

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

SECTION B:

Heart disease may appear as *chest pain, chest pressure, burning, heaviness, shortness of breath, or fatigue*. The last time you had these symptoms ...

	Have not had symptoms	I did not recognize the symptoms	Not Quickly		Somewhat Quickly		Very Quickly
1. ... how quickly did you <u>recognize</u> them as symptoms of heart disease?	N/A	0	1	2	3	4	5

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

	Not Likely	Somewhat Likely			Very Likely
2. Change your activity level (slow down, rest)	1	2	3	4	5
3. Take nitroglycerin (If you do not have nitroglycerin prescribed, skip this item)	1	2	3	4	5
4. Call your doctor or nurse for guidance	1	2	3	4	5
5. Take an aspirin	1	2	3	4	5

Think of an action you tried the last time you had symptoms of heart disease
(circle **one** number)

	I did not do anything	Not Sure	Somewhat Sure			Very Sure
6. How <u>sure</u> were you that the action helped or did not help?	0	1	2	3	4	5