# The Patient Health Questionnaire – (PHQ9)

**Patient Name**_____________________________  **Date of Visit**________________

**Over the past 2 weeks, how often have you been bothered by any of the following problems?**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Everyday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or over eating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about your self – or that you’re a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>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</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Column Totals**

_______ + _______ + _______ + _______

**Add Totals Together**

_____________________________________

10. If you checked off any problems, how difficult have those 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

Signature:________________________________________________ Date:____________ Time:__________
AGREEMENT FOR PARTICIPATION AND AUTHORIZATION FOR RELEASE OF GROUP HEALTH INFORMATION OF EXERCISE REHABILITATION FOR PATIENTS WITH SUSPECTED OR KNOWN HEART DISEASE

PURPOSE AND EXPLANATION OF PROCEDURE
In order to improve my physical capacity and generally aid in my medical treatment for heart disease, I hereby agree to enter a cardiac rehabilitation program that will include cardiovascular monitoring, physical exercise, dietary counseling, smoking cessation, stress reduction, and health education activities. The levels of exercise that I perform will be based on the condition of my heart and circulation determined by my physician. I will be given exact instructions regarding the amount and kind of exercise I should do. Professionally trained clinical personnel will provide leadership to direct my activities and monitor my electrocardiogram and blood pressure to make sure I am exercising at the prescribed level. I understand I am expected to attend every session I can and to follow staff and physician instructions with regard to my medications that may have been prescribed, exercise, diet, stress management, and smoking cessation. If I am taking prescribed medications, I have already informed the program staff and further agree to promptly inform them of any changes my doctor or I have made with regard to their use.

I have been informed that in the course of my participation in exercise, I will be asked to complete the activities unless such symptoms as fatigue, shortness of breath, chest discomfort, or similar occurrences occur. At that point I have been advised it is my complete right to stop exercising and it is my obligation to inform the program personnel of my symptoms. I recognize and hereby state I have been advised that I should immediately, upon experiencing any such symptoms, inform the program personnel of my symptoms.

I understand during the performance of exercise, a trained observer will periodically monitor my performance and perhaps take my electrocardiogram, pulse, blood pressure, or make other observations for the purpose of monitoring my progress and/or condition. I also understand the observer may reduce or stop my exercise program when findings indicate this should be done for my safety and benefit.

RISKS
It is my understanding and I have been informed that there exists the possibility during exercise of adverse changes including: abnormal blood pressure; fainting; disorders of heart rhythm; and very rare instances of heart attack, stroke or even death. Every effort will be made to minimize these occurrences by proper staff assessment of my condition before each exercise session, staff supervision during exercise, and my own careful control of exercise effort. I have also been informed that emergency equipment and personnel are readily available to manage unusual situations should these occur. I understand there is a risk of injury, heart attack, stroke, or even death as a result of my exercise, but knowing these risks it is my desire to participate as herein indicated.

BENEFITS TO BE EXPECTED AND ALTERNATIVES AVAILABLE
I understand this medical treatment may or may not benefit my health status or physical fitness. Generally, participation will help determine what recreational and occupational activities I can safely and comfortably perform. Many individuals in such programs also show improvements in their capacity for physical work. For those who are overweight and able to follow the physician and dietary plans, this program may also aid in achieving appropriate weight education and control. There is no alternative treatment, care or services available.
AGREEMENT FOR PARTICIPATION AND AUTHORIZATION FOR RELEASE OF GROUP HEALTH INFORMATION OF EXERCISE REHABILITATION FOR PATIENTS WITH SUSPECTED OR KNOWN HEART DISEASE

CONFIDENTIALITY AND USE OF INFORMATION
I have been informed that the information obtained from this rehabilitation program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information for research and statistical purposes as long as it does not identify my person or provide facts that could lead to my identification. Only the program staff in the course of prescribing exercise for me, planning my rehabilitation program, or advising my personal physician of my progress will use any other information obtained.

I also understand that my electrocardiogram, heart rate and other vital signs will be displayed on a telemetry monitor, in full view of others in the room. The rehabilitation staff will do everything in their power to limit other patient accessibility to my health information. However, I understand that I will be participating in a group setting, and as such, my name and other protected health information about me may be overheard by other participants in the setting.

INQUIRIES AND FREEDOM OF CONSENT
My participation in the cardiac rehabilitation program is voluntary. I am free to deny any treatment if I so desire, both now and at any point in the program.

I have been given an opportunity to ask questions regarding the procedures of this program. I further understand that there are remote risks other than those previously described that may be associated with this program. Despite the fact that a complete accounting of all remote risks is not entirely possible, I am satisfied with the review of these risks that was provided to me, and it is still my desire to participate.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same, and I consent to the rendition of all services and procedures herein by all program personnel.

_____________________________________________ _________________  _______________
Patient’s Signature Date Time

_____________________________________________ _________________  _______________
Cardiac Rehab Program Staff 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.

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>MEAT CUTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>fresh beef, pork, lamb, veal</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Usually eat: lean cuts from the round, loin or leg; ham</td>
<td>□ Sometimes eat: higher-fat cuts, such as chuck, ribs, brisket, T-bone steak, prime rib</td>
<td>□ Usually/often eat: higher-fat cuts</td>
</tr>
<tr>
<td></td>
<td>Or, seldom eat meat.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>CHICKEN, TURKEY</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Usually eat: without skin</td>
<td>□ Sometimes eat: with skin</td>
<td>□ Usually eat: with skin</td>
</tr>
<tr>
<td>3</td>
<td><strong>GROUND MEAT &amp; POULTRY</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Usually eat: 5-7% fat (93-95% lean); ground turkey breast</td>
<td>□ Usually eat: 10-15% fat; ground turkey (dark &amp; white meat)</td>
<td>□ Usually/often eat: regular ground meat, with 20% fat or more</td>
</tr>
<tr>
<td></td>
<td>Or, seldom eat.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>PROCESSED MEAT &amp; POULTRY</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>cold cuts, hot dogs, sausage, breakfast meats</em></td>
<td>□ Usually eat: lower-fat choices from lean meat or poultry; veggie breakfast links</td>
<td>□ Sometimes eat: higher-fat choices, such as salami, bologna, hot dogs, bacon, sausage</td>
</tr>
<tr>
<td></td>
<td>Or, seldom eat.</td>
<td></td>
<td>□ Usually/often eat: higher-fat choices</td>
</tr>
<tr>
<td>5</td>
<td><strong>PORTION SIZE OF MEAT &amp; POULTRY</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>cooked or processed</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Usually eat: small portions (≤ 3 oz.) deck of cards size</td>
<td>□ Usually eat: medium portions (4-6 oz.)</td>
<td>□ Usually/often eat: large portions (7 oz. or more)</td>
</tr>
<tr>
<td>6</td>
<td><strong>FISH, SHELLFISH</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Usually eat: twice a week or more, especially oily fish like salmon, herring or sardines</td>
<td>□ Usually eat: any type once a week</td>
<td>□ Usually eat: any type less than once a week</td>
</tr>
<tr>
<td>7</td>
<td><strong>COOKING METHOD</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>for poultry, fish, meat</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Usually: cook without added fat or use vegetable oil</td>
<td>□ Sometimes: Cook with added fat or deep fry</td>
<td>□ Usually/often: Cook with added fat or deep fry</td>
</tr>
<tr>
<td>8</td>
<td><strong>MEATLESS MEALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>veggie burgers, vegetable or bean soups, meatless spaghetti sauce, tofu, rice &amp; beans</em></td>
<td>□ Usually eat: twice a week or more</td>
<td>□ Usually eat: less than twice a week</td>
</tr>
</tbody>
</table>

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

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### Rate Your Plate

**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 ½ & ½
- **Sometimes use:**
  - 2% or whole milk, full-fat yogurt, regular ½ & ½
- **Usually use:**
  - 2% or whole milk, full-fat yogurt, light cream

**11. CHEESE**  
*includes cheese for pizza, sandwiches, snacks, mixed dishes*
- **Usually eat:**
  - reduced-fat or part-skim OR, seldom eat.
- **Sometimes eat:**
  - regular cheese, such as cheddar, Swiss, and American
- **Usually eat:**
  - regular cheese

**12. DAIRY FOODS**  
1 serving = 1 c. milk or yogurt, 1½ oz. cheese, etc.
- **Usually eat or drink:**
  - 2 or more servings a day
- **Usually eat or drink:**
  - 1 serving a day
- **Rarely eat or drink**

**13. WHOLE GRAINS**  
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
- **Usually eat:**
  - 3 or more servings a day, 100% whole wheat bread & pasta, brown rice, whole grain cereals, i.e., oatmeal, raisin bran, Wheaties®
- **Sometimes eat:**
  - 1 or 2 servings a day
- **Usually eat:**
  - mostly refined grains, i.e., white bread, white rice, saltine crackers, corn flakes, Rice Krispies®, Special K®

**14. FRUITS & VEGETABLES**  
*includes legumes*  
1 c. = medium whole fruit or potato, large tomato or ear corn, 2 c. raw leafy 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 use vegetable oil spray
- **Sometimes prepare:**
  - with sauce, butter, margarine, oil
- **Usually prepare:**
  - with sauce, butter, margarine, oil

**16. FAT TYPE IN COOKING**  
*includes baking*
- **Usually use:**
  - olive or Canola oil OR, usually cook without added fat.
- **Usually use:**
  - other oils, tub margarine
- **Usually use:**
  - butter, bacon drippings, stick margarine, lard, shortening

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

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<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17. SALT FROM PROCESSED FOODS</td>
<td>□ Always/usually: compare and choose lower-sodium options</td>
<td>□ Sometimes: consider sodium content</td>
<td>□ Rarely/never: consider sodium content</td>
</tr>
</tbody>
</table>
| 18. SPREADS  
*added at the table on bread, potatoes, vegetables, pancakes, sandwiches, etc.* | □ Usually use: spray or light tub margarine  
Or, seldom use. | □ Usually use: regular tub margarine | □ Usually use: butter or stick margarine |
| 19. SALAD DRESSINGS, MAYONNAISE | □ Usually use: fat-free or low-fat salad dressings & mayonnaise  
Or, seldom use. | □ Usually use: light salad dressings & mayonnaise | □ Usually use: regular salad dressings & mayonnaise |
| 20. SNACK FOODS | □ Usually eat: plain pretzels, light popcorn, baked chips  
Or, seldom eat. | □ Sometimes eat: regular chips & popcorn, flavored pretzels | □ Usually/often eat: regular chips & popcorn |
| 21. NUTS, SEEDS  
*includes nut butters serving size =1/4 c. nuts, 2 T. peanut butter* | □ Usually eat: 3 servings or more a week | □ Usually eat: 1-2 servings a week | □ Usually eat: 1 or less serving a week  
Or, seldom eat. |
| 22. FROZEN DESSERTS | □ Usually eat: sherbet, sorbet, fruit juice bars, low-fat ice cream or frozen yogurt  
Or, seldom eat. | □ Sometimes eat: regular ice cream, ice cream bars/sandwiches | □ Usually eat: regular ice cream, ice cream bars/sandwiches |
| 23. SWEETS, PASTRIES, CANDY | □ Usually eat: angel food cake, low-fat or fat-free products  
Or, seldom eat. | □ Sometimes eat: donuts, cookies, cake, pie, pastry, or chocolate candy | □ Usually/often eat: donuts, cookies, cake, pie, pastry or chocolate candy |
| 24. EATING OUT  
*eat in or take out, any meal* | □ Seldom eat out  
Or, usually choose lower-fat menu items | □ Usually eat: 1-2 times a week | □ Usually eat: 3 times a week or more |

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

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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: __________________________________________________________________________

Signature: ___________________________________________ Date: ___________ Time: __________

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