

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
2. Take aspirin or other blood thinner?	1	2	3	4	5
3. Do something to relieve stress (e.g. medication, yoga, music)?	1	2	3	4	5
4. Do physical activity (e.g. take a brisk walk, use the stairs)?	1	2	3	4	5
5. Take prescribed medicines without missing a dose?	1	2	3	4	5
6. Ask for low fat items when eating out or visiting others?	1	2	3	4	5
7. Try to avoid getting sick (e.g. flu shot, wash your hands)?	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

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
10. Monitor your condition?	1	2	3	4	5

11. Pay attention to changes in how you feel?	1	2	3	4	5
12. Check your blood pressure?	1	2	3	4	5
13. Monitor whether you tire more than usual doing normal activities?	1	2	3	4	5
14. Monitor for medication side-effects?	1	2	3	4	5
15. Monitor for symptoms?	1	2	3	4	5
16. 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
17. ... how quickly did you <u>recognize</u> 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
18. Change your activity level (slow down, rest)	1	2	3	4	5
19. Take an aspirin	1	2	3	4	5
20. Take a medicine to make the symptom decrease or go away	1	2	3	4	5
21. Call your healthcare provider for guidance	1	2	3	4	5
22. 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
23. Did the treatment you used make you feel better?	0	1	2	3	4	5

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