SELF-CARE OF INFORMAL CAREGIVERS INVENTORY

(SC-ICI), Version 2

All Answers Are Confidential.

Please think about how you have been feeling in the last month as you complete these items.

SECTION A

As a family caregiver, maintaining physical and mental health is essential for yourself and the loved one(s) you support. Please indicate how often you do the following.

		Never	Rarely	Sometimes	Often	Always
1.	Maintain daily personal hygiene (e.g., oral, skin, hair care)?	1	2	3	4	5
2.	Do physical activities (e.g., brisk walking, cycling)?	1	2	3	4	5
3.	Eat all the essential meals of the day (breakfast, lunch, dinner)?	1	2	3	4	5
4.	Keep a healthy, balanced diet (combination of whole grains, lean proteins, fruits, and vegetables)?	1	2	3	4	5
5.	Drink enough water (e.g., 6 to 8 glasses daily)?	1	2	3	4	5
6.	Make sure to get enough sleep during the night?	1	2	3	4	5
7.	If/when prescribed, take the medications or supplements on time (e.g., setting reminders)?	1	2	3	4	5
8.	Give yourself a break and make time to relax (e.g., rest, watch TV series, read a book, meditate)?	1	2	3	4	5
9.	Keep contact with friends and engage in social activities (e.g., attending the movies and gatherings)?	1	2	3	4	5

SECTION B

Monitoring your health is one of the critical aspects of the caregiving pathway. Please indicate how often you do the following.

		Never	Rarely	Sometimes	Often	Always
10.	Monitor your physical health?	1	2	3	4	5
11.	Monitor your weight (e.g., regular weigh-ins, notice changes in clothing fit)?	1	2	3	4	5
12.	Monitor your daily eating habits (e.g., notice changes in eating patterns, loss or increase in appetite)?	1	2	3	4	5
13.	Pay attention to your emotional state (e.g., recognizing constant feelings such as sadness, anxiety, guilt)?	1	2	3	4	5
14.	Pay attention to signs of being overwhelmed (e.g., frequent irritability)?	1	2	3	4	5
15.	Pay attention to signs of fatigue (e.g., unusual tiredness throughout the day)?	1	2	3	4	5

16.	Pay attention to signs of discomfort (e.g., trouble sleeping, back pain, uncommon headaches)?	1	2	3	4	5

SECTION C

Caregiving for a loved one is fulfilling, yet sometimes presents difficulties and challenges. When encountering these moments, please indicate how often you do the following.

		Never	**Rarely**	**Sometimes**	**Often**	**Always**
17.	Change your caregiving efforts based on your physical status (e.g., not pushing yourself)?	1	2	3	4	5
18.	Increase regular sports activities?	1	2	3	4	5
19.	Adopt techniques to enhance your emotional well-being (e.g., meditation, listening to music)?	1	2	3	4	5
20.	Find harmony and balance between your personal life, work, and caregiving roles?	1	2	3	4	5
21.	Change your sleep habits (e.g., make a regular sleep schedule and comfortable environment)?	1	2	3	4	5
22.	Ask for assistance from others (e.g., caregiving responsibilities, everyday errands)?	1	2	3	4	5
23.	Accept help from others (e.g., relatives, friends, palliative care providers, hospice care team)?	1	2	3	4	5

THANK YOU FOR COMPLETING THIS SURVEY!