***Caregiver Contribution to Self-Care of Diabetes Inventory* (CC-SCODI)**

**Please think about what you did in the last month.**

**SECTION A**

Below are listed some behaviors that a person with diabetes could perform to maintain health and wellness. How often do you **recommend** the following things to the person you care for? (Or, how often do you **do** these activities because the person you care for is not able to do them?).

(circle **one** number)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | NEVER |  |  |  | ALWAYS |
| 1. | Maintain an active life-style (example: walking, going out, doing activities)? | 1 | 2 | 3 | 4 | 5 |
| 2. | Perform physical exercise for 2 hours and 30 minutes each week? (example: swimming, going to the gym, cycling, walking) | 1 | 2 | 3 | 4 | 5 |
| 3. | Eat a balanced diet of carbohydrates (pasta, rice, sugars, bread), proteins (meat, fish, legumes), fruits and vegetables? | 1 | 2 | 3 | 4 | 5 |
| 4. | Avoid eating salt and fats (example: cheese, cured meats, sweets, red meat)? | 1 | 2 | 3 | 4 | 5 |
| 5. | Limit alcohol intake (no more than 1 glass of wine/day for women and 2 glasses/day for men)? | 1 | 2 | 3 | 4 | 5 |
| 6. | Try to avoid getting sick (example: wash your hands, get recommended vaccinations)? | 1 | 2 | 3 | 4 | 5 |
| 7. | Avoid cigarettes and tobacco smoke? | 1 | 2 | 3 | 4 | 5 |
| 8. | Take care of your feet (wash and dry the skin, apply moisture, use correct socks)? | 1 | 2 | 3 | 4 | 5 |
| 9. | Maintain good oral hygiene (brush your teeth at least twice/day, use mouthwash, use dental floss)? | 1 | 2 | 3 | 4 | 5 |
| 10. | Keep appointments with your health care provider? | 1 | 2 | 3 | 4 | 5 |
| 11. | Have your health check-ups on time? (example: blood tests, urine tests, ultrasounds, eye exams)? | 1 | 2 | 3 | 4 | 5 |
| 12. | Many people have problems taking all their prescribed medicines.  Do you take all your medicines as prescribed (please also consider insulin if your doctor prescribed it for you)? | 1 | 2 | 3 | 4 | 5 |

**SECTION B**

Below are some behaviors that a person with diabetes could practice to monitor their diabetes. How often do you **recommend** the following things to the person you care for? (Or, how often do you **do** these activities because the person you care for is not able to do them?).

(circle **one** number)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | NEVER |  |  |  | ALWAYS |
| 13. | Monitor blood sugar regularly? | 1 | 2 | 3 | 4 | 5 |
| 14. | Monitor weight? | 1 | 2 | 3 | 4 | 5 |
| 15. | Monitor blood pressure? | 1 | 2 | 3 | 4 | 5 |
| 16. | Keep a record of blood sugars in a diary or notebook? | 1 | 2 | 3 | 4 | 5 |
| 17. | Monitor the condition of feet daily to see if there are wounds, redness or blisters? | 1 | 2 | 3 | 4 | 5 |
| 18. | Pay attention to symptoms of high blood sugar (thirst, frequent urination) and low blood sugar (weakness, perspiration, anxiety)? | 1 | 2 | 3 | 4 | 5 |

The last time the person you care for had symptoms:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | I DIDN’T RECOGNIZE SYMPTOMS | NOT QUICKLY |  |  |  | VERY QUICKLY |
| 19. | How quickly did **you** recognize that he or she was having symptoms? | 0 | 1 | 2 | 3 | 4 | 5 |
| 20. | How quickly did **you** know that the symptoms were due to diabetes? | 0 | 1 | 2 | 3 | 4 | 5 |

**SECTION C**

Below are listed some behaviors a person with diabetes could do to improve their blood sugar when it’s too high or too low. How often do you **recommend** the following things to the person you care for? (Or, how often do you **do** these activities because the person you care for is not able to do them?).

(circle **one** number)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | NEVER |  |  |  | ALWAYS |
| 21. | To check blood sugar when the person you care for feels symptoms (such as thirst, frequent urination, weakness, perspiration, anxiety). | 1 | 2 | 3 | 4 | 5 |
| 22. | When the person you care for has abnormal blood sugar levels, to take notes about the events that could have caused it and actions he or she took. | 1 | 2 | 3 | 4 | 5 |
| 23. | When the person you care for has abnormal blood sugar levels, to ask a family member or friend for advice. | 1 | 2 | 3 | 4 | 5 |
| 24. | When the person you care for has symptoms and discovers that blood sugar is low, to eat or drink something with sugar to solve the problem. | 1 | 2 | 3 | 4 | 5 |
| 25. | If the person you care for finds out that blood sugar is high, to adjust the diet to fix it. | 1 | 2 | 3 | 4 | 5 |
| 26. | If the person you care for finds out that blood sugar is high, to adjust physical activity to fix it? | 1 | 2 | 3 | 4 | 5 |
| 27. | After taking actions to adjust an abnormal blood sugar level, to re-check blood sugar to assess if the actions were effective. | 1 | 2 | 3 | 4 | 5 |
| 28. | If the person you care for finds out that blood sugar is very low or very high, to call your health care provider for advice. | 1 | 2 | 3 | 4 | 5 |

Does the person you care for take insulin?

* Yes
* No

If yes, please answer the following question.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 29. | If the person you care for finds out that blood sugar is too high or too low, to adjust the insulin dosage in the way your health care provider suggested. | 1 | 2 | 3 | 4 | 5 |

**SECTION D**

People with diabetes have to develop skills to take care of themselves and to maintain their health. **In reference to the person you care for**, in general, how confident are you that **you** can:

(circle **one** number)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **NOT CONFIDENT AT ALL** |  |  |  | **EXTREMELY CONFIDENT** |
| 30. | Prevent high or low blood sugar levels and its symptoms. | 1 | 2 | 3 | 4 | 5 |
| 31. | Follow advice about nutrition and physical activity. | 1 | 2 | 3 | 4 | 5 |
| 32.. | Take medicines in the appropriate way (including insulin if prescribed). | 1 | 2 | 3 | 4 | 5 |
| 33. | Persist in following the treatment plan even when it’s difficult. | 1 | 2 | 3 | 4 | 5 |
| 34. | Monitor his/her blood sugar as often as the health care provider asked that it be done. | 1 | 2 | 3 | 4 | 5 |
| 35. | Understand if his/her blood sugar levels are good or not. | 1 | 2 | 3 | 4 | 5 |
| 36. | Recognize the symptoms of low blood sugar. | 1 | 2 | 3 | 4 | 5 |
| 37. | Persist in monitoring his/her diabetes even when it’s difficult. | 1 | 2 | 3 | 4 | 5 |
| 38. | Take action to adjust his/her blood sugar and relieve his/her symptoms. | 1 | 2 | 3 | 4 | 5 |
| 39. | Evaluate if your actions were effective to change his/her blood sugar and relieve his/her symptoms. | 1 | 2 | 3 | 4 | 5 |
| 40. | Persist in carrying out actions to improve his/her blood sugar even when it’s difficult. | 1 | 2 | 3 | 4 | 5 |

Thank you for completing this survey!