

CAREGIVER CONTRIBUTION TO SELF-CARE OF CHRONIC ILLNESS INVENTORY

All answers are confidential

Here below are listed common behaviors of personal care that people with chronic diseases may apply. How often do you recommend the person you care for the following behaviors?

SECTION A:

	Never		Sometimes		Always
1. Make sure to get enough sleep	1	2	3	4	5
2. Try to avoid getting sick (e.g., flu shot, wash the hands)	1	2	3	4	5
3. Do physical activity (e.g., take a brisk walk, use the stairs)	1	2	3	4	5
4. Eat a special diet	1	2	3	4	5
5. See your healthcare provider for routine health care	1	2	3	4	5
6. Take prescribed medicines without missing a dose	1	2	3	4	5
7. Do something to relieve stress (e.g., medication, yoga, music)	1	2	3	4	5
8. Avoid tobacco smoke	1	2	3	4	5

SECTION B:

Listed below are common things that people with chronic illness monitor. How often do you recommend the person you care the following things? Or, how often you do the following things if the person you care for is not able to do them?

	Never		Sometimes		Always
9. Monitor the conditions of the person you care for?	1	2	3	4	5
10. Monitor for medication side-effects of the person you care for?	1	2	3	4	5
11. Pay attention to changes in how the person you care for feels?	1	2	3	4	5
12. Monitor whether the person you care for tires more than usual doing normal activities?	1	2	3	4	5
13. Monitor for symptoms of the person you care for?	1	2	3	4	5

SECTION C:

14. Many patients have symptoms due to their illness or due to the treatment they are receiving for their illness. The last time the person you care for had symptoms...

(circle **one** number)

	Have not had symptoms	I did not recognize the symptom	Not Quickly	Somewhat Quickly	Very Quickly		
How quickly <u>did you recognize</u> them as symptoms of the illness he/she suffers from?	N/A	0	1	2	3	4	5

Listed below are behaviors that people with chronic illness use to control their symptoms. When the person you care for has symptoms, how likely you are to recommend or to practice one of the following behaviors

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

	Not Likely	Somewhat Likely	Very Likely		
15. Change what he/she eats or drinks to make the symptom decrease or go away?	1	2	3	4	5
16. Change the activity level (e.g. slow down, rest)?	1	2	3	4	5
17. Take a medicine to make the symptom decrease or go away?	1	2	3	4	5
18. Tell the healthcare provider about the symptom at the next office visit?	1	2	3	4	5
19. Call the healthcare provider for guidance?	1	2	3	4	5

Think of a treatment you recommended, or practiced, the last time the person you care for had symptoms...

(circle **one** number)

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