

SUPPLEMENTARY MATERIAL

Figure E1. Survey flow

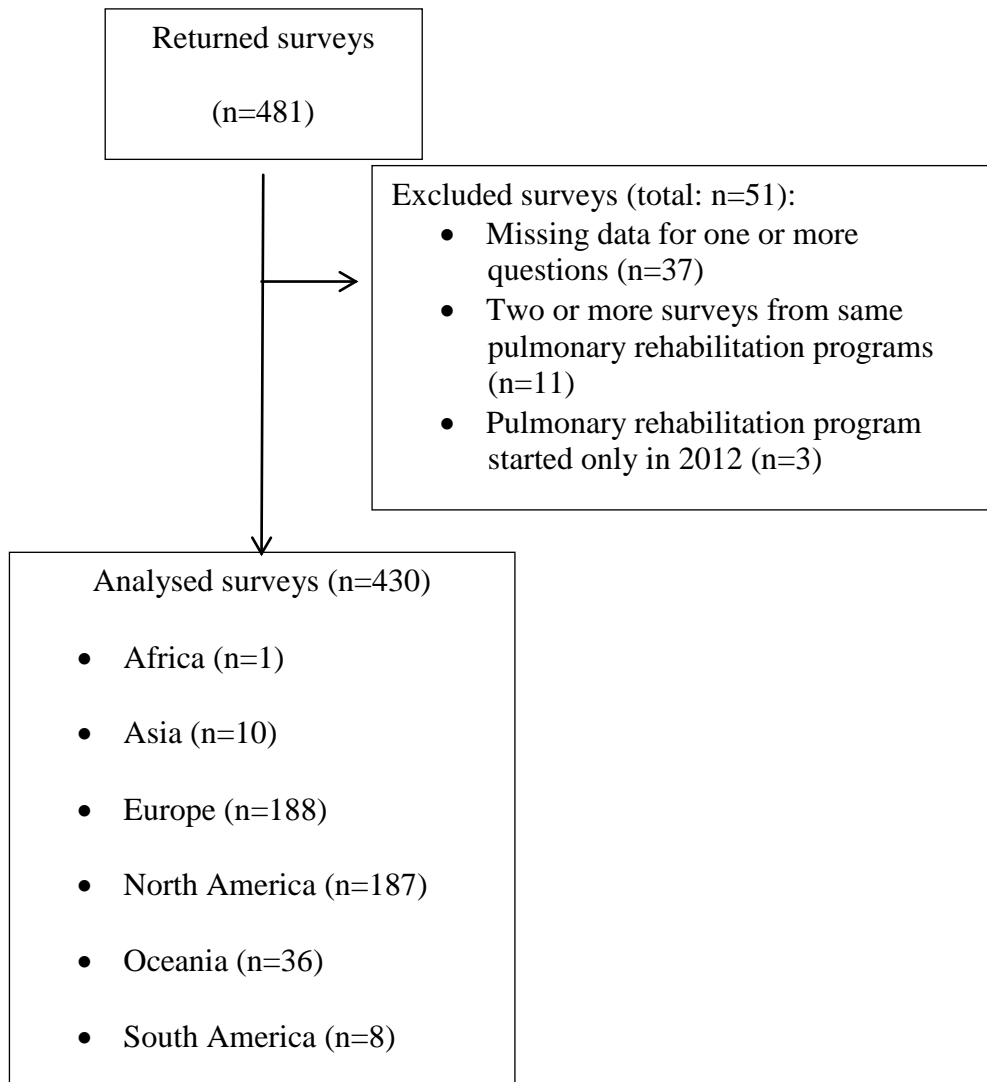


Table E1. Pulmonary rehabilitation survey

1. What type of pulmonary rehabilitation program does your facility offer? *(Please check as many categories as applicable)*

Inpatient Outpatient Other: _____

2. Which professionals are represented on your pulmonary rehabilitation team? *(Please check as many categories as applicable)*

Chest physician Physiotherapist Occupational therapist Social worker
 Psychologist Dietician Exercise physiologist Internist Cardiologist General
practitioner Pharmacist Nurse Other: _____

3. Which sources refer to your pulmonary rehabilitation program? *(Please check as many categories as applicable)*

Chest physician General Practitioner Physiatrist Self-referral Other:

4. Which outcomes of your pulmonary rehabilitation program do you consider to be the most important? *(Please check 3 outcomes)*

Quality of life Dyspnea Fatigue Depression Anxiety 6MWD Lower-limb
muscle strength Physical activity Self-management skills Body composition
Lung function Cycling endurance Smoking cessation Inspiratory muscle strength
 Activities of daily life Optimal drug treatment Other: _____

5. Please estimate how many patients entered your pulmonary rehabilitation program in 2011:

- <15 16 to 45 46 to 75 76 to 105 106 to 135 136 to 165 166 to 195 >195

6. Please estimate what percent of patients completed your pulmonary rehabilitation program from start to finish in 2011?

- <15% 16 to 30% 31 to 45% 46 to 60% 61 to 75% 76 to 90% >90%

7. How is your pulmonary rehabilitation program funded? (*Please check as many categories as applicable*).

- Government Patient (own money) Patient's insurance Workplace insurance

Other: _____

8. Which types of patients are included in your pulmonary rehabilitation program? (*Please check as many categories as applicable*)

- COPD ('stable') COPD (during or directly after acute exacerbation) Asthma Lung cancer (pre-operative) Lung cancer (post-operative) Thoracic surgery (pre-operative) Thoracic surgery (post-operative) ILD CF Other: _____

9. Which interventions are included in your pulmonary rehabilitation program? (*Please check as many categories as applicable*)

- Walking outdoor Treadmill walking Stationary cycling Resistance training using training apparatus Resistance training using handheld weights Education Energy conservation technique / ADL training Self-management training Nutritional support

Inspiratory muscle training neuromuscular electrical stimulation (NMES) Breathing exercises / pursed lips breathing Smoking cessation Psychosocial support Other:

10a. What is the length of your pulmonary rehabilitation program (weeks):

10b. What is the frequency of your pulmonary rehabilitation program (days/week):

10c. What is the duration of the pulmonary rehabilitation sessions (hours per day):