

# St. Francis Regional Medical Center

Cardiac Rehabilitation 952-428-2080

**Appointment:** Date \_\_\_\_\_ Time \_\_\_\_\_

Please bring with you a photo ID, insurance card, medication list, and glucometer if you are diabetic.

Check your insurance company for coverage of Phase 2 Cardiac Rehab, specifically any co-pays or deductibles you may be responsible for.

Please complete the included questionnaires the best you can. There is no right or wrong answer. Please bring with you to your first session.

Wear comfortable clothes and good walking shoes, we will be doing exercise the first session.

**Directions to department:** Park by the main entrance (South side of hospital). Come in the main entrance either through the front doors or side doors. Cardiac Rehab is located in the Medical Office Building hallway to the right. Cardiac Rehab is located in suite 105, first door on the left.

Please stop by Registration to get registered in the program. This is the only time you will have to do this.

Please call us if you have any questions or need to reschedule.

Thank you,

Your St. Francis Regional Medical Center Cardiac Rehab Team

## Global Health

Please respond to each question or statement by marking one box per row.

		Excellent	Very good	Good	Fair	Poor
Global01	In general, would you say your health is: .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Global02	In general, would you say your quality of life is:.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Global03	In general, how would you rate your physical health? .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Global04	In general, how would you rate your mental health, including your mood and your ability to think? .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Global05	In general, how would you rate your satisfaction with your social activities and relationships? .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Global09r	In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.).....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		Completely	Mostly	Moderately	A little	Not at all
Global06	To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair? .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

**In the past 7 days...**

		Never	Rarely	Sometimes	Often	Always						
Global10r	How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable? .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
		None	Mild	Moderate	Severe	Very severe						
Global08r	How would you rate your fatigue on average? .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
Global07r	How would you rate your pain on average? .....	<input type="checkbox"/> 0 No pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 Worst pain imaginable

22 August 2016  
 © 2010-2016 PROMIS Health Organization and PROMIS Cooperative Group

Allina Health Question

Qual01	How important do you think it is for your care team to have this information about you?	<input type="checkbox"/> 0 Not important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 Very important
--------	---	--	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------	--

<b>Staff Use Only</b>
Patient Name: _____
Physical Score: _____
Mental Score: _____

# PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate 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 in some way	0	1	2	3

FOR OFFICE CODING   0   +        +        +         
=Total Score:       

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

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

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

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



## Goals I Want to Achieve by Completion of Cardiac Rehab

- To develop a habit of consistent exercise
  - To build strength, stamina and endurance
  - To learn to manage stress
  - To develop healthier eating habits
  - To lose \_\_\_\_\_ pounds
  - To know more about heart problems
  - To know more about medications
  - To know which activities I can/can't do at home and/or at my job
  - To quit smoking – remain smoke free
  - To lower my cholesterol panel to recommended levels
  - Other goals: \_\_\_\_\_
-