Self-Efficacy for Managing Medications and Treatments – 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
SEMMT005	I can follow directions when my doctor changes my medications.....	☐ 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
SEMMT010	I can list my medications, including the doses and schedule	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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