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: ________________________________

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 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
- 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)
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- 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 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
- 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
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- Once a week
- Several times a month
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- 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 or change my behaviors
- 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
- 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
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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
- 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)
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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 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
☐ 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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☐ 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
☐ Other: ____________________________

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☐ I don’t use it
☐ Other: ________________________________