**SELF-CARE OF CORONARY HEART DISEASE INVENTORY**

 **(SC-CHDI V2.1)**

*All answers are confidential.*

Think about how you have been feeling in the last month or since we last spoke as you complete these items.

**SECTION A:**

Listed below are common instructions given to persons with heart disease. How routinely do you do the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never or rarely** | Sometimes | Frequently | Always or daily |
| 1. Keep doctor or nurse appointments?
 | 1 | 2 | 3 | 4 |
| 1. Take aspirin or other blood thinner?
 | 1 | 2 | 3 | 4 |
| 1. Check your blood pressure?
 | 1 | 2 | 3 | 4 |
| 1. Exercise for 30 minutes?
 | 1 | 2 | 3 | 4 |
| 1. Take your medicines as prescribed?
 | 1 | 2 | 3 | 4 |
| 1. Ask for low fat items when eating out or visiting others?
 | 1 | 2 | 3 | 4 |
| 1. Use a system to help you remember your medicines? For example, use a pill box or reminders.
 | 1 | 2 | 3 | 4 |
| 1. Eat fruits and vegetables?
 | 1 | 2 | 3 | 4 |
| 1. Avoid cigarettes and/or smokers?
 | 1 | 2 | 3 | 4 |
| 1. Try to lose weight or control your body weight?
 | 1 | 2 | 3 | 4 |

**SECTION B:**

##### Heart disease may appear as *chest pain, chest pressure, burning, heaviness, shortness of breath, or fatigue*.

##### In the past month, have you had any of these symptoms? Circle one.

1. No
2. Yes

##### If you had any of these symptoms of heart disease in the past month…

(circle **one** number)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Have not had these** | **I did not** **recognize it** | **Not Quickly** | **Somewhat Quickly** | **Quickly** | **Very Quickly** |
| How quickly did you recognize it as a symptom of heart disease? | N/A | 0 | 1 | 2 | 3 | 4 |

Listed below are actions that people with heart disease use. If you have symptoms, how likely are you to try one of these actions?

(circle **one** number for each remedy)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not Likely** | **Somewhat Likely** | **Likely** | **Very Likely** |
| 1. Change your activity level (slow down, rest)
 | 1 | 2 | 3 | 4 |
| 1. Take nitroglycerin (If you do not have nitroglycerin prescribed, skip this item)
 | 1 | 2 | 3 | 4 |
| 1. Call your doctor or nurse for guidance
 | 1 | 2 | 3 | 4 |
| 1. Take an aspirin
 | 1 | 2 | 3 | 4 |

##### Think of an action you tried the last time you had symptoms of heart disease,

(circle **one** number)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **I did not try anything** | **Not Sure** | **Somewhat Sure** | **Sure** | **Very Sure** |
| How sure were you that the action helped or did not help? | 0 | 1 | 2 | 3 | 4 |

**SECTION C**:

In general, how confident are you that you can:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not Confident** | **Somewhat Confident** | **Very Confident** | **Extremely Confident** |
| 1. Keep yourself free of symptoms?
 | 1 | 2 | 3 | 4 |
| 1. Follow the treatment advice you have been given?
 | 1 | 2 | 3 | 4 |
| 1. Recognize changes in your health?
 | 1 | 2 | 3 | 4 |
| 1. Evaluate the importance of your symptoms?
 | 1 | 2 | 3 | 4 |
| 1. Do something that will relieve your symptoms?
 | 1 | 2 | 3 | 4 |
| 1. Evaluate how well a remedy works?
 | 1 | 2 | 3 | 4 |