



STOP – D

Name _____ Date _____ Time _____

Please answer the following questions so we can offer you additional services should you need them. Please answer each question by circling how you have been feeling. Be assured that your answers are CONFIDENTIAL.

Over the last two weeks, how much were you bothered by?

1. Feeling sad, down or uninterested in life?

0 1 2 3 4 5 6 7 8 9 severely
Not at all a little moderately

2. Feeling anxious or nervous?

0 1 2 3 4 5 6 7 8 9 severely
Not at all a little moderately

3. Feeling stressed?

0 1 2 3 4 5 6 7 8 9 severely
Not at all a little moderately

4. Feeling angry?

0 1 2 3 4 5 6 7 8 9 severely
Not at all a little moderately

5. Not having the social support you feel you need?

0 1 2 3 4 5 6 7 8 9 severely
Not at all a little moderately

Young, QR (2005)

Revised September 2008/April 2011

Cardiac Rehab Team: Hotel Dieu Hospital