***Caregiver Contribution to Self-Care of Diabetes Index (CC-SCODI)***

Please think about what you did in the last month.

**SECTION A**

Below are listed some behaviors that a person with diabetes could perform to maintain health and wellness. How often do you **recommend** the following 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?

(circle **one** number)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | NEVER |  |  |  | ALWAYS |
| 1. | Maintain an active lifestyle (e.g., walking, going out, doing activities) | 1 | 2 | 3 | 4 | 5 |
| 2. | Perform physical exercise for 2 hours and 30 minutes each week (e.g., swimming, going to the gym, cycling, walking) | 1 | 2 | 3 | 4 | 5 |
| 3. | Eat a balanced diet of carbohydrates (e.g., pasta, rice, sugars, bread), proteins (e.g., meat, fish, legumes), fruits, and vegetables | 1 | 2 | 3 | 4 | 5 |
| 4. | Avoid eating salt and fats (e.g., cheese, cured meats, sweets, red meat) | 1 | 2 | 3 | 4 | 5 |
| 5. | Limit alcohol intake (no more than 1 glass of wine/day for women and 2 glasses/day for men) | 1 | 2 | 3 | 4 | 5 |
| 6. | Try to avoid getting sick (example: washing hands, getting recommended vaccinations) | 1 | 2 | 3 | 4 | 5 |
| 7. | Avoid cigarettes and tobacco smoke | 1 | 2 | 3 | 4 | 5 |
| 8. | Take care of feet (e.g., washing and drying the skin, applying moisture, using correct socks) | 1 | 2 | 3 | 4 | 5 |
| 9. | Maintain good oral hygiene (e.g., brushing teeth at least twice/day, using mouthwash, using dental floss) | 1 | 2 | 3 | 4 | 5 |
| 10. | Keep appointments with healthcare provider | 1 | 2 | 3 | 4 | 5 |
| 11. | Have health check-ups on time (e.g., blood tests, urine tests, ultrasounds, eye exams) | 1 | 2 | 3 | 4 | 5 |
| 12. | Many people have problems taking all their prescribed medicines.  Take all medicines as prescribed to by the healthcare provider (please also consider insulin if prescribed) | 1 | 2 | 3 | 4 | 5 |

**SECTION B**

Below are listed some behaviors that a person with diabetes could perform to monitor their diabetes. How often do you **recommend** the following 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?

(circle **one** number)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | NEVER |  |  |  | ALWAYS |
| 13. | Monitor blood sugar regularly | 1 | 2 | 3 | 4 | 5 |
| 14. | Monitor weight | 1 | 2 | 3 | 4 | 5 |
| 15. | Monitor blood pressure | 1 | 2 | 3 | 4 | 5 |
| 16. | Keep a record of blood sugars in a diary or notebook | 1 | 2 | 3 | 4 | 5 |
| 17. | Monitor the condition of feet daily to see if there are wounds, redness or blisters | 1 | 2 | 3 | 4 | 5 |
| 18. | Pay attention to symptoms of high blood sugar (e.g., thirst, frequent urination) and low blood sugar (e.g., weakness, perspiration, anxiety) | 1 | 2 | 3 | 4 | 5 |

The last time the person you care for had symptoms:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | I DIDN’T RECOGNIZE SYMPTOMS | NOT QUICKLY |  |  |  | VERY QUICKLY |
| 19. | How quickly did **you** recognize that he/she was having symptoms? | 0 | 1 | 2 | 3 | 4 | 5 |
| 20. | How quickly did **you** know that the symptoms were due to diabetes? | 0 | 1 | 2 | 3 | 4 | 5 |

**SECTION C**

Below are listed some behaviors that a person with diabetes could perform to improve their blood sugar when it’s too high or too low. How often do you **recommend** the following 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?

(circle **one** number)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | NEVER |  |  |  | ALWAYS |
| 21. | If symptoms (e.g., thirst, frequent urination, weakness, perspiration, anxiety) occur, check blood sugar | 1 | 2 | 3 | 4 | 5 |
| 22. | If abnormal blood sugar levels occur, take notes about the events that could have caused it and actions he/she took | 1 | 2 | 3 | 4 | 5 |
| 23. | If abnormal blood sugar levels occur, ask a family member or friend for advice | 1 | 2 | 3 | 4 | 5 |
| 24. | If symptoms occur and blood sugar is low, eat or drink something with sugar to solve the problem | 1 | 2 | 3 | 4 | 5 |
| 25. | If blood sugar is high, adjust the diet to fix it | 1 | 2 | 3 | 4 | 5 |
| 26. | If blood sugar is high, adjust physical activity to fix it | 1 | 2 | 3 | 4 | 5 |
| 27. | After taking actions adjust an abnormal blood sugar level, to re-check blood sugar to assess if the actions were effective | 1 | 2 | 3 | 4 | 5 |
| 28. | If blood sugar is very low or very high, call the healthcare provider for advice | 1 | 2 | 3 | 4 | 5 |

Does the person you care for take insulin?

* Yes
* No

If yes, please answer the following question.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 29. | If blood sugar is too high or too low, adjust the insulin dosage in the way the healthcare provider suggested. | 1 | 2 | 3 | 4 | 5 |

**SECTION D**

In reference to the person you care for, how much do you feel confident that you can **recommend** or **do** these activities?

(circle **one** number)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **NOT CONFIDENT AT ALL** |  |  |  | **EXTREMELY CONFIDENT** |
| 30. | Prevent high or low blood sugar levels and its symptoms | 1 | 2 | 3 | 4 | 5 |
| 31. | Follow advice about nutrition and physical activity | 1 | 2 | 3 | 4 | 5 |
| 32.. | Take medicines in the appropriate way (including insulin if prescribed) | 1 | 2 | 3 | 4 | 5 |
| 33. | Persist in following the treatment plan even when it is difficult | 1 | 2 | 3 | 4 | 5 |
| 34. | Monitor blood sugar as often as the health care provider asked that it be done | 1 | 2 | 3 | 4 | 5 |
| 35. | Understand if blood sugar levels are good or not | 1 | 2 | 3 | 4 | 5 |
| 36. | Recognize the symptoms of low blood sugar | 1 | 2 | 3 | 4 | 5 |
| 37. | Persist in monitoring diabetes even when it is difficult | 1 | 2 | 3 | 4 | 5 |
| 38. | Take action to adjust blood sugar and relieve symptoms | 1 | 2 | 3 | 4 | 5 |
| 39. | Evaluate if the implemented actions were effective to change blood sugar and relieve symptoms | 1 | 2 | 3 | 4 | 5 |
| 40. | Persist in carrying out actions to improve blood sugar even when it is difficult | 1 | 2 | 3 | 4 | 5 |

Thank you for completing this survey!