

Self-Efficacy for Managing Chronic Conditions - Managing Symptoms – Short Form 4a

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
SEMSX010 I can manage my symptoms during my daily activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMSX014 I can keep my symptoms from interfering with relationships with friends and family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMSX009 I can manage my symptoms in a public place	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMSX011 I can work with my doctor to manage my symptoms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5