

## SCI/D Self-Monitoring Inventory

To **self-monitor** is to keep track of something about yourself, such as your emotions or your bodies' responses. The information that is tracked can then be used to improve health.

*Please answer the following questions about what you monitor to manage your health.*

**Which of the following do you monitor or keep track of** (Check all that apply):

- Bladder problems / Bladder management
- Bowel problems / Bowel management
- Skin integrity or problems, such as pressure sores
- Pain: If I have it, what type it is and / or how severe it is
- General health
- Nutrition / diet
- Physical activity and exercise
- Emotional health such as level of stress
- Use or effectiveness of medications, supplements or routines
- Other: \_\_\_\_\_

[the following are only asked if the corresponding item above was checked]

**If bladder problems / bladder management was checked**

**What do you keep track of?** (Check all that apply)

- Amount of urine / Cath or void volumes
- Possible signs of infection (such as color or odor)
- Time of cathing / voiding
- Fluid intake
- Other: \_\_\_\_\_

**How do you keep track of it?** (Check all that apply)

- In my head / I just remember it
- Write it down on paper or paper calendar
- Write it on my electronic calendar
- I have an app or computer program to assist me
- I text myself
- I tell it to a family member or caregiver
- I call or e-mail my health care provider or use my patient portal
- Other: \_\_\_\_\_

**How often do you monitor or keep track of it?** (check the one that applies most often)

- Several times a day
- Once a day
- 2 or 3 times a week
- Once a week

- Several times a month
- About once a month
- Once every few months
- A few times a year
- Only when I have a problem or accident
- Other: \_\_\_\_\_

**How do you use this information?** (Check all that apply)

- I share it with my healthcare provider
- I use it to find patterns or triggers associated with problems
- I use it to adapt my bladder management program or change my behaviors
- I use it to organize my care and plan my day / week
- I don't use it
- Other: \_\_\_\_\_

**If Bowel problems / bowel management was checked**

**What do you keep track of?** (Check all that apply)

- Problems / accidents
- Time of bowel movements / program
- Diet / what and how much I ate
- What medications I took to manage bowels
- Duration of bowel program
- Other: \_\_\_\_\_

**How do you keep track of it?** (Check all that apply)

- In my head / I just remember it
- Write it down on paper or paper calendar
- Write it on my electronic calendar
- I have an app or computer program to assist me
- I text myself
- I tell it to a family member or caregiver
- I call or e-mail my health care provider or use my patient portal
- Other: \_\_\_\_\_

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- About once a month
- Once every few months

- A few times a year
- Only when I have a problem or accident
- Other: \_\_\_\_\_

**How do you use this information?** (Check all that apply)

- I share it with my healthcare provider
- I use it to find patterns or triggers associated with problems
- I use it to adapt my bowel management program or change my behaviors
- I use it to organize my care and plan my day / week
- I don't use it
- Other: \_\_\_\_\_

***If Skin integrity was checked***

**What do you keep track of?** (Check all that apply)

- When performed skin inspection
- Location of any redness or wounds
- Size, depth or color of wound
- Any medical treatment performed (dressing, ointment)
- Positioning / repositioning in bed or wheelchair
- Pressure reliefs
- Spasms
- That skin is clean and dry
- Integrity of wheelchair cushion
- Other: \_\_\_\_\_

**How do you keep track of it?** (Check all that apply)

- In my head / I just remember it
- Write it down on paper or paper calendar
- Write it on my electronic calendar
- I have an app or computer program to assist me
- I take a picture
- I text myself
- I tell it to a family member or caregiver
- I call or e-mail my health care provider or use my patient portal
- Other: \_\_\_\_\_

**How often do you monitor or keep track of it?** (check the one that applies most often)

- Several times a day
- Once a day
- 2 or 3 times a week
- Once a week
- Several times a month

- About once a month
- Once every few months
- A few times a year
- Only when I have a problem
- Other: \_\_\_\_\_

**How do you use this information?** (Check all that apply)

- I share it with my healthcare provider
- I use it to find patterns associated with problems
- I use it to adapt my skin management strategy or change my behaviors
- I use it to organize my care and plan my day / week
- I don't use it
- Other: \_\_\_\_\_

**If Pain was checked**

**What do you keep track of?** (Check all that apply)

- When I experienced the pain
- Where I felt the pain
- Type of pain
- Sensations I felt\
- Intensity
- Duration
- Use of medication
- Other pain management strategies I used
- Potential triggers that may have resulted in pain
- Other: \_\_\_\_\_

**How do you keep track of it?** (Check all that apply)

- In my head / I just remember it
- Write it down on paper or a paper calendar
- Write it in an electronic calendar
- I have an app or computer program to assist me
- I text myself
- I tell it to a family member or caregiver
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- Other: \_\_\_\_\_

**How do you use this information?** (Check all that apply)

- I share it with my healthcare provider
- I use it to find patterns or triggers associated with problems
- I use it to adapt my pain management program or change my behaviors
- I use it to organize my care and plan my day / week
- I don't use it
- Other: \_\_\_\_\_

***If General health was checked***

**What do you keep track of?** (Check all that apply)

- If I felt sick
- Fevers
- Rashes
- Use of medication
- Preventative care
- Other: \_\_\_\_\_

**How do you keep track of it?** (Check all that apply)

- In my head / I just remember it
- Write it down on paper or a paper calendar
- Write it in an electronic calendar
- I have an app or computer program to assist me
- I text myself
- I tell it to a family member or caregiver
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- I share it with my healthcare provider
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- I use it to organize my care and plan my day / week
- I don't use it
- Other: \_\_\_\_\_

**If Nutrition / diet was checked**

**What do you keep track of?** (Check all that apply)

- Weight
- Fit of clothes
- Diet / what I eat
- Calories
- Portion size for meals
- Time that I eat
- Other: \_\_\_\_\_

**How do you keep track of it?** (Check all that apply)

- In my head / I just remember it
- Write it down on paper or a paper calendar
- Write it in an electronic calendar
- I have an app or computer program to assist me
- I take a picture
- I text myself
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Other: \_\_\_\_\_

**How do you use this information?** (Check all that apply)

- I share it with my healthcare provider
- I use it to find patterns or triggers associated with problems
- I use it to adapt or change my behaviors
- I use it to organize my care and plan my day / week
- I don't use it
- Other: \_\_\_\_\_

***If Physical activity and exercise was checked***

**What do you keep track of?** (Check all that apply)

- When performed physical activity or exercise
- What exercise or activity I did
- How long I did it
- Feelings during exercise
- Barriers to exercise
- Other: \_\_\_\_\_

**How do you keep track of it?** (Check all that apply)

- In my head / I just remember it
- Write it down on paper or a paper calendar
- Write it in an electronic calendar
- I have an app or computer program to assist me
- I text myself
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- I call or e-mail my health care provider or use my patient portal
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- Other: \_\_\_\_\_

**If Emotional health such as level of stress was checked**

**What do you keep track of? (Check all that apply)**

- Day / time
- How you felt emotional (Such as level of anxiety or depression)
- Thoughts associated with feelings
- Stressors
- Physical Symptoms
- How you coped with or managed negative feelings
- Other: \_\_\_\_\_

**How do you keep track of it? (Check all that apply)**

- In my head / I just remember it
- Write it down on paper or a paper calendar
- Write it in an electronic calendar
- I have an app or computer program to assist me
- I text myself
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- Other: \_\_\_\_\_

**How do you use this information? (Check all that apply)**

- I share it with my healthcare provider
- I use it to find patterns or triggers associated with problems



- I use it to adapt or change my behaviors
- I use it to organize my care and plan my day / week
- I don't use it
- Other: \_\_\_\_\_

**If use or effectiveness of medications, supplements or routines was checked**

**What do you keep track of? (Check all that apply)**

- When I take a medication or supplement
- If there are any medications left over
- New routines
- New medications
- Quantity of any supplements
- Side effects
- How I felt later
- Other: \_\_\_\_\_

**How do you keep track of it? (Check all that apply)**

- In my head / I just remember it
- Write it down on paper or a paper calendar
- Write it in an electronic calendar
- I have an app or computer program to assist me
- I text myself
- I tell it to a family member or caregiver
- I call or e-mail my health care provider or use my patient portal
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