Hôpital général St-Boniface General Hospital

Coping With A Cardiac Event: How are you Doing?

Having a cardiac event affects you emotionally as well as physically. Most people feel anxious, depressed, or irritable for several weeks after their cardiac event. If these symptoms make it difficult for you to do your daily activities or you do not seem to be getting better, you should get help. These symptoms may slow your recovery and make it more difficult.

This sheet lists some symptoms of emotional distress that you should watch for as you recover. If you have a number of them, you may find it helpful to talk to a psychologist about your situation. Hospital staff will assist you in completing this form and deciding whether you should meet with a psychologist to help with your recovery.

Part One Symptoms of Depression

Check (✓) the ones that apply to you.

I feel:

- ☐ depressed
- ☐ very agitated
- ☐ punished
- ☐ very guilty
- ☐ mentally slowed
- ☐ hopeless
- ☐ worthless, useless
- ☐ no desire to improve my health
- ☐ no interest /pleasure in daily activities

Part Two Symptoms of Severe Anxiety

Check (✓) the ones that apply to you.

The following symptoms are often experienced with severe anxiety. Some of them are similar to having a heart attack. If you check off the symptoms with an asterisk (*), **contact your doctor to make sure they are not part of your heart condition**.

I often:

- ☐ feel tense
- ☐ worry a lot about things
- ☐ get sudden feelings of panic
- ☐ feel restless
- ☐ get easily startled
- ☐ feel a sense of doom; something awful is going to happen
- ☐ have a nervous stomach, like “butterflies” are in it
- ☐ feel faint or dizzy*
- ☐ find myself shaking or trembling*
- ☐ sweat a lot or feel clammy*

Part Three Other Coping Factors

Check (✓) the ones that apply to you.

I have experienced the following:

☐ I have been treated for anxiety, depression or other emotional problems in the past.

☐ I am not sure if I will be able to cope with the physical problems and/or lifestyle changes related to my heart condition.

☐ I do not have any emotional or social supports to help me cope with my heart condition.

CRITERIA FOR CLINICAL HEALTH PSYCHOLOGY REFERRAL *Completed by hospital staff*

Fax completed referral to Cardiac Psychology Services at (204) 237-9243

Any one of the following options has been checked.

☐ 4 or more boxes in either Part One or Two have been checked.

☐ 3 boxes in either Part One or Two ***and*** 2 boxes in Part Three.

☐ Patient requests referral.

☐ **Referral Sent** Date: _____ Patient’s Phone Number: _____

Patient’s Address and Postal Code: _____

☐ **Referral Not Sent** **Reasons:** ☐ **Patient declined/refused** ☐ **Criteria not met** ☐ **Other** _____