Self-Efficacy for Managing Chronic Conditions - Managing Medications and **Treatment - 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	1	2	3	4	5
SEMMT019	I can take my medication when I am working or away from home	1	2	3	4	5
SEMMT023	I can take my medication when there is a change in my usual day (unexpected things happen)	1	2	3	4	5
SEMMT006	I can manage my medication without help	1	2	3	4	5
SEMMT002	I can remember to take my medication as prescribed	1	2	3	4	5
SEMMT017	I can use technology to help me manage my medication and treatments (for example: to get information, avoid side- effects, schedule reminders)	1	2	3	4	5
SEMMT010	I can list my medications, including the doses and schedule	1	2	3	4	5
SEMMT024	I can figure out what treatment I need when my symptoms change	1	2	3	4	5

Last Updated: 21 June 2017