

**CAREGIVER CONTRIBUTIONS TO SELF-CARE OF CORONARY
HEART DISEASE INVENTORY
(CC-SC-CHDI v3a)**

All answers are confidential.

Think about the person with who you care for who has coronary heart disease. Please answer these questions so that we know what you do him/her. There are no right or wrong answers.

SECTION A:

How often do you recommend these things to the person you care for?
(Or, how often do you do these activities because the person you care for is not able to do them).

	Never or rarely		Sometimes		Always or daily
1. Keep appointments with the 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 recommend these things? Or, do these things because the person you care for is not able to do them?

	Never or rarely		Sometimes		Always or daily
10. Monitor their condition?	1	2	3	4	5
11. Pay attention to changes in how they feel?	1	2	3	4	5
12. Check the blood pressure?	1	2	3	4	5
13. Monitor whether they 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 body 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 the person you care for had a symptom ...

	Has 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
18. How quickly did you <u>know</u> that the symptom was due to heart disease?	N/A	0	1	2	3	4	5

SECTION C:

Listed below are behaviors that people with heart disease use to control their symptoms. When the person you care for has symptoms, how likely are you to recommend that they use one of these? Or, do these because the person you care for is not able to do them?

(circle **one** number for each behavior)

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

Think of what you did the last time the person you care for had a symptom of heart disease.

(circle **one** number)

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

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