

**Brigham and Women's Cardiac Rehabilitation
 Patient Health Questionnaire (PHQ-9)**

Cardiac Rehabilitation Entrance Exit

NAME: _____ DATE: _____

Over the last 2 weeks , how often have you been bothered by the following problems? (Circle your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns _____ + _____ + _____

(Healthcare Professional: For interpretation of TOTAL, Please refer to accompanying scoring card).

TOTAL: _____

10. If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

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 Patient Signature Date _____ Time _____ AM/PM

 Patient Name (Print)

I have reviewed the above information with the patient.

Comments: _____

Signature _____ RN Date _____ Time _____ AM/PM



**Brigham and Women's Cardiac Rehabilitation
 Generalized Anxiety Disorder 7-item (GAD-7) scale**

Cardiac Rehabilitation Entrance Exit

NAME: _____ DATE: _____

Over the last 2 weeks , how often have you been bothered by the following problems? (Circle your answer)	Not at all	Several days	More than half the days	Nearly every day
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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 Patient Signature Date _____ Time _____ AM/PM

 Patient Name (Print)

I have reviewed the above information with the patient.

Comments: _____

Signature _____ RN Date _____ Time _____ AM/PM

Brigham and Women's Cardiac Rehabilitation

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.

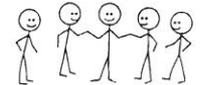
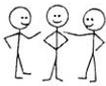
Daily Activities

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?

No difficulty at all		1
A little bit of difficulty		2
Some difficulty		3
Much difficulty		4
Could not do		5

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 – got sick and had to stay in bed
 – needed someone to talk to – needed help with daily chores
 – needed help just taking care of yourself

Yes, as much as I wanted		1
Yes, quite a bit		2
Yes, some		3
Yes, a little		4
No, not at all		5

Brigham and Women's Cardiac Rehabilitation

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?

No pain		1
Very mild pain		2
Mild pain		3
Moderate pain		4
Severe pain		5

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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?

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

Change In Health

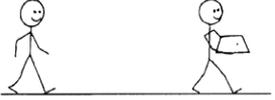
How would you rate your overall health now compared to 2 weeks ago?

Much better		1
A little better		2
About the same		3
A little worse		4
Much worse		5

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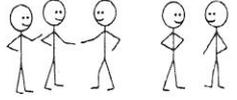
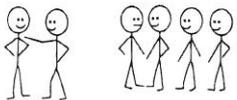
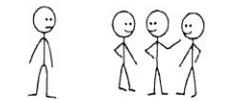
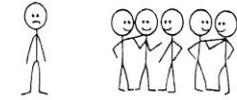
Physical Fitness

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

<p>Very heavy – for example:</p> <ul style="list-style-type: none"> • Run, fast pace • Carry a heavy load upstairs or uphill (25 pounds or 10 kilograms) 		1
<p>Heavy – for example:</p> <ul style="list-style-type: none"> • Jog, slow pace • Climb stairs or a hill at moderate pace 		2
<p>Moderate – for example:</p> <ul style="list-style-type: none"> • Walk, medium pace • Carry a heavy load on level ground (25 pounds or 10 kilograms) 		3
<p>Light – for example:</p> <ul style="list-style-type: none"> • Walk, medium pace • Carry light load on level ground 		4
<p>Very light – for example:</p> <ul style="list-style-type: none"> • 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

Brigham and Women's Cardiac Rehabilitation

Dartmouth COOP Functional Assessment Charts

Quality of Life

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

Very well: could hardly be better	1
Pretty good	2
Good and bad parts about equal	3
Pretty bad	4
Very bad: could hardly be worse	5

Patient's Name

Patient's Signature

Date

Time

Nurse's Signature

Date

Time

♥RATE 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.

	A	B	C
1. MEAT CUTS* <i>fresh beef, pork, lamb, veal</i>	<input type="checkbox"/> Usually eat: lean cuts from the round, loin or leg; ham Or, seldom eat meat.	<input type="checkbox"/> Sometimes eat: higher-fat cuts, such as chuck, ribs, brisket, T-bone steak, prime rib	<input type="checkbox"/> Usually/often eat: higher-fat cuts
2. CHICKEN, TURKEY*	<input type="checkbox"/> Usually eat: without skin	<input type="checkbox"/> Sometimes eat: with skin	<input type="checkbox"/> Usually eat: with skin
3. GROUND MEAT & POULTRY*	<input type="checkbox"/> Usually eat: 5-7% fat (93-95% lean); ground turkey breast Or, seldom eat.	<input type="checkbox"/> Usually eat: 10-15% fat; ground turkey (dark & white meat)	<input type="checkbox"/> Usually/often eat: regular ground meat, with 20% fat or more
4. PROCESSED MEAT & POULTRY* <i>cold cuts, hot dogs, sausage, breakfast meats</i>	<input type="checkbox"/> Usually eat: lower-fat choices from lean meat or poultry; veggie breakfast links Or, seldom eat.	<input type="checkbox"/> Sometimes eat: higher-fat choices, such as salami, bologna, hot dogs, bacon, sausage	<input type="checkbox"/> Usually/often eat: higher-fat choices
5. PORTION SIZE OF MEAT & POULTRY* <i>cooked or processed</i>	<input type="checkbox"/> Usually eat: small portions (≤ 3 oz.) deck of cards size	<input type="checkbox"/> Usually eat: medium portions (4-6 oz.)	<input type="checkbox"/> Usually/often eat: large portions (7 oz. or more)
6. FISH, SHELLFISH*	<input type="checkbox"/> Usually eat: twice a week or more, especially oily fish like salmon, herring or sardines	<input type="checkbox"/> Usually eat: any type once a week	<input type="checkbox"/> Usually eat: any type less than once a week
7. COOKING METHOD* <i>for poultry, fish, meat</i>	<input type="checkbox"/> Usually: cook without added fat or use vegetable oil spray	<input type="checkbox"/> Sometimes: cook with added fat or deep fry	<input type="checkbox"/> Usually/often: cook with added fat or deep fry
8. MEATLESS MEALS <i>veggie burgers, vegetable or bean soups, meatless spaghetti sauce, tofu, rice & beans</i>	<input type="checkbox"/> Usually eat: twice a week or more	<input type="checkbox"/> Usually eat: less than twice a week	<input type="checkbox"/> Rarely eat: meatless meals
9. WHOLE EGGS*	<input type="checkbox"/> Usually eat: 3 or less a week OR egg substitutes OR egg whites only	<input type="checkbox"/> Sometimes eat: 4 or more a week	<input type="checkbox"/> Usually eat: 4 or more a week
10. MILK <i>includes yogurt, cream</i>	<input type="checkbox"/> Usually use: 1% or skim milk, fat-free or low-fat yogurt, fat-free ½ & ½	<input type="checkbox"/> Sometimes use: 2% or whole milk, full-fat yogurt, regular ½ & ½	<input type="checkbox"/> Usually use: 2% or whole milk, full-fat yogurt, light cream
11. CHEESE* <i>includes cheese for pizza, sandwiches, snacks, mixed dishes, etc.</i>	<input type="checkbox"/> Usually eat: reduced-fat or part-skim Or, seldom eat.	<input type="checkbox"/> Sometimes eat: regular cheese, such as cheddar, Swiss, and American	<input type="checkbox"/> Usually eat: regular cheese
12. DAIRY FOODS <i>1 serving = 1 c. milk or yogurt, 1½ oz. cheese</i>	<input type="checkbox"/> Usually eat or drink 2 or more servings a day	<input type="checkbox"/> Usually eat or drink: 1 serving a day	<input type="checkbox"/> Rarely eat or drink

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

13. WHOLE GRAINS <i>1 serving = 1 oz slice bread; ½ English muffin; 1 c. cereal; ½ c. rice, pasta; 5 crackers; tortilla; mini bagel, 3 c. light popcorn</i>	<input type="checkbox"/> Usually eat: 3 or more servings a day , 100% whole wheat bread & pasta, brown rice, whole grain cereals, i.e., oatmeal, raisin bran, Wheaties®	<input type="checkbox"/> Sometimes eat: 1 or 2 servings a day	<input type="checkbox"/> Usually eat: mostly refined grains, i.e., white bread, white rice, saltine crackers, corn flakes, Rice Krispies®, Special K®
14. FRUITS & VEGETABLES <i>includes legumes 1 c. = medium whole fruit or potato, large tomato or ear corn, 2 c. raw leafy greens</i>	<input type="checkbox"/> Usually eat: 4-5 cups a day	<input type="checkbox"/> Usually eat: 2-3 cups a day	<input type="checkbox"/> Usually eat: 0-1 cup a day
15. COOKING METHOD <i>for vegetables, pasta, rice</i>	<input type="checkbox"/> Usually prepare: without fat & sauces OR use vegetable oil spray	<input type="checkbox"/> Sometimes prepare: with sauce, butter, margarine, oil	<input type="checkbox"/> Usually prepare: with sauce, butter, margarine, oil
16. FAT TYPE IN COOKING <i>includes baking</i>	<input type="checkbox"/> Usually use: olive or Canola oil Or, usually cook without added fat.	<input type="checkbox"/> Usually use: other oils, tub margarine	<input type="checkbox"/> Usually use: butter, bacon drippings, stick margarine, lard, shortening
17. SALT FROM PROCESSED FOODS	<input type="checkbox"/> Always/usually: <i>compare and choose lower-sodium options</i>	<input type="checkbox"/> Sometimes: <i>consider sodium content</i>	<input type="checkbox"/> Rarely/never: <i>consider sodium content</i>
18. SPREADS <i>added at the table on bread, potatoes, vegetables, pancakes, sandwiches, etc.</i>	<input type="checkbox"/> Usually use: spray or light tub margarine Or, seldom use.	<input type="checkbox"/> Usually use: regular tub margarine	<input type="checkbox"/> Usually use: butter or stick margarine
19. SALAD DRESSINGS, MAYONNAISE	<input type="checkbox"/> Usually use: fat-free or low-fat salad dressings & mayonnaise Or, seldom use.	<input type="checkbox"/> Usually use: light salad dressings & mayonnaise	<input type="checkbox"/> Usually use: regular salad dressings & mayonnaise
20. SNACK FOODS	<input type="checkbox"/> Usually eat: plain pretzels, light popcorn, baked chips Or, seldom eat.	<input type="checkbox"/> Sometimes eat: regular chips & popcorn, flavored pretzels	<input type="checkbox"/> Usually/often eat: regular chips & popcorn
21. NUTS, SEEDS <i>includes nut butters serving size = 1/4 c. nuts, 2 T. peanut butter</i>	<input type="checkbox"/> Usually eat: 3 servings or more a week	<input type="checkbox"/> Usually eat: 1-2 servings a week	<input type="checkbox"/> Usually eat: 1 or less serving a week Or, seldom eat.
22. FROZEN DESSERTS	<input type="checkbox"/> Usually eat: sherbet, sorbet, fruit juice bars, low-fat ice cream or frozen yogurt Or, seldom eat.	<input type="checkbox"/> Sometimes eat: regular ice cream, ice cream bars/sandwiches	<input type="checkbox"/> Usually eat: regular ice cream, ice cream bars/sandwiches
23. SWEETS, PASTRIES, CANDY	<input type="checkbox"/> Usually eat: angel food cake, low-fat or fat-free products Or, seldom eat.	<input type="checkbox"/> Sometimes eat: donuts, cookies, cake, pie, pastry, or chocolate candy	<input type="checkbox"/> Usually/often eat: donuts, cookies, cake, pie, pastry or chocolate candy
24. EATING OUT <i>eat in or take out, any meal</i>	<input type="checkbox"/> Seldom eat out Or, usually choose lower-fat menu items	<input type="checkbox"/> Usually eat: 1-2 times a week	<input type="checkbox"/> Usually eat: 3 times a week or more

