

## Self Care Inventory-Revised Version (SCI-R)

This survey measures what you *actually do*, not what you are advised to do. How have you followed your diabetes treatment plan in the past 1-2 months?

	Never ▼	Rarely ▼	Sometimes ▼	Usually ▼	Always ▼	
<b>1. Check blood glucose with monitor</b>	1	2	3	4	5	
<b>2. Record blood glucose results</b>	1	2	3	4	5	
<b>3. If type 1: Check ketones when glucose level is high</b>	1	2	3	4	5	Have type 2 diabetes
<b>4. Take the correct dose of diabetes pills or insulin</b>	1	2	3	4	5	Not taking diabetes pills or insulin
<b>5. Take diabetes pills or insulin at the right time</b>	1	2	3	4	5	Not taking diabetes pills or insulin
<b>6. Eat the correct food portions</b>	1	2	3	4	5	
<b>7. Eat meals/snacks on time</b>	1	2	3	4	5	
<b>8. Keep food records</b>	1	2	3	4	5	
<b>9. Read food labels</b>	1	2	3	4	5	
<b>10. Treat low blood glucose with just the recommended amount of carbohydrate</b>	1	2	3	4	5	Never had low blood glucose
<b>11. Carry quick acting sugar to treat low blood glucose</b>	1	2	3	4	5	
<b>12. Come in for clinic appointments</b>	1	2	3	4	5	
<b>13. Wear a Medic Alert ID</b>	1	2	3	4	5	
<b>14. Exercise</b>	1	2	3	4	5	
<b>15. If on insulin: Adjust insulin dosage based on glucose values, food, and exercise</b>	1	2	3	4	5	Not on insulin