

SELF-CARE OF CHRONIC ILLNESS INVENTORY v.4c

All answers are confidential.

Think about how you have been feeling in the last month as you complete this survey.

SECTION A:

Listed below are common self-help behaviors that people with a chronic illness may do. How often or routinely do you do the following?

| | Never | Rarely | Sometimes | Often | Always |
|---------------------------------------------------------------------|-------|--------|-----------|-------|--------|
| 1. Make sure to get enough sleep? | 1 | 2 | 3 | 4 | 5 |
| 2. Try to avoid getting sick (e.g., flu shot, wash your 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 special foods or avoid certain foods? | 1 | 2 | 3 | 4 | 5 |
| 5. Keep appointments for routine or regular 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., mindfulness, yoga, music)? | 1 | 2 | 3 | 4 | 5 |

SECTION B:

Listed below are common things that people with chronic illness monitor. How often do you do the following?

| | Never | Rarely | Sometimes | Often | Always |
|-----------------------------------------------------------------------|-------|--------|-----------|-------|--------|
| 8. Monitor your health condition? | 1 | 2 | 3 | 4 | 5 |
| 9. Monitor for medication side-effects? | 1 | 2 | 3 | 4 | 5 |
| 10. Pay attention to changes in how you feel? | 1 | 2 | 3 | 4 | 5 |
| 11. Monitor whether you tire more than usual doing normal activities? | 1 | 2 | 3 | 4 | 5 |
| 12. Monitor for symptoms? | 1 | 2 | 3 | 4 | 5 |

13. Many patients have symptoms due to their health condition or due to the treatment they receive for it. The last time you had a symptom, how quickly did you recognize it as a symptom of your health condition?

- I **never** had a symptom. If you check this box, skip to Section C below.
- I had a symptom but **did not recognize it** as a symptom of my health condition
- I had a symptom and **recognized it** as a symptom of my health condition (Circle one)
 - Not Quickly
 - Fairly Quickly
 - Somewhat Quickly
 - Moderately Quickly
 - Very Quickly

SECTION C:

Listed below are behaviors that people with chronic illness use to control their symptoms. **When you have symptoms, how likely are you to use one of these?**

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

| | Not Likely | Somewhat Likely | Moderately Likely | Likely | Very Likely |
|-------------------------------------------------------------------------------|---------------|--------------------|----------------------|--------|----------------|
| 14. Change what you eat or drink to make the symptom decrease or go away? | 1 | 2 | 3 | 4 | 5 |
| 15. Change your activity level (e.g., slow down, rest)? | 1 | 2 | 3 | 4 | 5 |
| 16. Take a medicine to make the symptom decrease or go away? | 1 | 2 | 3 | 4 | 5 |
| 17. Tell your healthcare provider about the symptom at the next office visit? | 1 | 2 | 3 | 4 | 5 |
| 18. Call your healthcare provider for guidance? | 1 | 2 | 3 | 4 | 5 |

(circle **one** number)

| | I did not do anything | Not Sure | Somewhat sure | Moderately Sure | Sure | Very Sure |
|--------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------|----------------------|------------------------|-------------|------------------|
| 19. Think of a treatment you used the last time you had symptoms. Did the treatment you used make you feel better? | 0 | 1 | 2 | 3 | 4 | 5 |

SECTION D: SELF-CARE CONFIDENCE SCALE

In general, how confident are you that you can:

(Circle **one** number for each statement)

| | Not Confident | Somewhat confident | Moderately Confident | Confident | Very Confident |
|---------------------------------------------------------------------------------------|----------------------|---------------------------|-----------------------------|------------------|-----------------------|
| 20. Keep yourself <u>stable and free of symptoms</u> ? | 1 | 2 | 3 | 4 | 5 |
| 21. <u>Follow the treatment advice</u> you have been given? | 1 | 2 | 3 | 4 | 5 |
| 22. <u>Persist</u> in following the treatment even when difficult? | 1 | 2 | 3 | 4 | 5 |
| 23. <u>Monitor your health condition</u> routinely? | 1 | 2 | 3 | 4 | 5 |
| 24. <u>Persist</u> in routinely monitoring your health condition even when difficult? | 1 | 2 | 3 | 4 | 5 |
| 25. <u>Recognize changes</u> in your health if they occur? | 1 | 2 | 3 | 4 | 5 |
| 26. <u>Evaluate the importance</u> of your symptoms? | 1 | 2 | 3 | 4 | 5 |
| 27. <u>Do something</u> to relieve your symptoms? | 1 | 2 | 3 | 4 | 5 |
| 28. <u>Persist</u> in finding a remedy for your symptoms even when difficult? | 1 | 2 | 3 | 4 | 5 |
| 29. <u>Evaluate</u> how well a remedy works? | 1 | 2 | 3 | 4 | 5 |

THANK YOU FOR COMPLETING THIS SURVEY!