Self-Care Decisions Inventory

This survey asks about what you do when you have a symptom of your chronic illness. Think about the last time you had a bothersome symptom.

What symptom are you thinking about?_____

Please rate how much each of the following influenced your decision about what to do about your symptom.

	No Influence				A Lot of Influence
1. I didn't know what the symptom meant	1	2	3	4	5
2. I felt embarrassed about my symptom	1	2	3	4	5
3. Others helped me to make a decision	1	2	3	4	5
4. I thought I could tolerate the symptom	1	2	3	4	5
5. I wasn't sure how important the symptom was	1	2	3	4	5
6. The symptom got worse suddenly	1	2	3	4	5
7. When I had the symptom, I didn't understand what was happening	1	2	3	4	5
8. I felt too sad to make a decision	1	2	3	4	5
9. It wasn't clear to me what was causing the symptom	1	2	3	4	5
10. I felt I needed to make a decision quickly	1	2	3	4	5
11. Different people gave different advice about my symptom	1	2	3	4	5
12. I felt that the symptom was nothing to worry about	1	2	3	4	5
13. I felt too anxious to make a decision	1	2	3	4	5
14. I didn't feel well enough to make a decision	1	2	3	4	5
15. The symptom was new to me	1	2	3	4	5
16. The symptom was severe or bothersome	1	2	3	4	5

17. I thought the symptom might be due to something else	1	2	3	4	5

18. I didn't want people to know about my symptom	1	2	3	4	5
19. When I had this symptom, I knew something was wrong	1	2	3	4	5
20. I thought the symptom would go away on its own	1	2	3	4	5
21. My thinking was not clear so I could not make a decision	1	2	3	4	5
22. I didn't want to burden my family	1	2	3	4	5
23. I thought I could wait to make a decision	1	2	3	4	5
24. Other things were more important at the time	1	2	3	4	5
25. Others gave me advice	1	2	3	4	5
26. I felt like something bad was going to happen	1	2	3	4	5
27. I felt too tired to make a decision	1	2	3	4	5