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

**(SC-CHDI V3)**

*All answers are confidential.*

Think about how you have been feeling in the last month 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 appointments with your healthcare provider? | 1 | 2 | 3 | 4 | 5 |
| 1. Take aspirin or other blood thinner? | 1 | 2 | 3 | 4 | 5 |
| 1. Do something to relieve stress (e.g. medication, yoga, music)? | 1 | 2 | 3 | 4 | 5 |
| 1. Do physical activity (e.g. take a brisk walk, use the stairs)? | 1 | 2 | 3 | 4 | 5 |
| 1. Take prescribed medicines without missing a dose? | 1 | 2 | 3 | 4 | 5 |
| 1. Ask for low fat items when eating out or visiting others? | 1 | 2 | 3 | 4 | 5 |
| 1. Try to avoid getting sick (e.g. flu shot, wash your hands)? | 1 | 2 | 3 | 4 | 5 |
| 1. Eat fruits and vegetables? | 1 | 2 | 3 | 4 | 5 |
| 1. Avoid cigarettes and/or smokers? | 1 | 2 | 3 | 4 | 5 |

**Section B:**

Listed below are common things that people with coronary heart disease monitor. How often do you do the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never or rarely** |  | **Sometimes** |  | **Always or daily** |
| 1. Monitor your condition? | 1 | 2 | 3 | 4 | 5 |
| 1. Pay attention to changes in how you feel? | 1 | 2 | 3 | 4 | 5 |
| 1. Check your blood pressure? | 1 | 2 | 3 | 4 | 5 |
| 1. Monitor whether you tire more than usual doing normal activities? | 1 | 2 | 3 | 4 | 5 |
| 1. Monitor for medication side-effects? | 1 | 2 | 3 | 4 | 5 |
| 1. Monitor for symptoms? | 1 | 2 | 3 | 4 | 5 |
| 1. Monitor your weight? | 1 | 2 | 3 | 4 | 5 |

**SYMPTOM RECOGNITION:**

##### Many people with heart disease have symptoms of *chest pain, chest pressure, burning, heaviness, shortness of breath, and fatigue*. The last time you had a symptom …

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Have not had symptoms** | **I did not** **recognize the symptom** | **Not Quickly** |  | **Somewhat Quickly** |  | **Very Quickly** |
| 1. … how quickly did you recognize it as a heart symptom? | N/A | 0 | 1 | 2 | 3 | 4 | 5 |

**SECTION C:**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not Likely** |  | **Somewhat Likely** |  | **Very Likely** |
| 1. Change your activity level (slow down, rest) | 1 | 2 | 3 | 4 | 5 |
| 1. Take an aspirin | 1 | 2 | 3 | 4 | 5 |
| 1. Take a medicine to make the symptom decrease or go away | 1 | 2 | 3 | 4 | 5 |
| 1. Call your healthcare provider for guidance | 1 | 2 | 3 | 4 | 5 |
| 1. Tell your healthcare provider about the symptom at the next office visit | 1 | 2 | 3 | 4 | 5 |

##### Think of a treatment you used the last time you had a symptom of heart disease.

##### (circle **one** number)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **I did not do anything** | **Not Sure** |  | **Somewhat Sure** |  | **Very Sure** |
| 1. Did the treatment you used make you feel better? | 0 | 1 | 2 | 3 | 4 | 5 |

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