

Self-Efficacy for Managing Chronic Conditions - Managing Daily Activities - 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
SEMDA021 I can perform my household chores	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMDA018 I can go shopping and run errands	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMDA010 I can walk around inside my house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMDA020 I can lift and carry groceries.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMDA028 I can take care of others (for example: cook for others, help them dress, watch children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMDA008 I can manage my clothes when I need to use the toilet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMDA024 I can keep doing my usual activities at work.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SEMDA030 I can maintain a regular exercise program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5