

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
2. Take aspirin or other blood thinner?	1	2	3	4
3. Check your blood pressure?	1	2	3	4
4. Exercise for 30 minutes?	1	2	3	4
5. Take your medicines as prescribed?	1	2	3	4
6. Ask for low fat items when eating out or visiting others?	1	2	3	4
7. Use a system to help you remember your medicines? For example, use a pill box or reminders.	1	2	3	4
8. Eat fruits and vegetables?	1	2	3	4
9. Avoid cigarettes and/or smokers?	1	2	3	4
10. 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.

- 0) No
- 1) Yes

11. 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
12. Change your activity level (slow down, rest)	1	2	3	4
13. Take nitroglycerin (If you do not have nitroglycerin prescribed, skip this item)	1	2	3	4
14. Call your doctor or nurse for guidance	1	2	3	4
15. Take an aspirin	1	2	3	4

16. 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 <u>sure</u> were you that the	0	1	2	3	4

action helped or did not help?	
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SECTION C:

In general, how confident are you that you can:

	Not Confident	Somewhat Confident	Very Confident	Extremely Confident
17. <u>Keep yourself free of symptoms?</u>	1	2	3	4
18. <u>Follow the treatment advice</u> you have been given?	1	2	3	4
19. <u>Recognize changes</u> in your health?	1	2	3	4
20. <u>Evaluate the importance</u> of your symptoms?	1	2	3	4
21. <u>Do something</u> that will relieve your symptoms?	1	2	3	4
22. <u>Evaluate</u> how well a remedy works?	1	2	3	4