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The University of Manchester



***National Institute for  
Health Research***

Collaboration for Leadership in Applied Health Research  
and Care (CLAHRC) for Greater Manchester

# WORKBOOK

Coping with low mood and  
depression for people with  
heart disease and/or diabetes

## Coping with low mood and depression for people with heart disease and/or diabetes



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### Introducing the workbook

The worksheets in this booklet are to be used alongside the self-help booklet '*Coping with low mood and depression for people with heart disease and/or diabetes*'.

If you need additional worksheets, please ask your Psychological Wellbeing Practitioner.

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# Section 1

**WORKSHEET 1:**

*My thoughts, feelings and behaviour*

Today's date: .....

My physical feelings:

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My behaviours (things I do more or less of):

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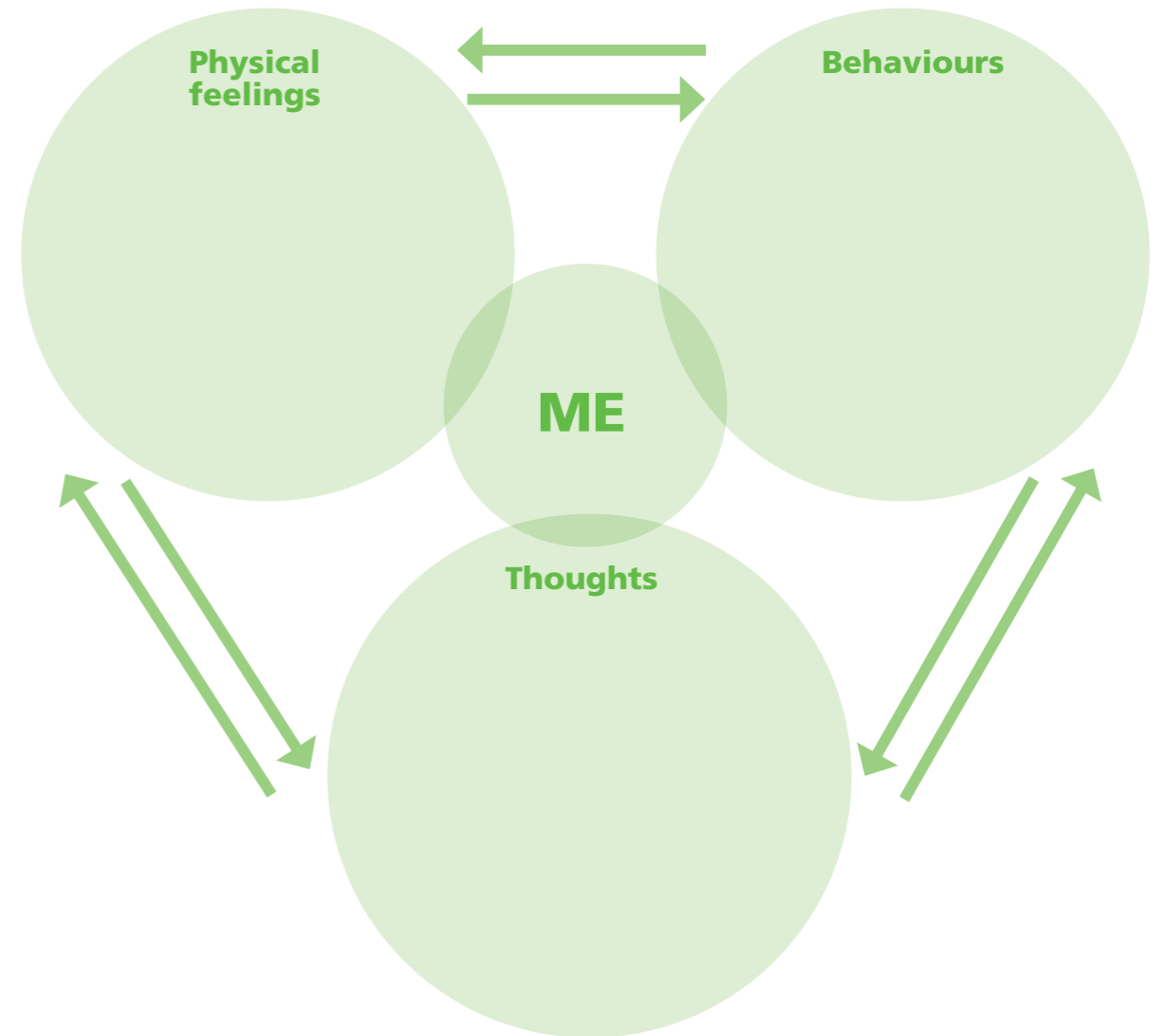
My thoughts:

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**WORKSHEET 2:**

*My vicious cycle*

Today's date: .....



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**Home – things around the house such as housework, cooking etc.**

*The things to do with home that I find difficult are:*

.....  
.....  
.....

**Work – paid, self-employment, home working or caring for others**

*The things to do with work that I find difficult are:*

.....  
.....  
.....

**Health – taking up healthy activities such as exercise and diet, dropping less healthy activities, such as smoking and drinking alcohol, taking medication etc.**

*The things to do with my health that I find difficult are:*

.....  
.....  
.....

**Relationships – family and close relationships with others**

*The things to do with relationships with others that I find difficult are:*

.....  
.....  
.....

**Social activities – being with other people**

*The things to do with other people that I find difficult are:*

.....  
.....  
.....

**Personal activities – doing things alone which you enjoy such as reading**

*The things to do with personal activities that I find difficult are:*

.....  
.....  
.....



Goal 1 .....



Time 1



Time 2



Time 3

Goal 2 .....



Time 1



Time 2



Time 3

Goal 3 .....



Time 1



Time 2



Time 3

# Section 2

**WORKSHEET 8:**

*Sleep diary*

Today's date: .....

| Day/Date                                                                   | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------------------------------------------------------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Mood level during the day (0 –10, 10 worst)                                |        |         |           |          |        |          |        |
| Fatigue level during the day (0 –10, 10 worst)                             |        |         |           |          |        |          |        |
| Naps taken during the day - what time? How long for?                       |        |         |           |          |        |          |        |
| Activity during the day? (0 –10, 10 most active)                           |        |         |           |          |        |          |        |
| Caffeine, nicotine, alcohol during day, and during evening?                |        |         |           |          |        |          |        |
| What did I do just before going to bed?                                    |        |         |           |          |        |          |        |
| What time I went to bed                                                    |        |         |           |          |        |          |        |
| What did I do in bed? (Read, TV, sex)                                      |        |         |           |          |        |          |        |
| What time did I put the lights out?                                        |        |         |           |          |        |          |        |
| How many minutes before I fell asleep?                                     |        |         |           |          |        |          |        |
| What time did I wake up?                                                   |        |         |           |          |        |          |        |
| Number of times I woke up? For how long each time? What did I do?          |        |         |           |          |        |          |        |
| Number of hours I slept?                                                   |        |         |           |          |        |          |        |
| On waking up in the morning, how rested do I feel? (0 –10, 10 most rested) |        |         |           |          |        |          |        |

*Complete this form each day: write in the shaded area just before going to bed, and the non-shaded area in the morning*

|           |                              | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|------------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Morning   | What<br>Where<br>When<br>Who |        |         |           |          |        |          |        |
|           | What<br>Where<br>When<br>Who |        |         |           |          |        |          |        |
| Afternoon | What<br>Where<br>When<br>Who |        |         |           |          |        |          |        |
|           | What<br>Where<br>When<br>Who |        |         |           |          |        |          |        |
| Evening   | What<br>Where<br>When<br>Who |        |         |           |          |        |          |        |
|           | What<br>Where<br>When<br>Who |        |         |           |          |        |          |        |



**WORKSHEET 10:** *Activity list A*

Today's date: .....

Write down your routine activities here (e.g. cleaning, cooking, shopping etc.):

.....  
.....  
.....  
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.....  
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.....

Write down your pleasurable activities here (e.g. going out/visiting friends or family etc.):

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Write down your necessary activities here (e.g. paying bills, looking after your health etc.):

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**WORKSHEET 11:** *Activity list B*

Today's date: .....

Now try to put your lists in order of difficulty:

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Most difficult

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Medium difficulty

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Easiest

WORKSHEET 12:

*Activity list - Graded exposure*

Today's date: .....

**Step 1:** List of everything that makes me anxious and I avoid:

**Step 2:** List arranged into a hierarchy from easiest to hardest:

|  |                                            |
|--|--------------------------------------------|
|  | <b>Hardest</b><br>↑<br>↓<br><b>Easiest</b> |
|--|--------------------------------------------|

WORKSHEET 13:

*Exposure diary*

Today's date: .....

| Date & time | Duration | Anxiety Rating             |                              |                            | Comments |
|-------------|----------|----------------------------|------------------------------|----------------------------|----------|
|             |          | Before exercise (0 - 100%) | Start of exercise (0 - 100%) | End of exercise (0 - 100%) |          |
|             |          |                            |                              |                            |          |
|             |          |                            |                              |                            |          |
|             |          |                            |                              |                            |          |
|             |          |                            |                              |                            |          |
|             |          |                            |                              |                            |          |
|             |          |                            |                              |                            |          |
|             |          |                            |                              |                            |          |
|             |          |                            |                              |                            |          |

0                                          25                                          50                                          75                                          100  
No anxiety                          Mild                                          Moderate                                          Severe anxiety                          Panic

**WORKSHEET 14:***Thought diary*

Today's date: .....

| Situation | Feeling<br><i>Rate how strong it was (0 - 100%)</i> | Thought<br><i>Rate how much you believe this thought (0 - 100%)</i> | Revised thought<br><i>Rate how much you believe this thought (0 - 100%)</i> | New feeling<br><i>Rate how strong it was (0 - 100%)</i> |
|-----------|-----------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------|
|           |                                                     |                                                                     |                                                                             |                                                         |

**WORKSHEET 15:***Evidence table for cognitive restructuring*

Today's date: .....

| My thought     |                  | My % belief    |
|----------------|------------------|----------------|
| .....<br>..... |                  | .....<br>..... |
| Evidence for   | Evidence against |                |
|                |                  |                |

**WORKSHEET 16:**

*Behavioural experiments*

Today's date: .....

| Date | What is the experiment that you are going to do? | What do you predict will happen? How strongly do you believe this? (Scale of 0 - 100%) | What actually happened when you did the experiment? | What do you now think about your original prediction? How strongly do you now believe it? (Scale of 0 - 100%) |
|------|--------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
|      |                                                  |                                                                                        |                                                     |                                                                                                               |

**WORKSHEET 17:**

*Problem solving*

Today's date: .....

**Step 1: Identify and clearly define the problem.**

My problem: (please write in)

.....  
.....  
.....  
.....  
.....

Q. Is this a clear, focused problem?    Yes     No

If No, re-write it so that it is clear and focused.

.....  
.....  
.....  
.....

**Step 2: Brainstorm possible solutions.**

- The more solutions that are generated, the more likely a good one will emerge.
- Ridiculous ideas should be included as well. This can help you adopt a flexible approach to the problem.
- What would others (family, friends) suggest?

.....  
.....  
.....  
.....  
.....  
.....  
.....

**WORKSHEET 17:** *Problem solving (continued)*

| Suggestions                                                         | Advantages | Disadvantages |
|---------------------------------------------------------------------|------------|---------------|
| <b>Step 3: Assess how effective and practical each solution is.</b> |            |               |
|                                                                     |            |               |
|                                                                     |            |               |
|                                                                     |            |               |
|                                                                     |            |               |
|                                                                     |            |               |
|                                                                     |            |               |
|                                                                     |            |               |

Try to **think broadly**. What helpful advice would a close friend or relative tell you?

How could you look at the solutions facing you differently?

Try to be creative in your answers. If you feel stuck, you can discuss with your Psychological Wellbeing Practitioner and/or someone you trust.

**WORKSHEET 17:** *Problem solving (continued)*

**Step 4: Choose one of the solutions.**

This solution should be a) helpful and b) achievable.

My choice:

.....  
.....  
.....

**Step 5: Plan the steps needed to carry it out.**

Write down the practical steps needed to carry out your plan. Try to be very specific in your plan so that you know what you are going to do, and when you are going to do it. If you can, predict possible problems you might come across and how you might avoid or deal with them.

My plan:

.....  
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**Step 6: Do it. Carry out the plan.**

What happened?

.....  
.....  
.....  
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**Step 7: Review the outcome.**

Q. Was the selected solution useful?    Yes     No

Q. Did it solve the problem?    Yes     No

Q. Were there any disadvantages to using this approach?    Yes     No

List these if you wish:

.....  
.....  
.....  
.....  
.....

Q. What have I learnt from doing this?

.....  
.....  
.....  
.....  
.....

Q. What do I need to do next?

*(e.g. go back through problem-solving, think about helpful distraction etc).*

.....  
.....  
.....  
.....  
.....

# Section 3

**WORKSHEET 18:**

*Early warning signs and action plan*

Today's date: .....

The signs of my depression/anxiety were:

Physical: .....

.....  
.....

Behaviour: .....

.....  
.....

Thoughts: .....

.....  
.....

The triggers to my depression/anxiety were:

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The things that helped me recover were:

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My support network is: *(include contact numbers)*

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**WORKSHEET 19:**

*Monitoring your mood*

| Date | Questionnaire | Score | Action |
|------|---------------|-------|--------|
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**A guide for when to take action using Red Amber Green (RAG):**

- Anything less than 10 on the PHQ-9 or 8 on the GAD-7 = GREEN no action need be taken
- If 10-11 on the PHQ-9 or 8-9 on the GAD-7 = AMBER use your action plan and consider completing more frequently to monitor your mood closely
- 12 or more on the PHQ-9 or 10 or more on the GAD-7 = RED implement your action plan and consider contacting health worker

Take home messages:

Things that are good for me to keep doing:

Things I want to work towards:

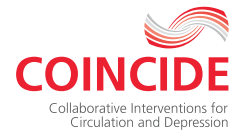
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**Trial website: <http://www.coincidehealth.org>**