BRIGHAM AND WOMEN'S/MASS GENERAL — HEALTH CARE CENTER — at FOXBOROUGH

Brigham and Women's Cardiac Rehabilitation

Patient Health Questionnaire (PHQ-9)

Cardiac Rehabilitation

Entrance
 Exit

NAME: _____

Over the <u>last 2 weeks</u> , how ofter the following problems? (Circle your answer)	n have you been bothered by	Not at a	ll Several days	More than half the days	Nearly every day
1. Little interest or pleasure in do	ing things	0	1	2	3
2. Feeling down, depressed, or h	opeless	0	1	2	3
3. Trouble falling or staying aslee	p, or sleeping too much	0	1	2	3
4. Feeling tired or having little en	ergy	0	1	2	3
5. Poor appetite or overeating		0	1	2	3
6. Feeling bad about yourself – o let yourself or your family down		0	1	2	3
7. Trouble concentrating on thing newspaper or watching televis		0	1	2	3
 Moving or speaking so slowly noticed. Or the opposite – bei you have been moving around 	ng so fidgety or restless that	0	1	2	3
9. Thoughts that you would be be yourself	etter off dead, or of hurting	0	1	2	3
		add colum	ns+	+	
(Healthcare Professional: Please refer to accompany	For interpretation of TOTAL, ving scoring card).	ΤΟΤΑ	AL:		
10. If you checked off <i>any problem</i> problems made it for you to do at home, or get along with othe	your work, take care of things	Sc Ve	ot difficult at a pmewhat diffic ery difficult ktremely difficu	ult	
© 2006 Pfizer, Inc. Used with perr	nission.				
		D	ate	_ Time	AN
ent Signature ent Name (Print) ve reviewed the above informatio	n with the patient.				
nments:	•				
ature		RN_D	ate	_ Time	AM

_____ DATE: _____

MEDICAL RECORD COPY

___ AM/PM 0602517 (5/13)





Brigham and Women's Cardiac Rehabilitation

Generalized Anxiety Disorder 7-item (GAD-7) scale

Cardiac Rehabilitation

NAME: _____ DATE: _____

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
(Circle your answer)			-	-
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
(For office coding: Total Score T	=	+	+)
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	Date	e	Time	AM/F
ent Signature				
ent Name (Print)				
ve reviewed the above information with the patient.				
nments:				

Entrance

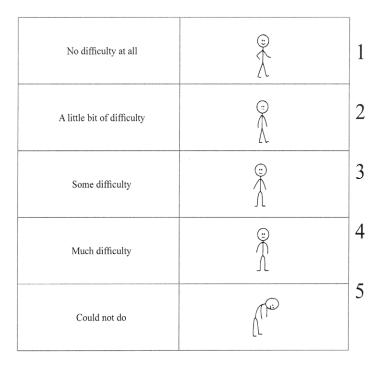
Dartmouth COOP General Health Questionnaire

There are 9 sections in this questionnaire. Please read each question in each section carefully and circle one number to the right of the picture that you feel best describes your health during the past 2 weeks.

Daily Activities

During the past 2 weeks,

How much difficulty have you had doing your usual activities or tasks, both inside and outside the house because of your physical and emotional health?

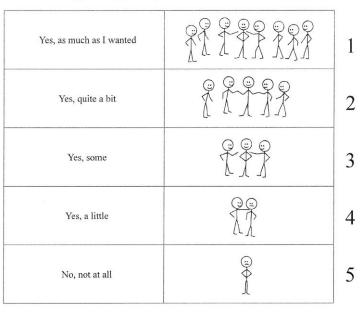


Social Support

During the past 2 weeks,

was someone available to help you if you needed and wanted help? For example, if you:

- felt nervous, lonely, or blue
 needed someone to talk to
- got sick and had to stay in bed
 needed help with daily chores
- needed help just taking care of yourself



🗆 Exit

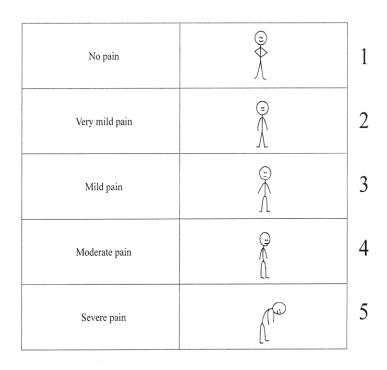
Overall Health

During the past 2 weeks, how would you rate your health in general?

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

Pain

During the past 2 weeks, How much bodily pain have you generally had?



Feelings

During the past 2 weeks,

How much have you been bothered by emotional problems such as feeling anxious, depressed, irritable or downhearted and blue?



Change In Health

How would you rate your overall health now compared to 2 weeks ago?

[
Much better	** ++	1
A little better	▲ +	2
About the same	** =	3
A little worse	₹ -	4
Much worse	**	5

Physical Fitness

During the past 2 weeks, What was the hardest physical activity you could do for at least 2 minutes?

 Very heavy – for example: Run, fast pace Carry a heavy load upstairs or uphill (25 pounds or 10 kilograms) 	Ä		1
Heavy – for example:Jog, slow paceClimb stairs or a hill at moderate pace	Â	Ci A	2
 Moderate – for example: Walk, medium pace Carry a heavy load on level ground (25 pounds or 10 kilograms) 			3
Light – for example: • Walk, medium pace • Carry light load on level ground			4
Very light – for example: • Walk, slow pace • Wash dishes			5

Social Activities

During the past 2 weeks,

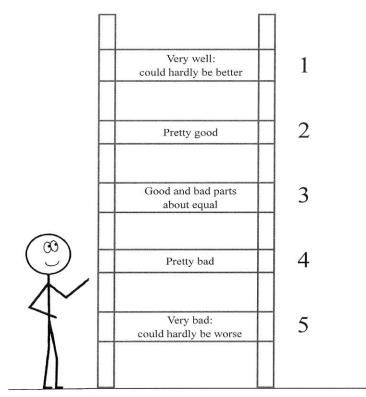
Has your physical and emotional health limited

your social activities with family, friends, neighbors or groups?

Not at all	1
Slightly	2
Moderately	3
Quite a bit	4
Extremely	5

Dartmouth COOP Functional Assessment Charts Quality of Life

How have things been going for you during the past 2 weeks?



Patient's Name	
Patient's Signature	
Date	Time
Nurse's Signature	
Date	Time

VRATE YOUR PLATE

Think about the way you usually eat. For each food choice, put a check mark in column A, B or C. Bring the completed form to your next clinic visit.

		Α	B	С
	MEAT CUTS* fresh beef, pork, lamb, veal	Usually eat: lean cuts from the round, loin or leg; ham Or, seldom eat meat.	□ Sometimes eat: higher-fat cuts, such as chuck, ribs, brisket, T- bone steak, prime rib	Usually/often eat: higher-fat cuts
2.	CHICKEN, TURKEY*	Usually eat: without skin	Sometimes eat: with skin	□ Usually eat: with skin
3.	GROUND MEAT & POULTRY*	□ Usually eat: 5-7% fat (93-95% lean); ground turkey breast Or, seldom eat.	□ Usually eat: 10-15% fat; ground turkey (dark & white meat)	Usually/often eat: regular ground meat, with 20% fat or more
4.	PROCESSED MEAT & POULTRY* cold cuts, hot dogs, sausage, breakfast meats	□ Usually eat: lower-fat choices from lean meat or poultry; veggie breakfast links Or, seldom eat.	□ Sometimes eat: higher-fat choices, such as salami, bologna, hot dogs, bacon, sausage	Usually/often eat: higher-fat choices
5.	PORTION SIZE OF MEAT & POULTRY* cooked or processed	□ Usually eat: small portions (\leq 3 oz.) deck of cards size	Usually eat: medium portions (4-6 oz.)	Usually/often eat: large portions (7 oz. or more)
6.	FISH, SHELLFISH*	Usually eat: twice a week or more, especially oily fish like salmon, herring or sardines	□ Usually eat: any type once a week	Usually eat: any type less than once a week
7.	COOKING METHOD* for poultry, fish, meat	□ Usually: cook without added fat or use vegetable oil spray	Sometimes: cook with added fat or deep fry	□ Usually/often: cook with added fat or deep fry
8.	MEATLESS MEALS veggie burgers, vegetable or bean soups, meatless spaghetti sauce, tofu, rice & beans	Usually eat: twice a week or more	Usually eat: less than twice a week	Rarely eat: meatless meals
9.	WHOLE EGGS*	Usually eat: 3 or less a week OR egg substitutes OR egg whites only	☐ Sometimes eat:4 or more a week	Usually eat: 4 or more a week
10.	MILK includes yogurt, cream	□ Usually use: 1% or skim milk, fat-free or low-fat yogurt, fat-free 1/2 & 1/2	□ Sometimes use: 2% or whole milk, full- fat yogurt, regular ¹ / ₂ & ¹ / ₂	Usually use: 2% or whole milk, full- fat yogurt, light cream
11.	CHEESE* <i>includes cheese for pizza, sand-</i> <i>wiches, snacks, mixed dishes, etc.</i>	Usually eat: reduced-fat or part-skim Or, seldom eat.	□ Sometimes eat: regular cheese, such as cheddar, Swiss, and American	Usually eat: regular cheese
	DAIRY FOODS 1 serving = 1 c. milk or yogurt, 1 ¹ / ₂ oz. cheese	Usually eat or drink 2 or more servings a day	□ Usually eat or drink: 1 serving a day	□ Rarely eat or drink

If you are a vegetarian, check column A for these () topics.

I serving = 1 or silice bread: % 3 or more servings a 3 or more servings a inc., white bread, white inc., white bread, white inc., white bread, white inc., white bread, white inc., saline enackers, torilla; inc., white bread, white inc., saline enackers, torilla; includes legimes i.e., oatmeal, raisin bran, Wheatles? Usually eat: Usually eat: Usually eat: Usually eat: 0.1 cup a day 1. C. = medium whole fruit or pointo, large tomato or ear corn, 2. craw leady greens Usually prepare: with sauce, butter, margarine, oil Usually prepare: with sauce, butter, margarine, oil 16. FAT TYPE IN COOKING Usually use: Sometimes Usually use: Usually use: Usually use: Usually use: use vegetable oil spray Usually use: use vegetable oil spray Usually use: Usually use: use vegetable oil spray Usually use: usually cock without added fat. Usually use: usually cock without added fat. usually use: usually cock without added fat. usually use: usually cock usually cock usually use:	13. WHOLE GRAINS	□ Usually eat:	□ Sometimes eat:	□ Usually eat:
rice, pasta; 5 crackers; torilla; mini bagel, 3 c. light popcorn bread & pasta, brown rice, whole grain creads, i.e., oatmeal, raisin bran, Wheaties ⁸ rice, satime crackers, whole grain creads, i.e., oatmeal, raisin bran, Wheaties ⁸ creation whole frait or potato, large tomato or ear corn, 2 c. raw leafy greens Usually cat: 4-5 cups a day Usually cat: 2-3 cups a day Usually cat: 0-1 cup a day 16. FAT TYPE IN COOKING includes baking Usually use; 0 us vegetable oil spray Sometimes prepare: withou fat & sauces out us vegetable oil spray Sometimes prepare: withou fat & sauce, butter, margarine, oil Usually use; other oils, tub margarine Usually use; other oils, tub margarine 16. FAT TYPE IN COOKING includes baking Usually cock withou added fat. Sometimes prepare: withou added fat. Usually use: other oils, tub margarine Usually use: butter, bacon drippings, stick margarine, land, shortening 18. SPREADS added at the table on bread, potatoes, vegetables, pancakes, sandwiches, etc. Usually use: partine Usually use: regular tub margarine Usually use: butter or stick margarine 19. SALAD DRESSINGS, MAYONNAISE Usually use: fat-free or w-fat salad dressings & mayonnaise Or, seldom use. Usually use: fat-free or on-fat adad dressings & mayonnaise Usually use: regular chips & popcom, poroorn, baked chips Or, seldom eat. Usually eat: lay or digat cercam, ice cream bar/sandwiches Usually eat: regular chips & popcom, poroorn, paked chips Or, seldom eat. Usually eat: lor less serving a week <t< th=""><td>1 serving = 1 oz slice bread; $\frac{1}{2}$</td><td>3 or more servings a</td><td>1 or 2 servings a day</td><td>mostly refined grains,</td></t<>	1 serving = 1 oz slice bread; $\frac{1}{2}$	3 or more servings a	1 or 2 servings a day	mostly refined grains,
mini bagel, 3 c. light popcom rice, whole grain cereals, i.e., cattneal, raisin bran, Wheaties ⁶ corn flakes, Rice Krispies ⁸ , Special K ⁸ 14. FRUITS & VEGETABLES Usually eat: Usually prepare: Usually prepare: Usually prepare: without fat & sauces OR Usually prepare: with sauce, butter, margarine, oil Usually use: Includes added fat. Usually use: Includes oddum content Consider sodium content Constentes Contentes <	English muffin; 1 c. cereal; ½ c.	day, 100% whole wheat		i.e., white bread, white
i.e., oatmeal, ruisin bran, Wheaties ³ Krispies ⁸ , Special K ³ 14. FRUITS & VEGETABLES includes legumes 1 c. = medium whole frait or potato, large tomato or ear corn, 2 c. rue legy greens Usually eat: 4-5 cups a day Usually eat: 2-3 cups a day Usually eat: 0-1 cup a day 15. COOKING METHOD for vegetables, pasta, rice Usually prepare: without fat & sauces OR we vegetable oils pray us vegetable oils pray Sometimes prepare: with sauce, butter, margarine, oil Usually prepare: with sauce, butter, margarine, oil 16. FAT TYPE IN COOKING includes baking Usually use: oilv or Canola oil Or, usually cook without added fat. Usually use: oilv or Canola oil Or, usually cook without added fat. Usually use: consider sodium content consider sodium content conselon cat. Usually use: tou in cun	rice, pasta; 5 crackers; tortilla;	bread & pasta, brown		rice, saltine crackers,
14. FRUITS & VEGETABLES includes legumes 1 c. = medium whole fruit or potato, large tomato or ear corn, 2 c. raw leafy greens Usually eat: +5 cups a day 15. COOKING METHOD for wgetables, pasta, rice Usually use; without fat & sauces OR use vegetable oil spray Sometimes prepare: with sauce, butter, margarine, oil Usually use; other oils, tub margarine Usually use; other oils, tub margarine 16. FAT TYPE IN COOKING includes baking Usually use; oilve or Canola oil Or, usually cook without added fat. Usually use; other oils, tub margarine Usually use; other oils, tub margarine 17. SALT FROM PROCESSED FOODS Always/usually: compare and choose lower-sodium options Sometimes: consider sodium content lower-sodium options Usually use: regular tub margarine Barely/never: consider sodium content lower-sodium options 18. SPREADS sandwiches, etc. Usually use: fat-free or low-fat salad dressings & mayonnaise Usually use: regular tub margarine Usually use: regular chips & popcom, flavored pretzels Usually use: light salad dressings & mayonnaise Usually offen cat: regular chips & popcom, flavored pretzels 20. SNACK FOODS Usually eat: serving size = 1/4 c. muts, 2 T. peant butter Usually eat: algel food cake, low-fat week Sometimes eat: regular chips & popcom, flavored pretzels Usually eat: low setwy or chocolate candy cream bars/sandwiches Usually eat: or, seldom eat.	mini bagel, 3 c. light popcorn	rice, whole grain cereals,		
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<i>eat in or take out, any meal</i> Or, usually choose 1-2 times a week 3 times a week or	24. EATING OUT	1		•
		lower-fat menu items		more

Find your Rate Your Plate score:

Total checks in column A =	x 3 =	
Total checks in column B =	x 2 =	
Total checks in column C =	x 1 =	
TOTAL		

If your score is:

58 - 72: You are making many healthy choices.

41 - 57: There are some ways you can make your eating habits healthier.

24 - 40: There are many ways you can make your eating habits healthier.

Look at your Rate Your Plate responses.

Do you have any responses in Column A? If you do, great! You are already making some heart healthy choices. Look at your responses in Columns B and C. Where you checked Column C, can you start eating more like Column B? Over time, move toward Column A.

Think about changes. Write down eating changes you are ready to consider.

Change #1:	 _
Change #2:	 _
Change #3:	 _

Begin today. Make changes a little at a time. Let your new way of eating become a healthy habit.

Set goals.	After discussion with your doctor, write down eating changes you are ready to work on.
Goal 1:	
Goal 2:	
Goal 3:	

Brigham and Women's Cardiac Rehabilitation

Patient Self-Assessment Form

MEDICATIONS

Please complete the following list of medications, <i>including all non-prescription, vitamins,</i> and herbal supplements.					
Medication	Dose	How do you take this?	How often?		

Allergies	Reaction (what happens)

Brigham and Women's Cardiac Rehabilitation

Patient Self-Assessment Form

CARDIAC REHABILITATION PRIORITIES AND PERSONAL GOALS

Please number the topics in order from <u>most important to least important</u> for you to address during Cardiac Rehabilitation. Label the most important topic "1" in the box, and so on, with the least important topic to you labeled as "10". Feel free to add in anything you would like to address that is not already listed, and number that as well.

	Weight Loss		Medications		
	Heart Healthy Diet		Stress Reduction		
	Quit Smoking		Reduce Cholesterol		
	Exercise		Reduce Blood Pressure		
	Diabetes Control		Heart Disease Education		
	Other:				
Please mark an "X" at the point on the line that best reflects your outlook on the following:					
1. How IMPORTANT is it for you right now to make changes to improve your cardiac health?					
	0		10		
	Not at all important	Extremely important			
2. How CONFIDENT are you that you can make the health changes you want to make?					
	0		10		
	Not at all confident		Extremely confident		
Do you think there is anything else we should know about you to properly plan your care? □ No □ Yes (<i>please describe</i>):					

What concerns you the most about your health? _____

What are your health goals? _____

How do you like to learn new information?	(Please check mark your answer)
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