

■ **eAppendix A.** Resource Utilization Questionnaire

FIT Heart Study
Resource Utilization Questionnaire

Date: ___/___/___

1a. Since enrolling in the FIT Heart Study have you seen a healthcare provider?

- Yes No Unsure

1b. If yes, what type of healthcare provider(s) (check all that apply)?

- Family Medicine Doctor/General Practitioner (number of visits _____)
- Internist (number of visits _____)
- Cardiologist (number of visits _____)
- Obstetrician/Gynecologist (number of visits _____)
- Psychiatrist/Psychologist (number of visits _____)
- Nutritionist/Dietitian (number of visits _____)
- Other Health Professional Visit [Type: _____] (number of visits _____)

1c. If you have NOT seen a healthcare provider since you enrolled, why not (check all that apply)?

- I did not need to
- I do not have a healthcare provider
- I do not like to go to my healthcare provider
- I am too busy with work/school
- I am too busy caring for others
- I have financial constraints (such as lack of insurance/money for co-pay)
- I have logistical reasons (such as lack of transportation)
- Other _____

2. Since enrolling in the FIT Heart Study have you had any of the following (check all that apply)?

- Stress Test: check which type(s)
 - Plain Treadmill Stress Test
 - Stress Echocardiogram
 - Nuclear Stress Test
- Coronary Calcium Scan
- Carotid Ultrasound
- EKG (electrocardiogram)
- Diagnostic Cardiac Catheterization
- Holter Monitoring
- Other Medical Test (specify): _____

(Continued)

■ **eAppendix A. Resource Utilization Questionnaire (Continued)**

3a. Since enrolling in the FIT Heart Study have you had any blood testing?

____ Yes (1) ____ No (0) ____ Unsure (2)

3b. If yes, what type(s) of blood testing did you have (check all that apply)?

- Cholesterol
- Glucose (blood sugar)
- C-Reactive Protein
- Liver Function Tests
- Electrolyte Panel
- Blood Count (CBC)
- Thyroid
- PSA
- Other(s) _____
- Unsure

4a. Since enrolling in the FIT Heart Study have you changed any **prescription** medications?

Yes No Unsure

4b. If yes, which prescription medications did you start or stop?

- Started Stopped Increased Decreased: Drug: _____
- Started Stopped Increased Decreased: Drug: _____
- Started Stopped Increased Decreased: Drug: _____

5a. Since enrolling in the FIT Heart Study have you changed your use of any over-the-counter medications, vitamins, supplements, or nutritional products such as cholesterol-lowering margarines?

Yes No Unsure

5b. If yes, what over-the-counter medications, supplements, or nutritional products did you change?

- Started Stopped Increased Decreased: Product: _____
- Started Stopped Increased Decreased: Product: _____
- Started Stopped Increased Decreased: Product: _____

6. Since enrolling in the FIT Heart Study have you enrolled in any of the following types of programs or purchased any of the following services?

A. Smoking Cessation Program Yes No Unsure

If yes, which program? _____

If yes, how many visits? ____ visits.

B. Fitness Club Membership Yes No Unsure

If yes, how many months? ____ months.

C. Personal Training Session(s) Yes No Unsure

If yes, how many sessions? ____ sessions.

D. Weight Management Program Yes No Unsure

If yes, which program? _____

How long is your membership? ____ months.

(Continued)

■ **eAppendix A.** Resource Utilization Questionnaire (Continued)

7a. Since enrolling in the FIT Heart Study have you visited the emergency room as a patient?

- Yes No Unsure

7b. If yes, what hospital(s) and when?

Dates: ___/___/___ to ___/___/___ Dates: ___/___/___ to ___/___/___
 Hospital name: _____ Hospital name: _____
 City, State: _____ City, State: _____

7c. If yes, for what reason(s) did you visit the emergency room (check all that apply)?

- | | | | |
|--|------------------------------|-----------------------------|---------------------------------|
| A. Chest Pain or Pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| B. Heart Attack | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| C. Heart Failure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| D. Coronary Angiography | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| E. Angioplasty/Stent | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| F. Coronary Artery Bypass Surgery | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| G. Other: Cardiac (specify: _____) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| H. Other: Noncardiac (specify: _____) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

8a. Since enrolling in the FIT Heart Study have you been admitted to the hospital?

- Yes No Unsure

8b. If yes, what hospital(s) and when were you admitted?

Dates: ___/___/___ to ___/___/___ Dates: ___/___/___ to ___/___/___
 Hospital name: _____ Hospital name: _____
 City, State: _____ City, State: _____

8c. If yes, for what reason(s) were you admitted to the hospital?

- | | | | |
|--|------------------------------|-----------------------------|---------------------------------|
| A. Chest Pain or Pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| B. Heart Attack | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| C. Heart Failure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| D. Coronary Angiography | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| E. Coronary Angioplasty/Stent | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| F. Coronary Artery Bypass Surgery | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| G. Other: Cardiac (specify: _____) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| H. Other: Noncardiac (specify: _____) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

■ **eAppendix B.** Resource Utilization Data From Medical Records and Self-Report Questionnaire

Variable	SI (n = 17)			CIN (n = 14)		
	Medical Records	Self-Report	P	Medical Records	Self-Report	P
Provider Visits						
Total	32	36	.81	48	62	.50
Primary care	31	22	.31	47	42	.71
Cardiologist	1	4	.24	0	3	.07
Psychiatrist	0	10	.32	1	12	.28
Nutritionist	0	0	—	0	5	.33
Diagnostic Studies						
Total	8	12	.41	14	11	.59
Stress echocardiography	0	1	.32	2	2	<.99
Nuclear stress	0	0	—	0	0	—
Treadmill stress	0	3	.07	2	1	.56
Carotid ultrasonography	0	0	—	1	0	.33
Coronary calcium imaging	0	1	.32	0	0	—
Diagnostic cardiac catheterization	0	0	—	0	0	—
Transthoracic echocardiography	2	1	.56	2	2	<.99
Holter monitoring	0	0	—	0	0	—
Electrocardiography	6	6	.90	7	6	.72
Emergency Department Visits						
Cardiac	0	0	—	0	1	.35
Overall	0	0	—	1	3	.30
Hospitalizations						
Overall	0	1	.32	1	3	.30
Cardiac	0	0	—	0	0	—

CIN indicates control intervention; SI, special intervention.

Cardiovascular Educational Intervention's Effect

■ eAppendix C. Cost per Participant in FIT Heart

Variable	Value
Annual duration for each participant, min	
Baseline visit	60
2 Follow-up office visits at 30 min each	60
4 Follow-up telephone contacts at 7.5 min each	30
Annual hours per participant (A)	2.5
Annual work hours for a counselor (B)	1920
No. of participants per counselor (B/A)	768
Program costs, \$	
Health educator salary	40,000.00
Health educator benefits	12,000.00
Fingerstick lipid and glucose measurement (\$12.56 per strip for 2 checks per participant per year)	19,292.16
Control measurements	328.56
Federal Clinical Laboratory Improvement Amendments waiver certificate cost for 1 y	75.00
Blood pressure machine	75.00
Weighing machine	70.00
Nonelastic body-measuring tape	10.00
Educational and marketing materials	1000.00
Total	72,850.72
Per participant	94.86

■ eAppendix D. Cost per Participant for Single 1-Hour Visit to Identify Individuals at Risk of Cardiovascular Disease

Variable	Value
Duration of visit for each participant, h	1
Annual work hours for a counselor	1920
No. of participants counseled	1920
Program costs, \$	
Health educator salary	40,000.00
Health educator benefits	12,000.00
Fingerstick lipid and glucose measurement (\$12.56 per strip for 2 checks per participant per year)	24,115.20
Control measurements	328.56
Federal Clinical Laboratory Improvement Amendments waiver certificate cost for 1 y	75.00
Blood pressure machine	75.00
Weighing machine	70.00
Nonelastic body-measuring tape	10.00
Educational and marketing materials	2000.00
Total	78,673.76
Per participant	40.98