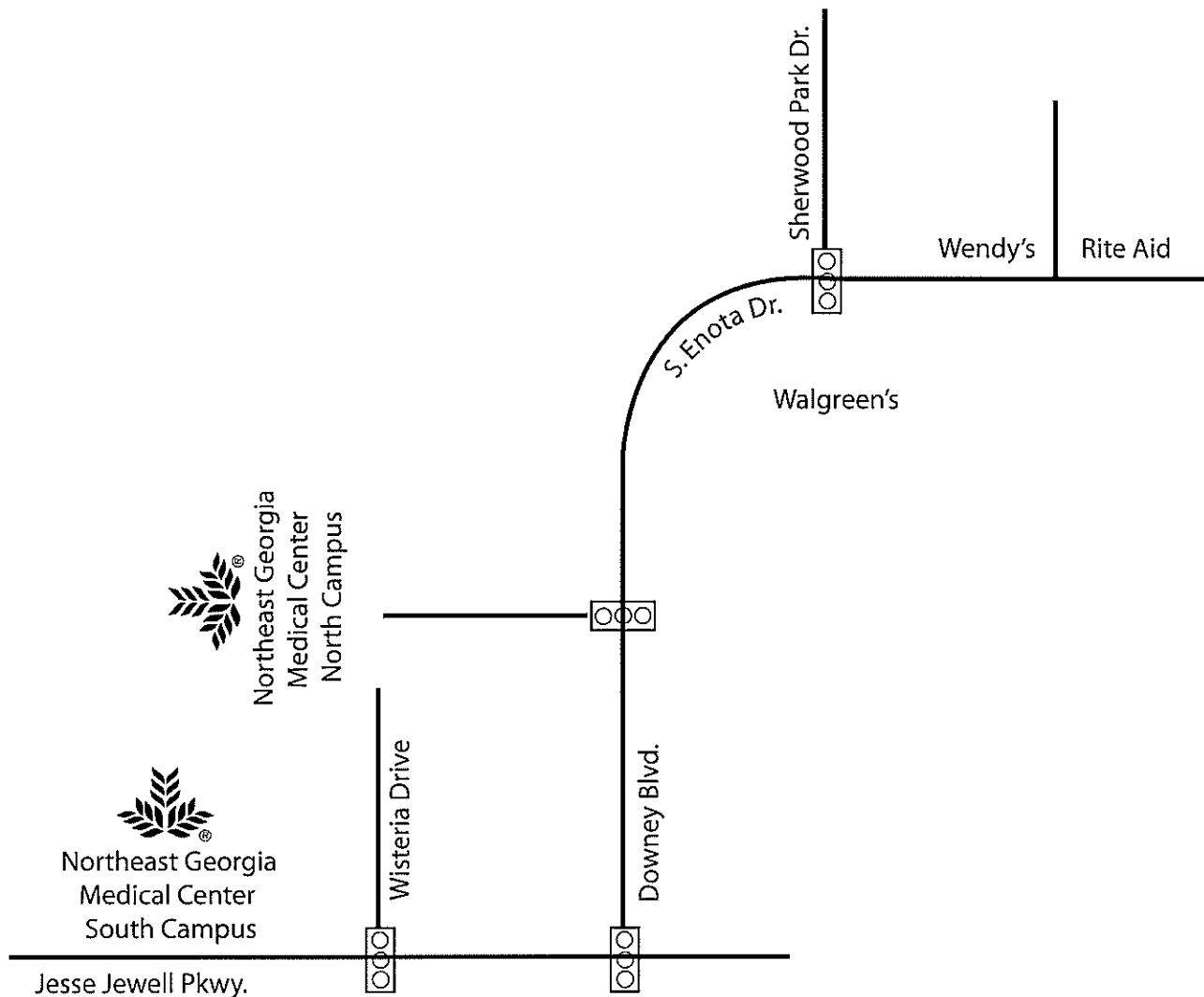




The Rehab Institute and Quick Care



The Rehabilitation Institute

Northeast Georgia Medical Center

597 S. Enota Drive Sherwood Plaza 770-219-8200

Patient Education Preference

Please check the following questions that you would like to have answered while in Cardiac Rehab. Most of these topics are covered in our education classes.

MEDICAL

- What exactly happened to my heart and what will I feel if it happens again?
- What should I do if I experience the heart pain and problems I had the first time?
- What are my medications? How do they protect my heart?
- How can I quit smoking?
- How and when can I manage my blood pressure better?
- Why am I sad, depressed, or angry? How do I deal with it?
- What does my diabetes have to do with my heart?
- What is stress and how can I moderate it?

DIETARY

- How can I reduce my cholesterol levels?
- How can I reduce the fat in my diet?
- How can I lose weight?
- How can I reduce my salt intake?

EXERCISE

- When will I be able to resume sexual activities?
- Will I be able to play golf, garden, mow the grass, and be active again?
- When can I go back to work?
- How should I start exercising?



Date _____
 Name _____ Date of Birth _____
 Address _____
 Phone: Home _____ Work _____
 Primary Physician _____ Medical History _____
 Cardiologist _____

Who should we call in case of an emergency (at least one contact person)?

1. Name _____ Relation _____
 Phone _____
 2. Name _____ Relation _____
 Phone _____

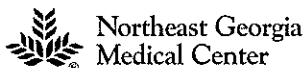
List all **current medications** (prescription, over-the-counter, vitamins, herbs) including the *dosage* and the *number times per day* you take each one.

	MEDICATION NAME	DOSAGE	TIMES PER DAY
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____

List any medications you are allergic to: _____

WEEKLY MEDICINE UPDATE RECORD (Staff Use Only)

1. _____ DATE / STAFF INITIALS	2. _____ DATE / STAFF INITIALS	3. _____ DATE / STAFF INITIALS	4. _____ DATE / STAFF INITIALS
5. _____ DATE / STAFF INITIALS	6. _____ DATE / STAFF INITIALS	7. _____ DATE / STAFF INITIALS	8. _____ DATE / STAFF INITIALS
9. _____ DATE / STAFF INITIALS	10. _____ DATE / STAFF INITIALS	11. _____ DATE / STAFF INITIALS	12. _____ DATE / STAFF INITIALS



**CARDIAC REHABILITATION
 PATIENT INFORMATION
 UPDATE**

PATIENT IDENTIFICATION:



Ferrans and Powers
QUALITY OF LIFE INDEX
CARDIAC VERSION - IV

Name: _____ Date: _____

PART I -For each of the following, please choose the answer that best describes how *satisfied* you are with that area of your life. Please mark your answer by circling the number. There are no right or wrong answers.

HOW SATISFIED ARE YOU WITH:	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied
1. Your health?	1	2	3	4	5	6
2. Your health care?	1	2	3	4	5	6
3. The amount of chest pain (angina) that you have?	1	2	3	4	5	6
4. Your ability to breathe without shortness of breath?	1	2	3	4	5	6
5. The amount of energy you have for everyday activities?	1	2	3	4	5	6
6. Your ability to take care of yourself without help?	1	2	3	4	5	6
7. The amount of control you have over your life?	1	2	3	4	5	6
8. Your chances of living as long as you would like?	1	2	3	4	5	6
9. Your family's health?	1	2	3	4	5	6
10. Your children?	1	2	3	4	5	6
11. Your family's happiness?	1	2	3	4	5	6
12. Your sex life?	1	2	3	4	5	6
13. Your spouse, lover or partner?	1	2	3	4	5	6
14. Your friends?	1	2	3	4	5	6
15. The emotional support you get from your family?	1	2	3	4	5	6
16. The emotional support you get from people other than your family?	1	2	3	4	5	6

(Please Go To Next Page)

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HOW SATISFIED ARE YOU WITH:

	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied
17. Your ability to take care of your family responsibilities?	1	2	3	4	5	6
18. How useful you are to others?	1	2	3	4	5	6
19. The amount of worries in your life?	1	2	3	4	5	6
20. Your neighborhood?	1	2	3	4	5	6
21. Your home, apartment or place where you live?	1	2	3	4	5	6
22. Your job (if employed)?	1	2	3	4	5	6
23. Not having a job (if unemployed, retired or disabled)?	1	2	3	4	5	6
24. Your education?	1	2	3	4	5	6
25. How well you take care of your financial needs?	1	2	3	4	5	6
26. The things you do for fun?	1	2	3	4	5	6
27. Your chances for a happy future?	1	2	3	4	5	6
28. Your peace of mind?	1	2	3	4	5	6
29. Your faith in God?	1	2	3	4	5	6
30. Your achievement of personal goals?	1	2	3	4	5	6
31. Your happiness in general?	1	2	3	4	5	6
32. Your life in general?	1	2	3	4	5	6
33. Your personal appearance?	1	2	3	4	5	6
34. Yourself in general?	1	2	3	4	5	6
35. The changes in your life that you have had to make because of your heart problem (changes in diet, physical activity, or smoking)?	1	2	3	4	5	6

(Please Go To Next Page)

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PART II -For each of the following, please choose the answer that best describes how *important* that area of your life is to you. Please mark your answer by circling the number. There are no right or wrong answers.

HOW IMPORTANT TO YOU IS:	Very Unimportant	Moderately Unimportant	Slightly Unimportant	Slightly Important	Moderately Important	Very Important
1. Your health?	1	2	3	4	5	6
2. Your health care?	1	2	3	4	5	6
3. Having no chest pain (angina)?	1	2	3	4	5	6
4. Having no shortness of breath?	1	2	3	4	5	6
5. Having enough energy for everyday activities?	1	2	3	4	5	6
6. Taking care of yourself without help?	1	2	3	4	5	6
7. Having control over your life?	1	2	3	4	5	6
8. Living as long as you would like?	1	2	3	4	5	6
9. Your family's health?	1	2	3	4	5	6
10. Your children?	1	2	3	4	5	6
11. Your family's happiness?	1	2	3	4	5	6
12. Your sex life?	1	2	3	4	5	6
13. Your spouse, lover or partner?	1	2	3	4	5	6
14. Your friends?	1	2	3	4	5	6
15. The emotional support of you get from your family?	1	2	3	4	5	6
16. The emotional support you get from people other than your family?	1	2	3	4	5	6
17. Taking care of family responsibilities?	1	2	3	4	5	6

(Please Go To Next Page)

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HOW IMPORTANT TO YOU IS:

	Very Unimportant	Moderately Unimportant	Slightly Unimportant	Slightly Important	Moderately Important	Very Important
18. Being useful to others?	1	2	3	4	5	6
19. Having no worries?	1	2	3	4	5	6
20. Your neighborhood?	1	2	3	4	5	6
21. Your home, apartment or place where you live?	1	2	3	4	5	6
22. Your job (if employed)?	1	2	3	4	5	6
23. Having a job (if unemployed, retired or disabled)?	1	2	3	4	5	6
24. Your education?	1	2	3	4	5	6
25. Being able to take care of your financial needs?	1	2	3	4	5	6
26. Doing things for fun?	1	2	3	4	5	6
27. Having a happy future?	1	2	3	4	5	6
28. Peace of mind?	1	2	3	4	5	6
29. Your faith in God?	1	2	3	4	5	6
30. Achieving your personal goals?	1	2	3	4	5	6
31. Your happiness in general?	1	2	3	4	5	6
32. Being satisfied with life?	1	2	3	4	5	6
33. Your personal appearance?	1	2	3	4	5	6
34. Are you to yourself?	1	2	3	4	5	6
35. The changes in your life that you have had to make because of your heart problem (changes in diet, physical activity, or smoking)?	1	2	3	4	5	6

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Picture Your Plate

Please answer these questions to help us identify your eating habits:

Consider what and how you have been eating during the past month. If you've had a recent health event, please answer by describing your usual eating habits before that event.

Your answers to these questions will help us understand your usual food choices.

- The questions are about commonly eaten foods:
 - how many servings of a food you eat -- either in a 'usual' DAY or an 'average' WEEK
 - how foods are prepared
 - how certain situations affect your choices
- A specific serving size for a portion of each type of food is listed.
Picture your usual serving size: is it larger or smaller than the portion listed?
- Note the abbreviations used: Svgs = serving or Wk = week
- Circle the answer that best describes your USUAL eating habits.
- Leave any "Score:____" blank. The score will be calculated later.

Thank you for helping us Picture Your Plate!

Vegetables & Fruits

In an average DAY, how many servings of **VEGETABLES** do you eat?

(A serving is 1/2 cup cooked vegetable or 1 cup raw green leafy vegetable like lettuce.)

1. Count all vegetables, include fresh, frozen and canned vegetables and 100% vegetable juice and tomato sauce	4+ svgs/day	2-3 svgs/day	0-1 svg/day
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In an average DAY, how many servings of **FRUIT** do you eat?

(A serving is one small piece of fruit, 1/2 cup cut-up fresh, frozen or canned fruit, 1/2 cup of unsweetened 100% juice or 1/4 cup dried fruit.)

2. Fresh, unsweetened canned, unsweetened frozen, unsweetened 100% juice, or dried fruit like raisins.	3+	2	0-1
3. Do you eat fruit canned in heavy syrup or add sugar to your fruit?	Rarely or never	Some- times	Often

Now, think about different kinds of vegetables you eat every WEEK.

In an average WEEK, consider your vegetable intake: how many of these vegetables do you eat?

(A serving is 1/2 cup cooked vegetables or 1 cup raw green leafy vegetables.)

4. Dark-green vegetables like collard greens, spinach, kale, broccoli and dark-green lettuces (like romaine)	2+ svgs/wk	1 svg/wk	0 svgs/wk
5. Red and orange vegetables like tomatoes, tomato juice, red and orange peppers, beets, radishes, carrots, sweet potatoes and winter squash (such as butternut)	7+	4-6	0-3
6. Starchy vegetables like corn, green peas, lima beans, white potatoes, plantains and cassava	0-10	11-14	15+

Score _____

Breads, Grains & Cereals

In an average DAY, how many servings of **BREAD** do you eat?

(A serving is 1 slice of bread, 1/2 bun, 1 small tortilla, 1 roll, 1 small biscuit, or one 2" square slice of cornbread.)

1a. Bread, rolls, or tortillas (wheat or corn) made with whole grain (label will list "wholegrain" or "whole wheat flour" first)	2+ svgs/day	1 svg/day	0 svgs/day
b. Bread, rolls, biscuits, tortillas, or quick breads (cornbread, muffins, pancakes, waffles) made all or mostly with white flour (label will usually list "enriched wheat flour" or "wheat flour" first)	0	1	2+

Now, think about foods you eat every WEEK.

In an average WEEK, how many servings of **GRAINS** and **CEREALS** do you eat?

(A serving is 1/2 cup of rice, pasta, or cooked cereal such as oatmeal.

Serving sizes for cold cereals are usually between 1/2 cup and 1 cup, depending on the cereal.)

2a. Brown rice, whole grain pasta, or other whole grains, like barley	3+ svgs/wk	1-2 svgs/wk	0 svgs/wk
b. White rice or regular pasta, like noodles, spaghetti or macaroni	0-1	2	3+
3a. Cold or hot whole grain cereals, like bran flakes or oatmeal	3+	1-2	0
b. Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits or cream of wheat	0	1-2	3+

Red & Processed Meat

In an average WEEK, how many servings of BREAKFAST and LUNCH MEATS do you eat?
 (A breakfast serving is 2 strips of bacon or 2 sausage patties or 2 sausage links.
 For lunch meats, a serving is 2 slices of bologna or other lunch meats or 1 hot dog.)

1. Bacon or sausage (made from beef, pork or poultry)	0 svgs/wk	1 svg/wk	2+ svgs/wk
2. Hot dogs and deli or lunch meats (made from beef, pork or poultry) or Spam™	0	1	2+

In an average WEEK, how many servings of RED MEAT do you eat?
 This includes roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce.
 (A serving is 3 ounces — about the size of a deck of cards.)

3a. Red meat (beef, pork and lamb)	0-2 svgs/wk	3-4 svgs/wk	5+ svgs/wk
b. Is the fat usually trimmed or drained?	Yes (or rarely/never eat)	Sometimes	No
c. Compared to a deck of cards, is your portion.....?	Equal/smaller (or rarely/never eat)	Larger	Twice size of deck of cards
4. What type of ground beef do you usually eat?	10% or less fat (or rarely/never eat)	11%-19% fat	20% or more fat

Score _____

Poultry

In an average WEEK, what kinds of CHICKEN or TURKEY do you eat?

1. Chicken or turkey, including ground versions. (Do not count processed forms like turkey bacon or turkey sausage)	Skin removed (or rarely/never eat)		Chicken or turkey with skin and/or deep-fried, wings, processed nuggets, smoked
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Score _____

Fish & Shellfish

In an average WEEK, how many of these servings of FISH or SHELLFISH do you eat?
 (A serving is 3 ounces is about the size of a deck of cards.)

1a. Fish and shellfish, including fresh, frozen and canned.	3+ svgs/wk	2 svgs/wk	0-1 svg/wk
b. How many servings of fish include albacore (white) tuna, sardines, herring, salmon, swordfish, sea bass or lake trout?	2+	1	0

Score _____

Beans, Nuts & Seeds

In an average WEEK, how many servings of dried or canned BEANS or PEAS do you eat?
(A serving is 1/2 cup cooked beans.)

1. Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas	3+ svgs/wk	1-2 svgs/wk	0 svgs/wk
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In an average WEEK, how many servings of NUTS AND SEEDS do you eat?
(A serving of nuts is 1 ounce or a small handful [1/4 cup]. A serving of peanut butter or other nut butters is 2 tablespoons. A serving of seeds is 2 tablespoons.)

2. Peanut or nut butters or whole plain nuts (like peanuts, almonds, pecans) and seeds (pumpkin, sunflower, squash)	4+	2-3	0-1
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Score _____

Milk & Dairy Foods

In an average DAY, how many servings of dairy foods do you drink or eat, including on cereal?
(A serving of milk or yogurt is 1 cup, a serving of hard cheese is 1 ounce, grated is 1/4 cup, pre-sliced cheese is 1 slice; ricotta or feta cheese is 1/4 cup; cottage cheese is 1/2 cup.)

1a. Whole milk, regular sweet milk, whole milk yogurt, regular (full-fat) cheese, or coconut milk	0 svgs/day	1 svg/day	2+ svgs/day
b. 2%, 1%, 1/2% or skim (nonfat) milk, buttermilk, low-fat/nonfat yogurt, reduced-fat cheese, or soy milk fortified with calcium	2-3	1	0 or 4+

In a typical WEEK, when/if you have cheese, what kinds do you have?

2. Natural cheeses include cheddar, Swiss, mozzarella, provolone or jack, feta and ricotta cheese. Processed cheeses include American slices, cheese spreads, and cottage cheese.	Usually natural cheese OR no cheese	Both	Usually processed cheese
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Score _____

Toppings, Oils, Seasonings & Salt

In an average WEEK, how many servings of these TOPPINGS do you eat?
(A serving is 2 tablespoons.)

1. Sour cream, light or heavy cream, creamer, whipped toppings, or regular cream cheese	0 svgs	1-2 svgs	3+ svgs
2. Gravy, meat drippings or sauce made from meat drippings	Rarely/never	Once a week	2+ times a week

What BUTTER or MARGARINE do you usually use?

3. Soft/liquid or Solid?	Trans-fat-free tub (soft) margarine spread or liquid/spray; or no butter or margarine		Butter (any form) or stick margarine or solid fat
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What kind of OIL or SEASONING is usually used at home:

4a. For frying?	Olive, canola, soybean, corn, safflower, etc. or trans-fat-free margarine spread or do not fry		Butter, lard, bacon/meat fat, vegetable shortening, stick margarine, or coconut oil
b. For baking?	Olive, canola, soybean, corn, safflower etc. or trans-fat-free margarine spread; or do not bake		Butter, lard, vegetable shortening, stick margarine, or coconut oil
c. For vegetables? (such as greens or potatoes)	Olive, canola, soybean, corn, safflower etc., trans-fat-free margarine spread; Vinegar or lemon juice, herbs, spices, or nothing	Lean ham	Butter, fatback, bacon, stick margarine, or coconut oil

When you eat these foods, what do you have?

5. Canned or frozen vegetables and beans that are low-sodium or with no added salt or sauces	All or most of the time (or only eat fresh)	Sometimes	Rarely/never
6. Rice, pasta (like macaroni) and grain mixtures with seasoning packets or sauce	Rarely/never	Once a week	Two or more times a week
7. Canned/prepared soups, sauces (including pasta sauce), bouillon or bottled salad dressings	Rarely/never or choose reduced sodium	Once a week	Two or more times a week
8. How often do you add salt, seasoned salt or soy sauce at the table?	Rarely/never	Sometimes	All or most of the time

Sweets, Snacks & Restaurant Food

In an average WEEK, how many servings of SWEETS like bakery items and candy do you eat?
(A serving is 1 doughnut, 1 sweet roll, 1 small slice of cake/pie, 4 small cookies, or 1 regular candy bar)

1. Doughnuts, sweet rolls, pies, cakes, cookies, candy bars, chocolate, or other candies	0-1 svg/wk	2-3 svgs/wk	4+ svgs/wk
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In an average WEEK, how many servings of FROZEN DESSERTS do you eat?
(A serving is 1/2 cup ice cream, sherbet, or frozen yogurt.)

2a. Ice cream, sherbet, sorbet, frozen yogurt	0-1 svg/wk	2-3 svgs/wk	4+ svgs/wk
b. Do you choose light or low-fat ice cream, frozen yogurt, sherbet, sorbet, fruit ice, Popsicle®?	Usually (or rarely eat frozen dessert)	Some- times	Rarely/ never

In an average WEEK, how many servings (svgs) of processed SNACK FOODS do you eat?
(A serving = a small handful; about 1 ounce of chips, 5-6 crackers, 10 small pretzels, 3 cups popcorn)

3a. Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, pretzels, microwave or movie theater popcorn	0-1 svg/wk	2-3 svgs/wk	4+ svgs/wk
b. Do you choose unsalted or "hint of salt" crackers/chips?	Usually (or rarely eat these foods)	Some- times	Rarely/ never

How many times a WEEK do you eat out at RESTAURANTS or have DELIVERY/CARRY-OUT at home? Include food from fast-food restaurants.

4a. Restaurant meals (including fast food and carry-out)	0-1	2-3	4+
b. How many times a week do you eat deep-fried foods (like hush puppies, French fries, deep-fried fish, or chicken nuggets)?	0	1-2	3+

Score _____

Beverages

In an average DAY, how many 8-oz servings of these beverages do you have with meals and between meals? (A beverage serving is 8 ounces. A canned drink is 1 1/2 servings [12 ounces]. A bottled, or medium-size drink is often more than 2 servings [20 ounces or more].)

1a. Regular sodas (non-diet) like Coke™, Pepsi™, Sprite™, ginger ale, root beer or tonic water	0 svgs/day	1 svg/day	2+ svgs/day
b. Bottled fruit-flavored drinks (non-diet) like Snapple™, lemonade, fruitade, Kool-Aid™, sports/energy drinks	0	1	2+
c. Sugar-sweetened coffee or tea drinks "sweet tea" iced tea, coffee or tea with sugar, specialty cold or hot coffee drinks with flavored sugar syrup, sweetened chai tea	0	1	2+
d. 100% fruit juice like orange, apple, grapefruit, or grape juice	0-1	2	3+

In an average DAY, how many servings of ALCOHOL do you drink?

2. One serving of alcohol is 12 ounces regular/lite beer, 5 ounces wine, or 1 ounce 80-proof liquor.	Men: 2 or less Women: 1 or less		Men: 3+ Women: 2+
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Score _____