

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 <u>high</u> blood sugar (e.g., thirst, frequent urination) and <u>low</u> 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 <u>low</u> , eat or drink something with sugar to solve the problem	1	2	3	4	5
25. If blood sugar is <u>high</u> , 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 <u>low</u> or very <u>high</u> , 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
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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 <u>insulin</u> 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!