Self-Efficacy for 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	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMSX014	I can keep my symptoms from interfering with relationships with friends and family	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMSX009	I can manage my symptoms in a public place	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMSX011	I can work with my doctor to manage my symptoms	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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