

Self-Efficacy for Managing Chronic Conditions - Managing Social Interactions – 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
SEMSS014 I can talk about my health problems with someone.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMSS024 If I need help, I can find someone to take me to the doctor's office	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMSS013 I can get emotional support when I need it.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMSS012 I can ask for help when I don't understand something	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMSS007 I have someone who helps me understand medical information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMSS008 If I need help, I have someone to help me manage my daily activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMSS006 I have someone to help me plan and make decisions related to my illness.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMSS016 I can communicate well with my doctors and nurses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5