

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 D 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!