

SELF-CARE IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE INVENTORY (SC-COPDI)

SECTION A

Listed below are common behaviors that people suffering from chronic lung diseases do to maintain their health and well-being. Please indicate how often you perform the following behaviors:

| | | NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS |
|----|---|-------|--------|-----------|-------|--------|
| 1 | Avoid people with colds or flu | 1 | 2 | 3 | 4 | 5 |
| 2 | Move away from the room / place where someone is smoking | 1 | 2 | 3 | 4 | 5 |
| 3 | Avoid contact with sprays, paints, solvents and dust | 1 | 2 | 3 | 4 | 5 |
| 4 | Keep my lungs free by coughing or with deep breathing if needed | 1 | 2 | 3 | 4 | 5 |
| 5 | Pause during my daily activities to rest | 1 | 2 | 3 | 4 | 5 |
| 6 | Use abdominal breathing or pursed lips breathing to regulate my breath | 1 | 2 | 3 | 4 | 5 |
| 7 | Regularly do some form of exercise (walking, cycling, swimming, etc.) | 1 | 2 | 3 | 4 | 5 |
| 8 | Exercise with my arms at least 3 times a week | 1 | 2 | 3 | 4 | 5 |
| 9 | Engage in social activities with other people at least once a week | 1 | 2 | 3 | 4 | 5 |
| 10 | Get a flu vaccination every year | 1 | 2 | 3 | 4 | 5 |
| 11 | Take the medicines as prescribed by my healthcare provider | 1 | 2 | 3 | 4 | 5 |
| | I DO NOT HAVE MEDICINE PRESCRIPTION | | | | | |
| 12 | Protect my mouth/nose when I walk outdoors and the air is cold | 1 | 2 | 3 | 4 | 5 |
| 13 | Make regular visits to my healthcare provider for checks-ups of my chronic lung disease | 1 | 2 | 3 | 4 | 5 |

SECTION B

Listed below are common behaviors that people with chronic lung diseases can perform to monitor their disease. Indicate how often you perform the following behaviors:

| | | I DO NOT HAVE SUCH TROUBLE | NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS |
|---|--|----------------------------|-------|--------|-----------|-------|--------|
| 1 | Monitor for an increase in sputum quantity | NA | 1 | 2 | 3 | 4 | 5 |
| 2 | Monitor for a change in sputum color | NA | 1 | 2 | 3 | 4 | 5 |
| 3 | Monitor for an increase of coughing | NA | 1 | 2 | 3 | 4 | 5 |
| 4 | Monitor for an increase in breathlessness or whistles | NA | 1 | 2 | 3 | 4 | 5 |
| 5 | Monitor whether I wake up during the night with trouble breathing | NA | 1 | 2 | 3 | 4 | 5 |
| 6 | Check whether I struggle to fall asleep due to trouble breathing | NA | 1 | 2 | 3 | 4 | 5 |
| 7 | Monitor whether I get tired more than usual when I do something | NA | 1 | 2 | 3 | 4 | 5 |
| 8 | Check for palpitations, tremor, insomnia, dry mouth and difficulty at urinating after taking inhaled medications | I DO NOT TAKE INHALATORS | 1 | 2 | 3 | 4 | 5 |

NA=IT DOES NOT APPLY TO ME

9. People with chronic lung diseases can have symptoms due to their illness or to the treatment they are receiving for their illness. The **last time** you had symptoms, how quickly did you recognize it as a symptom of your illness?

| | | | | | | |
|-------------------------|---------------------------------|-------------|---|------------------|---|--------------|
| I HAVE NOT HAD SYMPTOMS | I DID NOT RECOGNIZE THE SYMPTOM | NOT QUICKLY | | SOMEWHAT QUICKLY | | VERY QUICKLY |
| NA* | 0 | 1 | 2 | 3 | 4 | 5 |

* Do not fill in section C in case you have never had symptoms.

SECTION C

Listed below are common behaviors that people with chronic lung disease perform to manage their symptoms. Indicate how likely you are to perform one of following behaviors when you have symptoms.

| | | | NOT LIKELY | | SOMEWHAT LIKELY | | VERY LIKELY |
|----|--|--------------------------|------------|---|-----------------|---|-------------|
| 1 | Talk to my healthcare provider if I have problems with prescriptions for my chronic lung disease | I DO NOT TAKE MEDICINES | 1 | 2 | 3 | 4 | 5 |
| 2 | Go to my healthcare provider if I have any health problem that lasts for more than a few days | | 1 | 2 | 3 | 4 | 5 |
| 3 | Speak to my healthcare provider if I feel that the breathlessness has increased | | 1 | 2 | 3 | 4 | 5 |
| 4 | Speak to my healthcare provider if I feel that the cough has increased | NA | 1 | 2 | 3 | 4 | 5 |
| 5 | Speak to my healthcare provider if the sputum changes color | NA | 1 | 2 | 3 | 4 | 5 |
| 6 | Speak to my healthcare provider if the amount of sputum increases | NA | 1 | 2 | 3 | 4 | 5 |
| 7 | Speak to my healthcare provider if I get side effects from my inhaled medicines (e.g., tremor, insomnia, dry mouth, difficulty urinating) | I DO NOT TAKE INHALATORS | 1 | 2 | 3 | 4 | 5 |
| 8 | When the symptoms of my illness worsen, I modify prescribed therapy as my healthcare provider told me to do (for example, take cortisone and/or an antibiotic) | I DO NOT TAKE MEDICINES | 1 | 2 | 3 | 4 | 5 |
| 9 | Sit doing housework when I have breathlessness | | 1 | 2 | 3 | 4 | 5 |
| 10 | When I have breathlessness, sit on a chair or on another support when I shower or use the bathtub | | 1 | 2 | 3 | 4 | 5 |

NA=IT DOES NOT APPLY TO ME

SELF-CARE-SELF-EFFICACY

Indicate how much confidence you feel in your ability to carry out the activities listed below.

| | | NOT CONFIDENT | | SOMEWHAT CONFIDENT | | EXTREMELY CONFIDENT |
|---|--|---------------|---|--------------------|---|---------------------|
| 1 | Prevent the onset of symptoms of my chronic lung disease | 1 | 2 | 3 | 4 | 5 |
| 2 | Follow the therapeutic advice they gave me, even if it's difficult | 1 | 2 | 3 | 4 | 5 |
| 3 | Continue to check my symptoms even if it's not always easy | 1 | 2 | 3 | 4 | 5 |
| 4 | Take medicines properly, following the instructions given even if it difficult | 1 | 2 | 3 | 4 | 5 |
| 5 | Recognize the symptoms of an exacerbation of chronic lung disease when they appear | 1 | 2 | 3 | 4 | 5 |
| 6 | Do something to relieve symptoms, even if it is difficult | 1 | 2 | 3 | 4 | 5 |
| 7 | Assess whether the behaviors performed to relieve the symptoms have been effective | 1 | 2 | 3 | 4 | 5 |