

INFORMATION FOR PATIENTS FOLLOWING HEART ATTACK



WHAT IS A HEART ATTACK?

Heart attack or myocardial infarct (MI) is the result of a blockage in the arteries that supply oxygen-containing blood to the heart muscle (coronary arteries). This blockage is usually a blood clot. This lack of blood flow means that part of the heart muscle is starved of oxygen for a period of time and may become permanently damaged.

The symptoms associated with a heart attack can be variable, ranging from severe central chest pain to mild chest discomfort or feeling generally unwell. The length of time that the pain may last and the distribution of pain in the body might also be different from one person to another. In some cases the pain has been mistaken for indigestion.

WHAT CAUSES A HEART ATTACK?

Heart attacks are usually the result of a process that has been going on for some time resulting in damage to the coronary arteries – Coronary Heart Disease. The arteries over time become narrowed as a result of a build-up of fatty deposits in the walls of the arteries (atherosclerosis). This narrowing can mean that the arteries are not able to supply enough oxygen rich blood to the heart muscle at times when it requires more than usual, for example during exercise.

RISK FACTORS

The following are a list of things that increase the risk of having coronary heart disease:

1. Physical Inactivity
2. High Blood Pressure
3. Smoking
4. High Blood Cholesterol
5. Being overweight
6. Diabetes
7. Family History of Heart Disease

Which of these apply to you?

WHAT HAPPENS TO THE HEART AFTER THE HEART ATTACK?

The recovery process begins in the first couple of days. The damaged heart muscle is replaced with scar tissue. In most cases the scar itself is strong enough for the heart to pump just as well as normal. However, a heart attack at times can cause more severe damage to the heart tissue and the pumping action of the heart is affected. This may result in breathlessness, tiredness and swollen ankles. This condition is called Heart Failure.

REMEMBER:

1. There is much less risk of another heart attack as you recover
2. Your heart is one the toughest muscles in the body and it recovers very quickly
3. Physical work and activity will not cause another heart attack
4. It is normal to feel tired, but this will pass. There will be good days and bad days
5. Most of the risk factors associated with heart attacks you can change yourself, and it is never too late!
6. Most people make a full recovery from a heart attack returning to a normal life
7. Once fully recovered many people actually feel better than they did before their heart attack



WHAT SHOULD I DO WHILST IN HOSPITAL?

The following programme is a guide of what activity you will be allowed to do whilst an inpatient immediately following a heart attack. Remember, this is a guide only and some patients may achieve full physical activity sooner.

STAGES	PERMITTED ACTIVITY	DATE STARTED
LEVEL ONE	<ul style="list-style-type: none"> ♥ Complete bed rest ♥ Use of beside commode ♥ Bed bath ♥ Shave self and clean own teeth ♥ Active ankle movement- foot circles and pointing toes. Deep breathing for five minutes every hour whilst awake. 	
LEVEL TWO	<ul style="list-style-type: none"> ♥ Self wash with assistance ♥ Bedside commode/wheel to toilet ♥ Sit on edge of bed to swing legs for 15 minutes twice daily ♥ Sit out of bed for ½ to 1 hour twice daily 	
LEVEL THREE	<ul style="list-style-type: none"> ♥ Self wash with assistance if required ♥ Wheeled to toilet ♥ Sit out of bed as tolerated ♥ At least one rest period during the day 	
LEVEL FOUR	<ul style="list-style-type: none"> ♥ Sit out of bed as tolerated ♥ Walk to the toilet ♥ Walk around the bed at least three times daily ♥ At least one rest period during the day 	
LEVEL FIVE	<ul style="list-style-type: none"> ♥ Walk to the toilet ♥ Self wash in bathroom ♥ Walk the length of the ward twice daily ♥ At least one rest period during the day 	
LEVEL SIX	<ul style="list-style-type: none"> ♥ Shower or bath – supervised ♥ Walk the length of the ward four times daily ♥ At least one rest period during the day 	
LEVEL SEVEN	<ul style="list-style-type: none"> ♥ Shower or bath – unsupervised ♥ Walk the length of the ward six times daily ♥ Walk up one flight of stairs supervised ♥ At least one rest period during the day 	



GOING HOME AFTER A HEART ATTACK

Most people are happy to be able to go home. However, you may feel worried about leaving the carefully monitored environment of the hospital. If possible try to arrange for someone to stay with you for a couple of weeks.

When you get home you or a relative/partner should inform the GP that you have returned from hospital. You will also need to give the GP the letter the hospital has given you outlining the treatment you received whilst there and the medications you are to take. Your GP will be responsible for providing repeat prescriptions of these medications.

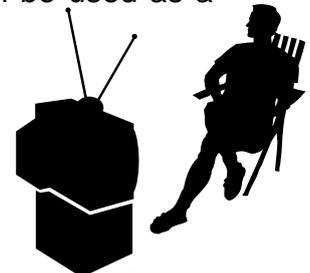
It is quite common to feel depressed when you get home. You don't need to worry too much about this, as it is a natural reaction. If you find that this continues contact your GP or talk to the staff at the cardiac rehabilitation programme.

For the first few days take things easy and try to do the same amount of moving around as you did whilst in hospital. The following can be used as a guide:

WEEK ONE

DO:

- ✓ Get up and dressed each day
- ✓ Walk around the house
- ✓ Walk up/down the stairs at a comfortable pace up to two times daily
- ✓ Take a bath or shower
- ✓ Shampoo your hair
- ✓ Watch TV, play cards, read etc...
- ✓ Receive visitors at home (try and limit it to about 4/day)
- ✓ Simple household chores – washing dishes, laying the table
- ✓ Take at least one rest period during the day
- ✓ Aim for 6-10 hours sleep a night
- ✓ Do stage one of the walking programme outlined later in this leaflet



DON'T:

- ✗ Drive the car for one month
- ✗ Play sports or attend sports matches
- ✗ Lift, push or drag heavy objects
- ✗ Garden
- ✗ Vacuum, make the bed, carry loads of washing or hang out clothes on the line

NB: There is no need to notify the DVLA for ordinary licences unless your insurance requires it. All HGV/bus/train/coach drivers must notify the DVLA.

REMEMBER:

1. Do not be over cautious. Your heart is already on the mend; do not be frightened of activity
2. Partners must be aware of not being too over-protective. In fact, wrapping your partner up in cotton wool may be the worst thing for them. Your task is to help your partner gently return to activity and a normal life
3. Follow the outpatient activity guide that is provided later in this leaflet. However, use this as a guide only as everyone progresses at different rates
4. Take someone with you when you go out of the house for the first time
5. Remember you are alive and getting stronger all the time

AFTER WEEK ONE:

After week one at home, if you are beginning to feel better, with no episodes of chest pain and breathlessness, you may increase your activity as follows:



DO:

- ✓ Begin your walking programme at stages one and two
- ✓ Undertake light housework (one room at a time)
- ✓ Prepare meals
- ✓ Take short rides in the car with someone else driving
- ✓ Light gardening – weeding/planting
- ✓ Watch your favourite sport on the TV
- ✓ Take at least one rest period during the day
- ✓ Resume sexual activity (2-3 weeks)

Gradually increase the amount of activity you can comfortably achieve. If there are activities that are not mentioned here that apply to you please ask about them.

REMEMBER

1. Increase your activity and exercise gradually.
2. Maintain physical activity that keeps you comfortably out of breath, but not VERY out of breath. You should still be able to talk in a sentence.
3. When you have outgrown your activity programme you may want to start considering other forms of regular exercise. This is usually after about 6-8 weeks. Do not be discouraged if it takes you longer.
4. Do not worry about every twinge in your chest that you may feel. Not all pain in the chest is cardiac chest pain. However, you must get help if your chest pain persists for more than 15 minutes following GTN spray.



RETURNING TO EVERYDAY LIFE

Work:

Expect to return to work in 6-8 weeks. It is a good idea to return gradually starting out part-time and gradually increasing the hours. It may help to discuss with your employer, the consultant and the cardiac rehabilitation team what will be the most appropriate for you.

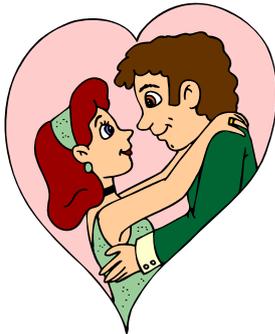
Driving:

You may resume driving after four weeks if you have an ordinary licence. Those with specialised licences may need to undergo further tests to ensure they are fit to drive. Remember that driving is a stressful activity, so try to stay calm!



Sex:

It is understandable to be nervous about resuming sexual activity. Sexual activity increases the heart rate and blood pressure, which increases the amount of work the heart has to do. In some people this can lead to breathlessness and chest pain. However, if you are able to walk 300 yards or climb two flights of stairs with no chest pain or breathlessness then it is safe to resume sexual activity two to three weeks after the heart attack.



Alcohol:

During the first few weeks after your heart attack it is best to limit the amount of alcohol you drink, and be aware that it may affect any sleeping tablets you are taking. If you are on anti-coagulation tablets such as warfarin it is particularly important not to binge drink as this will impact on how the drug is processed by your system. In the long term you may wish to resume moderate alcohol consumption. Further information regarding this is provided in the diet section of this leaflet.



OUTPATIENT WALKING PROGRAMME

If you have any difficulty in achieving either the distance or the time prescribed, you should return to the previous stage for two days and then try again to advance to the next stage.

Preparation for walking:

1. Do not attempt to walk when you are feeling tired, when the weather is freezing cold or very windy and within one hour of a bath or shower
2. Wear comfortable clothing and footwear
3. Walk in daylight
4. Walk on level ground (as far as this is possible)
5. Wear a watch
6. Take your GTN with you
7. In cold weather dress up warmly and wear a scarf loosely over your mouth and nose. Do not get up from your chair by the fire and go straight outside. Instead do some warming up exercises before you head out
8. After your walk take a rest
9. If you experience any of the following symptoms with exercise you should reduce your walking distance for a few days
 - Chest pain
 - Excessive breathlessness, which persists for more than 10 minutes after exercise
 - Dizziness or faintness
 - Nausea or vomiting after exercise
 - Prolonged tiredness, lasting for more than 24 hours after exercise
10. If you always experience chest pain while walking, you may find it helpful to use your GTN before you set out. Repeat as required for further pain. As you become fitter you should require less GTN



Stage	Walking distance and time	Progression
Stage One	5 mins at a comfortable pace twice daily	First days at home
	10 mins at a comfortable pace twice daily	Towards end week 1
Stage Two	¼ mile in 15 mins twice daily	1 st part of week 2
	¼ mile in 10 mins twice daily	Midweek
Stage Three	½ mile in 20 mins twice daily	1 st part of week 3
	½ mile in 10-15 mins <i>once</i> daily	Midweek
Stage Four	¾ mile in 20-25 mins once daily	1 st part week 4
	¾ mile in 15-20 mins once daily	Midweek
Stage Five	1 mile in 25-30 mins once daily	1 st part week 5
	1 mile in 20-25 mins once daily	Midweek
Stage Six	1 ½ miles in 30-35 mins once daily	1 st part week 6
	1 ½ miles in 25-30 mins once daily	Midweek
Stage Seven	2 miles in 40-45 mins once daily	Increase pace each 2-3 days as you are physically able
	2 miles in 35-40 mins once daily	
	2 miles in 30-35 mins once daily	
Stage Eight	2 ½ miles 45-50 mins once daily	
	2 ½ miles 40-45 mins once daily	
	2 ½ miles 35-40 mins once daily	
Stage Nine	3 miles 55-60 mins once daily	
	3 miles 50-55 mins once daily	
	3 miles in 45-50 mins once daily	

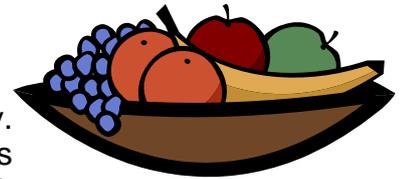
HOW TO REDUCE YOUR RISK FACTORS

DIET

Many people following a heart attack recognise that this is a period for making significant changes to their lifestyle in order to reduce their risk factors for further heart attacks. One way to reduce some of the risk factors is to modify your diet, reducing the saturated fat content and increasing the amount of foods that are beneficial for the heart (cardio-protective). A healthy diet can help lower cholesterol levels, keep blood pressure down and reduce weight.

Eating more fruit and vegetables:

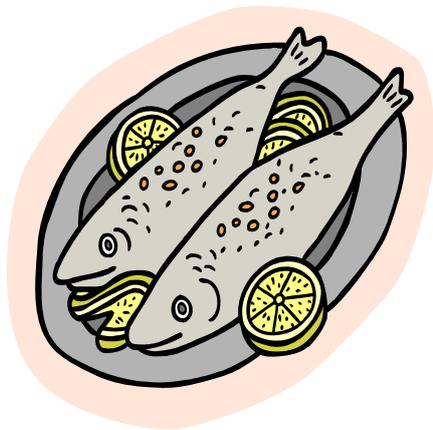
Aim to eat at least five portions of fruit and vegetables a day. There is evidence to show that a diet rich in fruit and vegetables lowers the risk of heart disease. Try to eat a wide variety of fruit and vegetables. They can be fresh, frozen or tinned.



Eating less fat and reducing cholesterol:

Cholesterol is the substance that is taken up by the artery walls and develops into atherosclerosis or narrowing of the coronary arteries. Eating healthily can reduce your total cholesterol level by 5-10%, therefore reducing one of the risk factors associated with coronary heart disease. The cholesterol found in foods (called dietary cholesterol) such as eggs, prawns and kidneys does not usually have a big impact on your blood cholesterol levels. The more important foods to reduce are those high in saturated fats. Saturated fats are transformed by the liver into cholesterol. Saturated fats are found in butter, hard cheese, lard, dripping, ghee, coconut oil and palm oil. To help your heart, try to eat more unsaturated fats such as olive oil and rape seed oil.

Eat more fish and fish oil:



Eating regular amounts of fish, especially oily fish can help reduce the risk of heart disease and improve survival after a heart attack. People who have had a heart attack are recommended to eat at least three portions of oily fish a week. The oil in fish that has a beneficial effect on the heart is omega-3 and it can be found in herring, kippers, mackerel, pilchards, sardines, salmon, trout and fresh tuna. Sources of omega-3 for vegetarians include nuts and seeds (almonds, peanuts, walnuts and linseeds), linseed and walnut oil, soya products such as tofu and eggs from chickens fed on a diet rich in omega-3. It is also possible to buy an oral supplement.

Stay a healthy weight:

If you stay at a weight that is healthy for your heart it will help to keep your blood pressure lower and reduce the workload on your heart. Your nurse while in hospital or a member of the cardiac rehabilitation team will be able to tell you if you are overweight. It is important to remember that diet and exercise are both required to help you lose weight and keep it off.

Reducing Salt Intake:

High amounts of salt in your diet are linked closely with high blood pressure. Most people eat well above the recommended daily maximum, which is 6 grams (1 teaspoonful). Apart from reducing salt added at the table or in cooking it is important to look very closely at the packaging of foods. Many prepared foods have very high levels of salt in them. Cooking from fresh will help reduce the amount of salt in your diet.

Moderate Drinking:

There is research to show that drinking between one and two units of alcohol a day has a protective benefit on the heart. However, drinking in larger quantities can cause high blood pressure and stroke. Men should drink no more than 21 units a week and women 14 units. Try to have two alcohol free days a week to give your liver a rest as well.

1 unit = ½ pint beer = pub measure spirits = small glass wine

Here are some of the changes you can make:

- 100 ● Choose skimmed/semi-skimmed milk
- 100 ● Use polyunsaturated margarine or low fat spread instead of butter
- 100 ● Try low fat cheese – cottage, low fat soft and hard cheese e.g. Tendale, Shape, Edam, and Gouda
- 100 ● Cook foods without fat wherever possible – grill, poach, bake, casserole or boil
- 100 ● Even lean meat is high in fat so small quantities (3-4oz)
- 100 ● Fish and chicken have less fat so can be eaten more often
- 100 ● Eggs should be limited to 2-3 per week and eaten separately from meals that contain meat and cheese
- 100 ● If you do need to use oil in cooking, use one low in saturated fat. You can choose from Corn Oil, Olive Oil, Rape Seed Oil and Sunflower Oil
- 100 ● Limit chocolate, crisps, cakes, and pastries, as these are high in fat
- 100 ● Try to cut down on sweets and puddings – try fruit or low fat yoghurt instead
- 100 ● Choose wholemeal bread and wholegrain cereals e.g. Weetabix, Fruit and Fibre and Branflakes
- 100 ● Fill up on vegetables and fruit, remember 5 portions a day!
- 100 ● Pulses i.e. beans, peas and lentils, can help reduce your cholesterol. Try to eat more by adding them to your soups, stews and casseroles. This also means that you can use less meat in the dishes



EXERCISE

Physical Activity is a very important part of your recovery after a heart attack. A walking and exercise programme has been outlined earlier in this handout. Exercise is good for you after a heart attack for the following reasons:

- 🚴 It helps lower blood pressure
- 🚴 Physical activity as part of rehabilitation reduces the risk of dying after a heart attack
- 🚴 Exercise reduces the chance of developing diabetes and if you already have diabetes it can help control it
- 🚴 It helps you to lose weight

Physical activity will also help in other ways:

- 🚴 Relieve stress
- 🚴 Reduce the risk of osteoporosis
- 🚴 Increase energy levels
- 🚴 Helps you relax



The best exercise for the heart is aerobic activity. This is exercise that uses the large muscle groups (legs, shoulders, arms) in a repetitive way. Such activities include walking, cycling and swimming. This type of exercise requires more oxygen and so increases the work of the heart and the lungs. Over time this increased workload stimulates the body to make changes so that your heart and circulation are more efficient.

After you have finished your home walking programme we recommend that you try to aim for half an hour of moderate intensity exercise four to five times a week. Moderate intensity means that whilst you are exercising you feel a little out of breath and warm (you can still talk in a sentence, but it isn't easy!)





MEDICATION

After you have had a heart attack you will be sent home on a variety of medications. For many patients this is quite a change. It is important that you take all the medications as you have been instructed to by the pharmacist. You must not stop taking your medicines suddenly. If you feel you are suffering a side effect from one of your tablets go and see your GP or chemist before stopping the tablets. Some tablets may be harmful if stopped suddenly.

The medications you are prescribed are given to help the heart or your circulation work more efficiently. There are many drugs which work in many ways. However they fall into the following broad categories:

ACE Inhibitors (Captopril, Lisinopril, Perindopril, Ramipril)

These drugs are used to treat and prevent heart failure and to lower blood pressure. ACE stands for angiotensin converting enzyme. Angiotensin is a chemical that narrows the arteries and so this drug works to prevent the chemical having its effect on the circulation.

Side Effects - low blood pressure, impaired kidney function, skin rash and a dry irritating cough

Angiotensin II Antagonists (Irbesartan, Candesartan) – work in a similar way but do not cause the dry cough that may be caused occasionally with the ACE inhibitors.

Beta – blockers (Atenolol, Bisoprolol, Propanolol, Metoprolol)

This is a group of drugs that work to reduce the heart rate. This reduces the workload of the heart, as it doesn't have to beat as quickly or as strongly. They also help to lower blood pressure if it is high and reduce the risk of having another heart attack. However, they are not used in patients with asthma or wheezing as they can cause narrowing of the airways.

Side Effects – tiredness, fatigue, cold hands and feet, impotence. Do not stop taking these drugs suddenly as this can make angina worse or bring on a heart attack.



Calcium Channel blockers (Nifedipine, Verapamil, Diltiazem)

These drugs increase the blood supply to the heart and reduce the work of the heart by reducing the amount of calcium entering the muscle cells in the arteries, which causes them to relax. They can have different effects on the heart rate depending on the actual drug.

Side Effects - flushing, headache, swollen ankles, nausea

Statins (Simvastatin, Atorvastatin, Fluvastatin)

These drugs work to reduce the amount of cholesterol produced by the liver. They are taken at night when the liver produces most cholesterol and are recommended for all patients who are at risk of coronary heart disease and have raised cholesterol levels.

Side Effects - muscle pain, headache, and altered liver function.

Anti-platelets (Aspirin, Clopidigrel)

In small doses aspirin reduces the stickiness of platelets, which are the cells that join together to form clots. Aspirin reduces the risk of dying after a heart attack and having another heart attack.

Side Effects - indigestion, nausea, stomach bleeding

Anti-coagulants (Heparin, Warfarin)

Anticoagulants help prevent fibrin (a part of blood clots) forming. Because of the effects these drugs have on bleeding you will need to take regular blood tests to check the clotting levels of the blood. It is important to carry an Anticoagulant Card with you if you are on warfarin and let any doctors or nurses know about this treatment. Alcohol increases the effect of warfarin so it is important to avoid excessive or binge drinking.

Side Effects - prolonged bleeding.

Diuretics (Frusemide, Spironolactone)

These drugs increase the amount of water and salt that leaves the body. They are useful in treating high blood pressure and heart failure.

Side Effects - low potassium, raised blood sugar in people with diabetes

Nitrates (Glyceryl Trinitrate-GTN, Imdur)

Nitrates are drugs that relax the muscles in the walls of the arteries. This makes them wider and allows more blood to flow through them. They work very quickly and on all the muscles in the arteries in the body. Before you leave hospital you will be shown how to use GTN.

Side effects - headache, low blood pressure, flushing



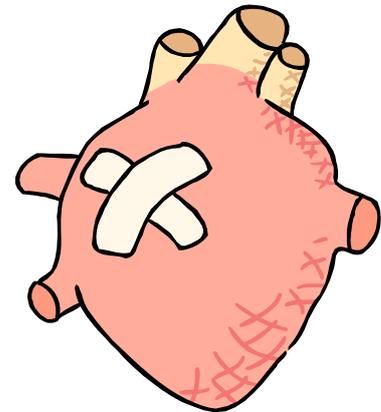
CARDIAC REHABILITATION

All patients who have had a heart attack, Acute coronary syndrome, Angina and undergone Heart surgery and live in the area are strongly encouraged to attend the Hillingdon Hospital Cardiac Rehabilitation Programme. Patients who live out of area or have heart failure will be referred to the appropriate centre.

The programme runs for 6 weeks and you are expected to attend twice a week for this period. The session(s) run for one and a half hours and comprise of warm up, exercise and relaxation.

There are also Educational Talks held every Thursday on the following subjects:

1. How the Heart Works / Risk Factors
2. Stress Management
3. Phase IV Exercise in the Community
4. Medications
5. Healthy Eating
6. Basic Life Support



You are invited to bring your partner or relatives to these education sessions.

The exercise class is composed of a circuit of exercises and you will be shown how to exercise at an intensity that is appropriate for you. The relaxation therapy session will show you different techniques to help you relax and takes about 20 minutes.

The classes are held twice a week for 6 weeks, and there are 2 sessions you can choose from, as follows:

Monday – 16:00 – 17:15 & Thursday - 10:30 – 12:45 **or**

Monday – 17:15 – 18:30 & Thursday - 12:00 - 14:15

(Please note every Thursday Educational talks will be held from 12:00–12:45).

Prior to starting the programme you will be asked to attend an appointment where the cardiac rehabilitation nurse and BACR fitness instructor will make an assessment of your current health state and discuss any problems you may have. You will also be asked to repeat this appointment on completion of the programme so that you can be aware of any changes that have occurred.

If you have any queries please do not hesitate to contact us.

Cardiac Rehabilitation Team
Direct Line: 01895 279919

THE HILLINGDON HOSPITAL HEART SUPPORT GROUP

Out of hospital, but not sure what happens now?

The period after your release from hospital can be quite frightening. Everything seems to have changed and your self-confidence has temporarily deserted you.

YOU ARE NOT ALONE! Almost everyone has these feelings and this is one of the reasons why the Hillingdon Hospital Heart Support Group was formed.

The group meets monthly and enables you to chat to others in the same boat over a cup of tea in a relaxed atmosphere.

Regular speakers are booked to keep you informed on a variety of topics and to answer any questions you may have.



Meeting Venue: Post Graduate Centre, Hillingdon Hospital

Meeting Day: Fourth Tuesday of every month

Meeting Time: 7.30 pm - 9.00 pm

Contact : Manjit 0208 845 0820

If you would like more information about the group, please fill in the reply slip and send it to Cardiac Rehabilitation, Hillingdon Hospital, UB8 3NN.

Please send details of the Hillingdon Hospital Heart Support Group to:

Mr/Mrs/Ms

Address

.....

.....

Telephone

CARDIAC REHABILITATION DISCHARGE INFORMATION CHECKLIST

RISK FACTORS	SIGN AND DATE
FAMILY HISTORY	
SEX AND AGE	
PREVIOUS MYOCARDIAL INFARCTION	
ALCOHOL	
SMOKING	
STRESS	
PHYSICAL ACTIVITY	
WEIGHT	
HIGH BLOOD PRESSURE	
DIET	
CHOLESTEROL	
DISCUSSED	
MYOCARDIAL INFARCTION	
THROMBOLYSIS	
ANGINA	
GTN	
HOSPITAL MOBILISATION	
ECHOCARDIOGRAM	
STRESS TEST	
ANGIOGRAPHY	
DISCHARGE HOME	
MEDICATION	
CARDIAC REHABILITATION CLASSES	
HOME MOBILISATION	
DRIVING	
WORK	
FAMILY	
TRAVEL	
SEXUAL INTERCOURSE	
VIDEOS	
ECG	
AUDIT FORM	

HAD Scale

Name:

Date:

(Please read each item and place a tick in the box opposite the reply that comes closest to how you have been feeling in the past few weeks. Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response).

I feel tense/wound up:		I feel as if I am slowed down:	
Most of the time		Nearly all of the time	
A lot of the time		Very often	
Occasionally		Sometimes	
Not at all		Not at all	
I still enjoy things I used to:		I get a frightened feeling like 'butterflies' in my stomach:	
Definitely as much		Not at all	
Not quite as much		Occasionally	
Only a little		Quite often	
Hardly at all		Very often	
I get a sort of frightened feeling as if something awful is about to happen:		I have lost interest in my appearance:	
Very definitely and quite badly		Definitely	
Not too badly		I don't take as much care as I should	
Little, doesn't worry me		I may not take quite as much care	
Not at all		I take just as much care as ever	
I can laugh and see the funny side of things:		I feel restless as if I have to be on the move:	
As much as I ever could		Very much indeed	
Not quite so much now		Quite a lot	
Definitely not so much		Not very much	
Not at all		Not at all	
Worrying thoughts go through my mind:		I look forward with enjoyment to things:	
A great deal of the time		As much as I ever did	
A lot of the time		Rather less than I used to	
From time to time		Definitely less than I used to	
Only occasionally		Hardly at all	
I feel cheerful:		I get sudden feelings of panic:	
Not at all		Very often indeed	
Not often		Quite often	
Sometimes		Not very often	
Most of the time		Not at all	
I can sit at ease and feel relaxed:		I can enjoy a good book, radio or TV programme:	
Definitely		Often	
Usually		Sometimes	
Not often		Not often	
Not at all		Seldom	

A =

D =

Total =