetes ☐ I use tobacco products
I can clearly explain what heart failure is and how it affects my body and health to a friend or family member.	◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Slightly agree ◯ Agree ◯ Strongly agree

I can clearly explain what atherosclerotic cardiovascular disease is and how it affects my body to a friend or family member.	◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Slightly agree ◯ Agree ◯ Strongly agree
I can clearly explain what hypertension is and how it affects my body and health to a friend or family member.	◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Slightly agree ◯ Agree ◯ Strongly agree
I can clearly explain what high cholesterol is and how it affects my body and health to a friend or family member.	◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Slightly agree ◯ Agree ◯ Strongly agree
I can clearly explain what diabetes is and how it affects my body and health to a friend or family member.	◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Slightly agree ◯ Agree ◯ Strongly agree

Health Beliefs for Cardiovascular Disease

The following questions are about your beliefs about heart disease.

None of the following questions are required. You can skip any question you are not comfortable answering.

Please answer the following questions:

		Strongly Disagree	Moderately Disagree	Moderately Agree	Strongly Agree
1)	It is likely that I will suffer from a heart attack or stroke in the future.	○	○	○	○
2)	My chances of suffering from a heart attack or stroke in the next few years are great.	○	○	○	○
3)	I feel I will have a heart attack or stroke sometime during my life.	○	○	○	○
4)	Having a heart attack or stroke is currently a possibility for me.	○	○	○	○
5)	I am concerned about the likelihood of having a heart attack or stroke in the near future.	○	○	○	○
6)	Having a heart attack or stroke is always fatal.	○	○	○	○
7)	Having a heart attack or stroke will threaten my relationship with my significant other.	○	○	○	○
8)	My whole life would change if I had a heart attack or stroke.	○	○	○	○
9)	Having a heart attack or stroke would have a very bad effect on my sex life.	○	○	○	○
10)	If I have a heart attack or stroke I will die within 10 years.	○	○	○	○
11)	Increasing my exercise will decrease my chances of having a heart attack or stroke.	○	○	○	○
12)	Eating a healthy diet will decrease my chance of having a heart attack or stroke.	○	○	○	○
13)	Eating a healthy diet and exercising for 30 minutes most days will help to prevent a heart attack or stroke.	○	○	○	○
14)					

	When I exercise I am doing something good for myself.	○	○	○	○
15)	When I eat healthy I am doing something good for myself.	○	○	○	○
16)	Eating a healthy diet will decrease my chances of dying from cardiovascular disease.	○	○	○	○
17)	I don't know appropriate exercises to perform to reduce my risk of developing cardiovascular disease.	○	○	○	○
18)	It is painful for me to walk for more than 5 minutes.	○	○	○	○
19)	I have access to exercise facilities and/or equipment.	○	○	○	○
20)	I have someone who will exercise with me.	○	○	○	○
21)	I don't have time to exercise for 30 minutes a day on most days of the week.	○	○	○	○
22)	I don't know what is considered a healthy diet that would prevent me from developing cardiovascular disease.	○	○	○	○
23)	I don't have time to cook meals for myself.	○	○	○	○
24)	I cannot afford to buy healthy foods.	○	○	○	○
25)	I have other problems more important than worrying about diet and exercise.	○	○	○	○

Experience with Technology

The following questions are about your comfort using phones, computers, and other technology.

None of the following questions are required. You can skip any question you are not comfortable answering.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1)	I can use applications/programs (like Zoom) on my cell phone, computer, or another electronic device on my own (without asking for help from someone else).	○	○	○	○	○
2)	I can set up a video chat using my cell phone, computer, or another electronic device on my own (without asking for help from someone else).	○	○	○	○	○
3)	I can solve or figure out how to solve basic technical issues on my own (without asking for help from someone else).	○	○	○	○	○

Medical Forms

None of the following questions are required. You can skip any question you are not comfortable answering.

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1) How comfortable are you filling out medical forms by yourself?

- ◯ Not at all
- ◯ A little bit
- ◯ Somewhat
- ◯ Quite a bit
- ◯ Extremely

HINTS6

The following questions are about your use of technology in accessing health information.

None of the following questions are required. You can skip any question you are not comfortable answering.

The following questions are to help understand how you use the internet to find health information.

Do you ever go online to access the Internet or World Wide Web, or to send and receive email?
- ◯ Yes
- ◯ No

When you use the Internet, do you access it through...

	Yes	No
A regular dial-up telephone line?	◯	◯
A high-speed service such as DSL, cable, FiOS, Wi-Fi, or satellite?	◯	◯
A cellular network (i.e., phone, 3G/4G/5G)?	◯	◯

In the past 12 months, have you used the Internet to take care of any of the following health-related needs?

	Yes	No
Look for health or medical information	◯	◯
Send a message to a health care provider or a health care provider's office	◯	◯
View medical test results	◯	◯
Make an appointment with a health care provider	◯	◯

How satisfied are you with your Internet connection at home to meet health-related needs?
- ◯ Not at all satisfied
- ◯ Not very satisfied
- ◯ Somewhat satisfied
- ◯ Very satisfied
- ◯ Extremely satisfied

How confident are you that you can find helpful health resources on the Internet?
- ◯ Not confident at all
- ◯ A little confident
- ◯ Somewhat confident
- ◯ Very confident
- ◯ Completely confident

Please indicate if you have each of the following MARK ALL THAT APPLY
- ☐ Tablet computer (for example, an iPad, Samsung Galaxy, Motorola Xoom, or Kindle Fire)
- ☐ Smartphone (for example, an iPhone, Android, Blackberry, or Windows phone)
- ☐ Basic cell phone only
- ☐ I do not have any of the above

In the past 12 months, have you used a health or wellness app on your tablet or smartphone?

- ◯ Yes
- ◯ No
- ◯ I do not have any health apps on my tablet or smartphone

In the past 12 months, have you used an electronic wearable device to monitor or track your health or activity? For example, a Fitbit, Apple Watch, or Garmin Vivofit.

- ◯ Yes
- ◯ No

In the past month, how often did you use a wearable device to track your health?

- ◯ Every day
- ◯ Almost every day
- ◯ 1-2 times per week
- ◯ Less than once per week
- ◯ I did not use a wearable device in the past month

Would you be willing to share health data from your wearable device with...

	Yes	No
Your health care provider	◯	◯
Your family or friends	◯	◯

Have you shared health information from either an electronic monitoring device or smartphone with a health professional within the last 12 months?

- ◯ Yes
- ◯ No
- ◯ Not Applicable - I do not use a smartphone or electronic monitoring device

Sometimes people use the Internet to connect with other people online through social media. Examples of social media sites include Facebook, Twitter, TikTok, YouTube, and Instagram.

In the past 12 months, how often did you do the following?

	Almost every day	At least once a week	A few times a month	Less than once a month	Never
Visited a social media site	◯	◯	◯	◯	◯
Shared personal health information on social media	◯	◯	◯	◯	◯
Shared general health-related information on social media (for example, a news article)	◯	◯	◯	◯	◯
Interacted with people who have similar health or medical issues on social media or online forums	◯	◯	◯	◯	◯
Watched a health-related video on a social media site (for example, YouTube)	◯	◯	◯	◯	◯

How much of the health information that you see on social media do you think is false or misleading?

- ◯ I do not use social media
- ◯ None
- ◯ A little
- ◯ Some
- ◯ A lot

How much do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree
I use information from social media to make decisions about my health	◯	◯	◯	◯
I use information from social media in discussions with my health care provider	◯	◯	◯	◯
I find it hard to tell whether health information on social media is true or false	◯	◯	◯	◯
Most of the people in my social media networks have the same views about health as me	◯	◯	◯	◯

The following questions are to help understand how you access and utilize health care.

In the past 12 months, not counting times you went to an emergency room, how many times did you go to a doctor, nurse, or other health professional to get care for yourself?

- ◯ None
- ◯ 1 time
- ◯ 2 times
- ◯ 3 times
- ◯ 4 times
- ◯ 5-9 times
- ◯ 10 or more times

Overall, how would you rate the quality of health care you received in the past 12 months?

- ◯ Poor
- ◯ Fair
- ◯ Good
- ◯ Very good
- ◯ Excellent

The following questions are about your communication with all doctors, nurses, or other health professionals you saw during the past 12 months. Did these individuals...

	Never	Sometimes	Usually	Always
Give you the chance to ask all the health-related questions you had?	◯	◯	◯	◯
Give you the attention you needed to your feelings and emotions?	◯	◯	◯	◯
Involve you in decisions about your health care as much as you wanted?	◯	◯	◯	◯
Make sure you understood the things you needed to do to take care of your health?	◯	◯	◯	◯

Explain things in a way you could understand?	◯	◯	◯	◯
Spend enough time with you?	◯	◯	◯	◯
Help you deal with feelings of uncertainty about your health or health care?	◯	◯	◯	◯

In the past 12 months, when getting care for a medical problem, was there a time when you had to bring an X-ray, MRI, or other type of test result with you to the appointment?

◯ Yes
◯ No

In the past 12 months, did you delay or not get medical care you felt you needed -- such as seeing a doctor, a specialist, or other health professional?

◯ Yes
◯ No, I received the medical care I felt I needed
◯ I did not need any medical care in the past 12 months

How much do you trust the health care system (for example, hospitals, pharmacies, and other organizations involved in health care)?

◯ Not at all
◯ A little
◯ Some
◯ A lot

Have you ever been treated unfairly or been discriminated against when getting medical care because of your race or ethnicity?

◯ Yes
◯ No

Have you ever been treated unfairly or been discriminated against when getting medical care because you are from a rural area?

◯ Yes
◯ No

The following questions are to help understand if/how you utilize telehealth and access your medical records.

A telehealth visit is a telephone or video appointment with a doctor or health professional.

In the past 12 months, did you receive care from a doctor or health professional using telehealth?

◯ Yes by video
◯ Yes, by phone call (voice only with no video)
◯ Yes, some by video and some by phone call
◯ No telehealth visits in the past 12 months

In the past 12 months, were you offered the option to have a telehealth visit for any medical care you tried to schedule?

◯ Yes
◯ No
◯ I did not try to schedule any medical care in the past 12 months

Did you choose not to participate in a telehealth visit for any of the following reasons?

	Yes	No
I preferred to have the appointment(s) in person	◯	◯
I was concerned about the privacy of telehealth visits	◯	◯
I thought the telehealth technology would be difficult to use	◯	◯

Why did you choose a telehealth visit(s) for yourself?

	Yes	No
The health care provider recommended or required the visit use telehealth.	◯	◯
I wanted advice about whether I needed in-person medical care.	◯	◯
I wanted to avoid possible infection at the doctor's office or hospital (for example, COVID-19 or flu).	◯	◯
It was more convenient than going to the doctor (for example, less travel or wait times).	◯	◯
I could include family or other caregivers in my appointment.	◯	◯

What was the primary reason for your most recent telehealth visit? Mark only one.

- ◯ Annual visit
- ◯ Minor illness/acute care (for example, fever, sinus infection)
- ◯ Managing my chronic health condition/disease (for example, high blood pressure, diabetes, heart disease, obesity, cancer)
- ◯ Medical emergency
- ◯ Mental health, behavioral, or substance use issues (for example, depression, anxiety, drug or alcohol misuse)
- ◯ Other

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
I had technical problems with my telehealth visit(s) (for example, difficulty using the technology, trouble seeing or hearing my health care provider).	◯	◯	◯	◯

The care I received through telehealth was as good as a regular in-person visit.	◯	◯	◯	◯
I was concerned about the privacy of my telehealth visit(s).	◯	◯	◯	◯

Next, we are going to ask you some questions about online medical records. Online medical records, also known as patient portals, are secure websites that allow people to access their health records and communicate with health care providers using a computer or smartphone health app.

Have you ever been offered online access to your medical records (for example, a patient portal) by your...

	Yes	No	Don't know
Health care provider?	◯	◯	◯
Health insurer?	◯	◯	◯

Have any of your health care providers, including doctors, nurses, or office staff ever encouraged you to use an online medical record or patient portal?

◯ Yes
◯ No

How many times did you access your online medical record or patient portal in the last 12 months?

◯ I do not have an online medical record or patient portal that was offered to me by a health care provider or insurer.
◯ 0
◯ 1 to 2 times
◯ 3 to 5 times
◯ 6 to 9 times
◯ 10 or more times

How did you access your online medical record or patient portal?

◯ App
◯ Website
◯ Both app and website
◯ Don't know

In the past 12 months, have you used your online medical record or patient portal to...

	Yes	No
Look up test results?	◯	◯
Download your health information to your computer or mobile device, such as a cell phone or tablet?	◯	◯
Electronically send your medical information to a third party (such as another health care provider, a family member, or a smartphone health app)?	◯	◯

View clinical notes (a health provider's written notes that describe your visit)?	◯	◯

How easy or difficult was it to understand the health information in your online medical record or patient portal?	◯ Very easy ◯ Somewhat easy ◯ Somewhat difficult ◯ Very difficult
Which of the following organizations/providers do you have an online medical record or patient portal with? Your medical record could include specific types of health data, such as insurance claims, prescription information, and laboratory test results.	☐ My primary care doctor's office ☐ Other health care provider(s) such as a specialty provider, counselor, or dentist ☐ My insurer(s) ☐ Clinical laboratory that performs lab tests ☐ Pharmacy ☐ I do not have any online medical records or patient portals
Do you have one, or more than one patient portal or online medical record?	◯ One ◯ More than one
Have you ever used an app like 'Apple Health Records' or 'CommonHealth' to combine your medical information from different patient portals or online medical records into one place?	◯ Yes ◯ No

Health-Related Social Needs Screening Tool

The following questions will help us understand more about your life and overall well-being.

None of the following questions are required. You can skip any question you are not comfortable answering.

1) What is your living situation today?

- ◯ I have a steady place to live.
- ◯ I have a steady place to live today but I am worried about losing it in the future.
- ◯ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park).

2) Think about the place you live. Do you have problems with any of the following?
CHOOSE ALL THAT APPLY.

- ☐ Pests such as bugs, ants, or mice
- ☐ Mold
- ☐ Lead paint or pipes
- ☐ Lack of heat
- ☐ Oven or stove not working
- ☐ Smoke detectors missing or not working
- ☐ Water leaks
- ☐ None of the above

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.

3) Within the past 12 months, you worried that your food would run out before you got money to buy more.

- ◯ Often true
- ◯ Sometimes true
- ◯ Never true

4) Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- ◯ Often true
- ◯ Sometimes true
- ◯ Never true

5) In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

- ◯ Yes
- ◯ No

6) In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

- ◯ Yes
- ◯ No
- ◯ Already shut off

7) How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is:

- ◯ Very hard
- ◯ Somewhat hard
- ◯ Not hard at all

8) Do you want help finding or keeping work or a job?

- ◯ Yes, help finding work
- ◯ Yes, help keeping work
- ◯ I do not need or want help

9) If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?

- ◯ I don't need any help
- ◯ I get all the help I need
- ◯ I could use a little more help
- ◯ I need a lot more help

10) How often do you feel lonely or isolated from those around you?
- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

11) Do you speak a language other than English at home?
- ◯ Yes
- ◯ No

12) Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.
- ◯ Yes
- ◯ No

13) In the last 30 days, other than the activities you did for work, on average, how many days per week did you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)?
- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7

14) On average, how many minutes did you usually spend exercising at this level on one of those days?
- ◯ 0
- ◯ 10
- ◯ 20
- ◯ 30
- ◯ 40
- ◯ 60
- ◯ 60
- ◯ 90
- ◯ 120
- ◯ 150 or greater

The next questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances are prescribed by a doctor (like pain medications), but only count those if you have taken them for reasons or in doses other than prescribed

15) How many times in the past 12 months have you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.
- ◯ Never
- ◯ Once or twice
- ◯ Monthly
- ◯ Weekly
- ◯ Daily or almost daily

16) How many times in the past 12 months have you used tobacco products (like cigarettes, cigars, snuff, chew, electronic cigarettes)?
- ◯ Never
- ◯ Once or twice
- ◯ Monthly
- ◯ Weekly
- ◯ Daily or almost daily

17) How many times in the past year have you used prescription drugs for non-medical reasons?
- ◯ Never
- ◯ Once or twice
- ◯ Monthly
- ◯ Weekly
- ◯ Daily or almost daily

18) How many times in the past year have you used illegal drugs?

- ◯ Never
- ◯ Once or twice
- ◯ Monthly
- ◯ Weekly
- ◯ Daily or almost daily

19) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ◯ Yes
- ◯ No

20) Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ◯ Yes
- ◯ No

Trust and Communication

These questions are to help us understand your experiences with your healthcare providers.

None of the following questions are required. You can skip any question you are not comfortable answering.

Please rate the following statements based on your recent visits with health care providers and overall care with health care providers.

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1)	My providers have much knowledge about the treatment that needs to be done.	○	○	○	○	○
2)	My providers are very concerned about my welfare	○	○	○	○	○
3)	I feel I can discuss with my providers how I honestly feel about my health treatment, even negative feelings and frustration	○	○	○	○	○
4)	Overall, I trust my providers	○	○	○	○	○

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
5)	My providers and I communicate effectively	○	○	○	○	○
6)	My providers listen carefully to me	○	○	○	○	○
7)	Overall, I am satisfied with the communication with my providers	○	○	○	○	○

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
8)	My providers and I have a good relationship	○	○	○	○	○
9)	I feel part of a team with my providers in regards to my health care and needs	○	○	○	○	○
10)	Overall, I like my providers	○	○	○	○	○
11)	Overall, I am satisfied with my providers	○	○	○	○	○

Research Priorities

The following questions will help us gain insight about what patients and providers in rural areas think are the most important research topics related to accessing and providing cardiovascular care in rural areas.

None of the following questions are required. You can skip any question you are not comfortable answering.

Below is a list of research topics related to the improvement of cardiovascular care in rural areas. Please indicate whether you think each of the following topics should be a research priority.

Developing research strategies to address the shortage of rural health workers	Not a priority — High priority *(Place a mark on the scale above)*
Developing rural-specific care team models	Not a priority — High priority *(Place a mark on the scale above)*
Studying the use of telemedicine and digital tools for health care	Not a priority — High priority *(Place a mark on the scale above)*
Studying the use of rural-specific care sites	Not a priority — High priority *(Place a mark on the scale above)*
Developing regional connections between organizations to support cardiovascular care	Not a priority — High priority *(Place a mark on the scale above)*
Studying funding models for rural-serving hospitals and clinics	Not a priority — High priority *(Place a mark on the scale above)*
Economic development to support healthcare infrastructure	Not a priority — High priority *(Place a mark on the scale above)*
Studying ways to increase the number of people with health insurance in rural areas	Not a priority — High priority *(Place a mark on the scale above)*
Developing data sharing systems for rural health clinics and the hospitals where patients are referred	Low priority — High priority *(Place a mark on the scale above)*
Please specify any other research topics related to cardiovascular care in rural areas that you find important:	_____

Patient open-ended

None of the following questions are required. You can skip any question you are not comfortable answering.

1) What do you think is unique about receiving cardiovascular care as a patient in a rural area?

_____