**CAREGIVER CONTRIBUTION TO SELF-CARE OF PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE INVENTORY (CC-SC-COPDI)**

**SECTION A**

Listed below are common behaviors that people suffering from chronic lung diseases do to maintain their health and well-being. Please indicate how often you recommend to the person you care for that they perform the following behaviors:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS |
| 1 | Avoid people with colds or flu | | 1 | 2 | 3 | 4 | 5 |
| 2 | Move away from the room/place where someone is smoking | | 1 | 2 | 3 | 4 | 5 |
| 3 | Avoid contact with sprays, paints, solvents and dust | | 1 | 2 | 3 | 4 | 5 |
| 4 | Keep lungs free by coughing or with deep breathing if needed | | 1 | 2 | 3 | 4 | 5 |
| 5 | Pause during daily activities to rest | | 1 | 2 | 3 | 4 | 5 |
| 6 | Use abdominal breathing or pursed lips breathing to regulate breath | | 1 | 2 | 3 | 4 | 5 |
| 7 | Regularly do some form of exercise (walking, cycling, swimming, etc.) | | 1 | 2 | 3 | 4 | 5 |
| 8 | Exercise with arms at least 3 times a week | | 1 | 2 | 3 | 4 | 5 |
| 9 | Engage in social activities with other people at least once a week | | 1 | 2 | 3 | 4 | 5 |
| 10 | Get a flu vaccination every year | | 1 | 2 | 3 | 4 | 5 |
| 11 | Take the medicines as prescribed by healthcare provider | DO NOT HAVE  MEDICINE PRESCRIPTION | 1 | 2 | 3 | 4 | 5 |
| 12 | Protect mouth/nose when they walk outdoors and the air is cold | | 1 | 2 | 3 | 4 | 5 |
| 13 | Make regular visits to THE healthcare provider for checks-ups of the chronic lung disease | | 1 | 2 | 3 | 4 | 5 |

**SECTION B**

Listed below are common behaviors that people with chronic lung diseases perform to monitor their disease. Indicate how often you recommend to the person you care for that they perform the following behaviors, or you perform them when the person you care for is not able to do it by themselves.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | DO NOT HAVE SUCH TROUBLE | NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS |
| 1 | Monitor for an increase in sputum quantity | NA | 1 | 2 | 3 | 4 | 5 |
| 2 | Monitor for a change in sputum color | NA | 1 | 2 | 3 | 4 | 5 |
| 3 | Monitor for an increase of coughing | NA | 1 | 2 | 3 | 4 | 5 |
| 4 | Monitor for an increase in breathlessness or whistles | NA | 1 | 2 | 3 | 4 | 5 |
| 5 | Monitor whether they wake up during the night with trouble breathing | NA | 1 | 2 | 3 | 4 | 5 |
| 6 | Check whether they struggle to fall asleep due to trouble breathing | NA | 1 | 2 | 3 | 4 | 5 |
| 7 | Monitor whether they get tired more than usual when doing something | NA | 1 | 2 | 3 | 4 | 5 |
| 8 | Check for palpitations, tremor, insomnia, dry mouth and difficulty urinating after taking inhaled medications | DO NOT TAKE INHALATORS | 1 | 2 | 3 | 4 | 5 |

NA=IT DOES NOT APPLY TO CHRONIC CONDITION OF THE PERSON I CARE FOR

9. People with chronic lung diseases can have symptoms due to their illness or the treatment they are receiving for their illness. The **last time** the person you care for had symptoms, how quickly did you recognize it as a symptom of their illness?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| THEY HAVE NOT HAD SYMPTOMS | I DID NOT RECOGNIZE THE SYMPTOM | NOT QUICKLY |  | SOMEWHAT QUICKLY |  | VERY QUICKLY |
| NA | 0 | 1 | 2 | 3 | 4 | 5 |

**SECTION C**

Listed below are common behaviors that people with chronic lung disease perform to manage their symptoms. Indicate how likely you are to recommend or to perform one of the following behaviors when the person you care for has symptoms.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | NOT LIKELY |  | SOMEWHAT LIKELY |  | VERY LIKELY |
| 1 | Talk to the healthcare provider if they have problems with prescriptions for chronic lung disease | DO NOT TAKE  MEDICINES | 1 | 2 | 3 | 4 | 5 |
| 2 | Go to a healthcare provider if they have any health problem that lasts for more than a few days | | 1 | 2 | 3 | 4 | 5 |
| 3 | Speak to the healthcare provider if the breathlessness has increased | | 1 | 2 | 3 | 4 | 5 |
| 4 | Speak to the healthcare provider if the cough has increased | NA | 1 | 2 | 3 | 4 | 5 |
| 5 | Speak to a healthcare provider if the sputum changes color | NA | 1 | 2 | 3 | 4 | 5 |
| 6 | Speak to a healthcare provider if the amount of sputum increases | NA | 1 | 2 | 3 | 4 | 5 |
| 7 | Speak to a healthcare provider if they get side effects from inhaled medicines (e.g., tremor, insomnia, dry mouth, difficulty urinating) | DO NOT USE INHALATORS | 1 | 2 | 3 | 4 | 5 |
| 8 | When the symptoms of illness worsen, modify prescribed therapy as a healthcare provider taught (for example, get them take cortisone and/or an antibiotic) | DO NOT TAKE  MEDICINES | 1 | 2 | 3 | 4 | 5 |
| 9 | When they have breathlessness, sit doing housework | | 1 | 2 | 3 | 4 | 5 |
| 10 | When they have breathlessness, sit on a chair or on another support when showering or using the bathtub | | 1 | 2 | 3 | 4 | 5 |

NA=IT DOES NOT APPLY TO CHRONIC CONDITION OF THE PERSON I CARE FOR

**CAREGIVER CONTRIBUTION TO SELF-CARE-SELF-EFFICACY OF PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE SCALE (CC-SCSE-COPD)**

In reference to the person you care for, indicate how much confidence you feel in your ability to carry out the activities listed below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | NOT CONFIDENT |  | SOMEWHAT CONFIDENT |  | EXTREMELY CONFIDENT |
| 1 | Prevent the onset of symptoms of chronic lung disease | 1 | 2 | 3 | 4 | 5 |
| 2 | Follow the therapeutic advice, even if it's difficult | 1 | 2 | 3 | 4 | 5 |
| 3 | Continue to check symptoms even if it's not always easy | 1 | 2 | 3 | 4 | 5 |
| 4 | Get them take the medicines properly, following the instructions given, even if it difficult | 1 | 2 | 3 | 4 | 5 |
| 5 | Recognize the symptoms of an exacerbation of chronic lung disease when they appear | 1 | 2 | 3 | 4 | 5 |
| 6 | Do something to relieve symptoms, even if it is difficult | 1 | 2 | 3 | 4 | 5 |
| 7 | Assess whether the behaviors performed to relieve the symptoms have been effective | 1 | 2 | 3 | 4 | 5 |