

team subscale correlated .75 with the Medical Satisfaction Questionnaire, the personal subscale correlated .43 with the Self-Efficacy for Eating Behavior scale and .42 for the Self-Efficacy for Exercise Behavior scale, and the family and friends subscale correlated .42 with the Social Support for Eating Habits and Exercise Survey. The neighborhood/community subscale correlated .36 with the Campbell Community Survey and the worksite subscale correlated .60 with the Take Heart worksite support scale ($p < .01$ for all correlations reported in this paragraph).

Among the subset of patients selected to complete the disease management resources self-monitoring checklist, correlations comparing recorded support actions and resources used over a 1-month period and corresponding summary scores from the CIRS were moderately high (see Table IV). The CIRS total scale score correlated .58 ($p < .01$) with the total support reported on the checklist. Subscales that correlated significantly with actual support received were family and friends ($r = .53$), community organizations ($r = .51$), and personal ($r = .45$).

Predictive Validity

Using partial correlation procedures (to control for age, the only demographic variable to correlate significantly with CIRS scales and a dependent variable), both the CIRS total score and selected subscales showed moderate ability to predict self-management behaviors (see Table V) and quality of life (see Table VI).

Concurrent Correlations (Baseline CIRS and Baseline Outcomes). The CIRS personal subscale was significantly related to eating habits as measured by the Kristal FFB after controlling for age (partial $r = .33$). The CIRS total score did not improve prediction of illness management as measured by the MOS. The less comprehensive Social Support for Eating Habits and Exercise Survey and the more global Interpersonal Support Evaluation Checklist were not significant concurrent baseline predictors of any self-management outcomes.

The CIRS personal, family and friend, and neighborhood/community support subscales, as well as the total scale score, were significantly correlated ($p < .01$) with mental health as measured by the SF-12 Mental Health scale after partialling out age (partial $r = .36, .32, .26$, and $.37$, respectively). The CIRS scores failed to improve prediction of physical health as measured by the SF-12 Physical Functioning scale. The Interpersonal Support Evaluation Checklist was a significant concurrent predictor of illness intrusiveness at baseline (partial $r = -.26, p < .01$). The Social Support for Eating Habits and Exercise Survey was not a significant concurrent predictor of any quality of life outcome.

Table V. Concurrent (Baseline) and Prospective (Baseline with 4-Month) Correlations of the Full and Brief CIRS with Self-Management Variables (Controlling for Age)^a

	Physical Activity Scale for Elderly ^b		Kristal FFB (total score)		MOS Illness Management	
	Conc.	Prosp.	Conc.	Prosp.	Conc.	Prosp.
CIRS ^c						
Personal	—	.12/.09	.33*/.27*	.23*/.25*	.11/.19	.19/.21
Family and friends	—	.12/.14	.13/.30*	.08/.23	.09/.08	.20/.07
Physician/health team	—	-.15/-.11	.08/.10	.05/.06	.21/.18	.30*/.25*
Neighborhood/community	—	.17/.27*	.15/.25*	.13/.22	.07/.04	.22/.18
Organizations	—	.32*/.23	.14/.15	.09/.13	.09/.05	.13/.14
Worksites	—	.01/.12	.24/.31	.19/.21	.17/.18	.08/.10
Media and policy	—	.11/.03	-.02/-.05	-.07/-.06	.11/.11	.13/.12
Total	—	.12/.17	.22/.30*	.14/.24*	.19/.20	.30*/.27*
Other measures						
Support for Eating Habits and Exercise Survey	—	.16	.04	-.01	-.02	.13
Support Evaluation Checklist	—	.19	.14	.22	.21	-.01
Social Network Index ^d	.35*	—	.12	—	.04	—

^aAge was the only demographic variable to correlate significantly with both CIRS scales and a dependent variable.

^bNot collected at baseline (Social Network Index concurrent correlations at 4 months).

^cThe value before the slash refers to the full CIRS; the value after refers to the Brief CIRS.

*Significant at $p \leq .01$.

Finally, analyses parallel to those above were conducted using the importance ratings for a given level and the Importance \times Support level interaction term. For both concurrent and prospective analyses, the relationship of importance to the various outcomes was usually nonsignificant, and the correlations for the Importance \times Support computed variables were no stronger than the support scales alone. Therefore, we have not reported these analyses in any detail.

Prospective Correlations (Baseline CIRS with 4-Month Outcomes). The CIRS total score and physician and health care team subscale at baseline emerged as significant predictors of 4-month illness management as measured by the MOS after controlling for age (total score partial $r = .30$). The less comprehensive Social Support for Eating Habits and Exercise Survey and the more global Interpersonal Support Evaluation Checklist were not significant predictors of any 4-month outcome.

The CIRS total score at baseline predicted 4-month mental health as measured by the SF-12 Mental Health scale after controlling for age (partial $r = .28, p < .01$).

Development of Brief CIRS

Because of the limited time available in most health care settings, a brief version of the CIRS (see items in the Appendix denoted by an asterisk) was developed empirically by selecting three to four items in each support area. Criteria used for selecting items for the brief scale were (1) consistency in mean values across diseases, (2) sufficient variability and lack of ceiling or floor effects, (3) temporal stability, (4) internal consistency, (5) predictive validity, (6) divergent validity, and (7) convergent validity. Consistency across diseases was represented by item means across the four chronic illnesses, variability was measured by the standard deviation, test-retest stability was represented by correlations between the same items at two assessment points, divergent validity was evaluated with correlations among other CIRS subscales, predictive validity was determined by correlations with self-management and quality of life outcomes (e.g., the Physical Activity Scale for the Elderly, Kristal Fat and Fiber Behavior questionnaire, and Illness Intrusiveness scale), and convergent validity was determined by correlations with established instruments measuring similar constructs (e.g., CIRS community support resources subscale with the Campbell Community Survey). Each item in the larger CIRS instrument within each of the support areas received a score from 1 to 3 on each criterion, with higher scores reflecting better performance. Scores were summed within each subscale, and the three or four items having the highest total scores were selected for the brief CIRS. This was done in two ways, once with and once without predictive validity scores, with virtually identical results.

Twenty-two items assessed perceptions of support and seven items assessed importance of support. Correlations between the full and Brief CIRS subscales ranged from .83 to .96; the correlation between total scale scores was .94. One-way analyses of variance indicated that full and Brief CIRS subscales and total scale scores in general did not significantly differ across diseases (with two minor exceptions: participants with more than one illness reported lower worksite support than participants with arthritis or diabetes, and participants with lung disease reported lower support from community organizations than participants with arthritis, heart disease, or more than one illness).

As with the longer CIRS instrument, brief CIRS scores were not related to patient characteristics, with one exception. Age was again positively related to the total Brief CIRS score and to most subscales. The lower portion of Table II presents descriptive statistics on the Brief CIRS scales. The Brief CIRS subscale means were ordered similarly to the full scale: physician and health care team, personal, and media and policy were rated highest, followed by family and friends, worksite and neighborhood/community, and community organization support.

Table VI. Concurrent (Baseline) and Prospective (Baseline with 4-Month) Correlations of the Full and Brief CIRS with Quality of Life Variables (Controlling for Age)^a

	Illness Intrusiveness		SF-12 Mental Health		SF-12 Physical Functioning	
	Conc.	Prosp.	Conc.	Prosp.	Conc.	Prosp.
CIRS^b						
Personal	-.12/-.06	-.09/.02	.36*/.29*	.27*/.22	.17/.10	.06/.05
Family and friends	-.07/-.06	-.04/-.17	.32*/.15	.23/.19	.04/-.17	.03/.20
Physician/health team	-.08/-.19	-.08/-.04	.21/.23	.09/.05	-.16/-.09	-.12/-.13
Neighborhood/community	-.21/-.27*	-.17/-.22	.26*/.32*	.21/.28*	.09/.28*	.11/.23*
Organizations	-.02/-.11	-.10/-.23*	.11/.17	.18/.23	.00/.11	.10/.18
Worksites	-.26/-.29	-.22/-.26	.26/.26	.03/.05	.09/.13	-.17/-.19
Media and policy	-.15/-.21	-.11/-.17	.17/.19	.12/.05	-.04/.03	.00/.08
Total	-.19/-.23*	-.19/-.25*	.37*/.38*	.28*/.28*	.03/.14	.03/.15
Other measures						
Support for Eating Habits and Exercise Survey	-.08	-.03	.21	.20	.06	.07
Support Evaluation Checklist	-.26*	-.18	.11	.15	.04	.16
Social Network Index ^c	-.09	—	.24*	—	.03	—

^a Age was the only demographic variable to correlate significantly with both CIRS scales and a dependent variable.

^b The value before the slash refers to the full CIRS; the value after refers to the Brief CIRS.

^c Not collected at baseline (Social Network Index concurrent correlations at 4 months).

*Significant at $p \leq .01$.

The Brief CIRS was fairly internally consistent ($\alpha = .79$) and relatively stable (test-retest correlation of $r = .83$ at 1 month and $.65$ at 4 months). As would be expected, the Brief CIRS subscales, generally consisting of three items, had lower α 's (see Table IV), ranging from $.37$ for media and policy to $.86$ for physician and health care team support. The Brief CIRS subscales were also relatively stable. Test-retest reliabilities, also listed in Table IV, ranged from $.52$ to $.85$ at 1 month and $.45$ to $.68$ at 4 months.

Validity. The Brief CIRS scales correlated almost as highly with similar established measures as did scales from the longer instrument. All of the convergent validity correlations with established measures were significant (Table IV). The total score from the Brief CIRS correlated $r = .61$ ($p < .01$) with support from the self-monitoring logs. Subscale correlations with self-monitoring records were very similar to those for the longer instrument.

The Brief CIRS total score did surprisingly well at predicting the majority of our criterion variables (controlling for age), as can be seen in Tables V and VI. Specifically, it prospectively predicted scores on the Kristal fat behavior measure, the MOS illness management scale, Illness Intrusiveness, and the Mental Health score from the SF-12. Subscale results were more variable but, as can be seen, revealed a pattern of results generally similar to that of the longer CIRS subscales.

DISCUSSION

The CIRS and Brief CIRS appear to be reliable and valid instruments for the assessment of multilevel support and resources for chronic illness management. Scales and subscales from these instruments are internally consistent, demonstrate reasonable test-retest reliability, are related to other support instruments, and moderately predict levels of illness self-management (e.g., eating behaviors, MOS illness management) and quality of life (e.g., mental health, illness intrusiveness) both concurrently and prospectively. The comprehensive, multilevel CIRS instrument was a stronger predictor than well-developed, previously validated single-channel support scales (e.g., Social Support for Eating Habits and Exercise Survey and the Interpersonal Support Evaluation Checklist).

These results are encouraging, especially considering the brevity of the subscales (often as few as three items in the brief CIRS). Such concise and easily scored instruments are needed in applied settings, as well as for many types of epidemiologic and clinical research. The performance of the Brief CIRS, while definitely requiring replication in larger and more diverse samples, was particularly good, since selection of items for this shorter instrument was based on numerous criteria and not primarily on correlation

with outcome variables. Given the advantages of efficiency with very little loss in reliability or validity, we recommend that, for most purposes, future investigations use the brief CIRS instrument. The exception may be that for studies investigating only one or two levels of support (e.g., work-site or health care team) in detail or for selecting activities to enhance support, the additional information contained in the longer scale may be helpful.

The CIRS scales appear to be applicable across different chronic illnesses, or at least those included in this study. Many of these patients, like the general population of older adults, had multiple chronic diseases and were able to answer the questions without difficulty. This instrument's applicability to different chronic diseases is an advantage, since studies of general principles of disease management have been hampered in the past by the lack of instruments that can be used across diseases (Institute for the Future, 1998). Future work with a larger number of patients having each specific chronic illness and comparing participants at various stages of disease is indicated to confirm these preliminary findings.

Additional research is needed to investigate the relevance of these scales with more diverse populations and patients of other cultural backgrounds. Still, it is encouraging that in this relatively heterogeneous sample of patients (in terms of education, health insurance status, marital status, family income, age, and years living with their chronic illness), only age was correlated with CIRS scores. Further studies are necessary to identify the basis for this relatively consistent correlation. It does not appear to be due to socially desirable responding, since our measure of this response style did not correlate significantly with the CIRS total scale or subscales. It may be that in our work- and achievement-oriented society, older patients are more likely to take the time to become involved in community activities and meaningful social interactions.

It is interesting that patients consistently rated physician and health care team support as most important for illness self-management. Given recently publicized public dissatisfaction with medical services (e.g., The HMO Page, 1996), it is somewhat surprising that they rated this source of support higher than other areas such as family/friends or neighborhood/community. The differential pattern of relationships between various levels of support and different self-management and quality of life outcomes serves as a reminder of the complexity of these issues (Glasgow and Eakin, 1998; Johnson, 1994). Overall, it appears that efforts to create support for oneself are especially important for dietary management, that health care team support is most relevant for regimen (especially medication) adherence, and that neighborhood/community-level resources and support are important predictors of quality of life.

The relative success of the CIRS scales in predicting self-management and quality of life compared to previously established and validated social support instruments provides evidence for a social-ecological view of disease self-management support. As discussed elsewhere, health psychology has tended to focus predominantly on intrapersonal or dyadic factors and to neglect social environmental factors (Abrams *et al.*, 1996; Glasgow and Eakin, 1998; Sorenson *et al.*, 1998; Stokols, 1992, 1996). Broader approaches, such as that represented by the CIRS, serve as reminders that contextual and public policy factors also play a role in encouraging—or discouraging—healthy behaviors.

This study, while having the limitations noted, did overcome several of the shortcomings of previous social support and health outcome studies. Specifically, it compared multiple measures of support and different sources/levels of support in the same study, developed the CIRS from a social-ecologic conceptual perspective, included a range of different health outcomes, and evaluated results adjusting for potential confounding variables.

In summary, this initial study lends preliminary support to a multilevel, social-ecologic-based conceptualization of disease management resources and support. Future research is needed in at least three areas to determine the ultimate usefulness of the CIRS scales. First, replications are needed with more racially and culturally diverse samples, and with other chronic illnesses such as cancer, chronic pain, and multiple sclerosis, to evaluate the breadth of the instruments. Longer-term studies and identification of specific determinants of perceived support at different levels will help to expand the nomological net related to multilevel social resources support. Finally, it will be of great interest to see whether the CIRS or related instruments can be used to provide feedback and motivate patients to engage in activities which can potentially enhance support for chronic disease management (Kahn, 1994).

APPENDIX

Chronic Illness Resource Survey

Managing a chronic illness can be time-consuming and challenging. It can involve taking medicine daily, exercising, following a specific diet, regular doctor visits, and coping with the impact of the illness upon you and those with whom you interact. The following questions ask about a variety of different resources that people may use to manage their illness. For each item, select the number that best indicates your experience over the past 3 months.

Doctor and Health Care Team					
	Not at all	1	2	A moderate amount	A great deal
	1	2	3	4	5
Over the past 3 months, to what extent...					
1. Has your doctor or other health advisor (nurse, dietician) clearly explained what you needed to do to manage your illness? (If you have not had any doctor visits in the past 3 months, think back to the last visit you had.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your doctor or other health advisor provided support between visits such as phone calls, reminder letters, or newsletters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.* Has your doctor involved you as an equal partner in making decisions about illness management strategies and goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.* Has your doctor or other health care advisor listened carefully to what you had to say about your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your doctor or other health advisor (nurse, dietician) answered your questions and addressed your concerns during office visits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.* Has your doctor or other health care provider thoroughly explained the results of tests you had done (e.g., cholesterol, blood pressure, or other laboratory tests)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.* How important are health care team resources to you in managing your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family and Friends					
	Not at all	1	2	A moderate amount	A great deal
	1	2	3	4	5
Over the past 3 months, to what extent...					
8.* Have family or friends exercised with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have family or friends listened carefully to what you had to say about your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have your family or friends encouraged you to do the things you need to do to for your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have family or friends selected or requested healthy food choices when you ate with them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.* Have you shared healthy low-fat recipes with friends or family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have family or friends helped you remember to take your medicine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Personal (helpful things you did for yourself)				
		Not at all	A moderate amount			A great deal
		1	2	3	4	5
14.*	Family or friends bought food or prepared food for you that was especially healthy or recommended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.*	How important is family and friend support in managing your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the past 3 months, to what extent...						
16.	Have you taken time for yourself to do things that you enjoyed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have you congratulated or rewarded yourself for the things you did to manage your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.*	Have you focused on the things you did well to manage your illness instead of those you did not?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have you told others how they can help in managing your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.*	Have you thought about or reviewed how you were doing in accomplishing your disease management goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Have you used prayer or meditation to provide guidance in managing your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.*	Have you arranged your schedule so that you could more easily do the things you needed to do for your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.*	How important are personal things, like those above, that you do for yourself, in managing your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Neighborhood				
		Not at all	A moderate amount			A great deal
		1	2	3	4	5
Over the past 3 months, to what extent...						
24.*	Have you walked or exercised outdoors in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Have you talked to neighbors or others who have experience living with a chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Have you and your neighbors gotten together for activities such as barbecues, block or holiday parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Have grocery stores where you shopped had a good supply of fresh fruits and vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.*	Have you walked or done other exercise activities with neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Have you shared recipes or discussed healthy eating ideas with neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.*	How important are neighborhood resources in managing your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Community				
		Not at all	A moderate amount			A great deal
		1	2	3	4	5
Over the past 3 months, to what extent...						
31.	Have you gone to a pharmacy that had good information about your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Have you noticed healthy low-fat foods at stores where you frequently shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Has your community made an effort to include groups and organizations of people with chronic diseases in civic activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Have you found that people in the community accepted you and others who have chronic illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.*	Have you eaten at a restaurant that offered a variety of tasty, low-fat food choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Have you used public transportation to get somewhere you were going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.*	Have you gone to parks for picnics, walks, or other outings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.*	How important is community environment to you in managing your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Media and Policy				
		Not at all	A moderate amount			A great deal
		1	2	3	4	5
Over the past 3 months, to what extent...						
39.*	Have you had health insurance that covered alternative therapies such as chiropractors and naturopaths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	Have you read articles in newspapers or magazines about people who were successfully managing a chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	Have you had health insurance that covered most of the costs of your medical needs including medicine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.*	Have you seen billboards or other advertisements that encouraged not smoking, low-fat eating, or regular exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	Have you listened to television or radio programs that focused on health or lifestyle issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	Have you heard things on the news that encouraged you to take good care of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	Have you used the Internet or World Wide Web to find or share information about your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.	Have you seen TV programs or heard radio programs that realistically portrayed what it's like living with a chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Have you seen TV programs or heard radio programs that provided good information on your illness? 1 2 3 4 5
- 48.* How important are media and policy resources (like those above) to you in managing your illness? 1 2 3 4 5
-
- Community Organizations
- | | Not at all | 1 | 2 | 3 | 4 | 5 | A great deal |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---|--------------|
| Over the past 3 months, to what extent... | | | | | | | |
| 49. Have you called a national or local health organization for information about your illness (such as an 800 number)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | | |
| 50. Have people at your work, church, or other organization to which you belong shown understanding and support for your illness management efforts? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | | |
| 51. Have you participated in walks or other activities for health organizations (such as Heart, Lung, Arthritis, or Diabetes associations)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | | |
| 52.* Have you attended free or low-cost meetings (for example, Weight Watchers, church groups, hospital programs) that supported you in managing your illness? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | | |
| 53.* Have you volunteered your time for local organizations or causes? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | | |
| 54.* Have you attended wellness programs or fitness facilities? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | | |
| 55. Have you called or visited a local health organization or hospital to look up information, view a video, or check out written materials? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | | |
| 56. Have you used community resources to help manage your illness such as senior centers, community centers, or mail walking programs? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | | |
| 57.* How important are community and health organizations to you in managing your illness? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | | |

60.* Has your workplace had rules or policies that made it easier for you to manage your illness (such as no smoking rules or time off work to exercise)? 1 2 3 4 5

61. Have your coworkers covered for you when you needed to do something to manage your illness or were not feeling well? 1 2 3 4 5

62.* Have you had control over your job in terms of making decisions and setting priorities? 1 2 3 4 5

63. Has your employer provided paid time off work for health care or fitness activities? 1 2 3 4 5

64.* How important are worksite support and resources to you in managing your illness? 1 2 3 4 5

65. Please list other things that happened or other resources you used over the past 3 months that helped you to manage your illness:

* Indicates items included in Brief CIRS.
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Work (If you are not currently employed, skip to item 65)

- | | Not at all | 1 | 2 | 3 | 4 | 5 | A great deal |
|--------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---|--------------|
| Over the past 3 months, to what extent... | | | | | | | |
| 58.* Have you had a flexible work schedule that you could adjust to meet your needs? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | | |
| 59. Has your work offered wellness programs or fitness facilities? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | | |

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