

Self-Efficacy for Managing Medications and Treatments – Short Form 8a

Please respond to each question or statement by marking one box per row.

CURRENT level of confidence...		I am not at all confident	I am a little confident	I am somewhat confident	I am quite confident	I am very confident
SEMMT005	I can follow directions when my doctor changes my medications.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMMT019	I can take my medication when I am working or away from home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMMT023	I can take my medication when there is a change in my usual day (unexpected things happen)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMMT006	I can manage my medication without help	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMMT002	I can remember to take my medication as prescribed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMMT017	I can use technology to help me manage my medication and treatments (for example: to get information, avoid side-effects, schedule reminders)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMMT010	I can list my medications, including the doses and schedule	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMMT024	I can figure out what treatment I need when my symptoms change	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5