

**SELF-CARE OF CHRONIC ILLNESS INVENTORY v.3a with Changes Made in SC-CII v4c Indicated**

*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		Sometimes		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 a special diet? <b>REWORDED</b>	1	2	3	4	5
5. See your healthcare provider for routine health care? <b>REWORDED</b>	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., medication, yoga, music)? <b>MINDFULNESS ADDED</b>	1	2	3	4	5
<del>8. Do you avoid tobacco smoke?</del>	<del>1</del>	<del>2</del>	<del>3</del>	<del>4</del>	<del>5</del>

**SECTION B:**

Listed below are common things that people with chronic illness monitor. How often do you do the following?

	Never		Sometimes		Always
9. Monitor your condition?	1	2	3	4	5
10. Monitor for medication side-effects?	1	2	3	4	5
11. Pay attention to changes in how you feel?	1	2	3	4	5
12. Monitor whether you tire more than usual doing normal activities?	1	2	3	4	5
13. Monitor for symptoms?	1	2	3	4	5

14. Many patients have symptoms due to their illness or due to the treatment they are receiving for their illness. The last time you had symptoms ... **NOW ITEM #13. ITEM REFORMATTED**

(circle **one** number)

	<b>Have not had symptoms</b>	<b>I did not recognize the symptom</b>	<b>Not Quickly</b>		<b>Somewhat Quickly</b>		<b>Very Quickly</b>
How quickly did you recognize it as a symptom of your illness?	N/A	0	1	2	3	4	5

**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 treatment)

	<b>Not Likely</b>		<b>Somewhat Likely</b>		<b>Very Likely</b>
15. Change what you eat or drink to make the symptom decrease or go away?	1	2	3	4	5
16. Change your activity level (e.g. slow down, rest)?	1	2	3	4	5
17. Take a medicine to make the symptom decrease or go away?	1	2	3	4	5
18. Tell your healthcare provider about the symptom at the next office visit?	1	2	3	4	5
19. Call your healthcare provider for guidance?	1	2	3	4	5

**Think of a treatment you used the last time you had symptoms...**

(circle **one** number)

	<b>I did not do anything</b>	<b>Not Sure</b>		<b>Somewhat Sure</b>		<b>Very Sure</b>
20. Did the treatment you used make you feel better?	0	1	2	3	4	5

## SECTION D: SELF-CARE CONFIDENCE (**SELF-EFFICACY**) SCALE

In general, how confident are you that you can:

(Circle **one** number for each statement)

	Not Confident		Somewhat Confident		Very Confident
21. Keep yourself <u>stable and free of symptoms</u> ?	1	2	3	4	5
22. <u>Follow the treatment plan</u> you have been given?	1	2	3	4	5
23. <u>Persist</u> in following the treatment plan even when difficult?	1	2	3	4	5
24. <u>Monitor your condition</u> routinely?	1	2	3	4	5
25. <u>Persist</u> in routinely monitoring your condition even when difficult?	1	2	3	4	5
26. <u>Recognize changes</u> in your health if they occur?	1	2	3	4	5
27. <u>Evaluate the importance</u> of your symptoms?	1	2	3	4	5
28. <u>Do something</u> to relieve your symptoms?	1	2	3	4	5
29. <u>Persist</u> in finding a remedy for your symptoms even when difficult?	1	2	3	4	5
30. <u>Evaluate</u> how well a remedy works?	1	2	3	4	5

THANK YOU FOR COMPLETING THIS SURVEY!