Self-Efficacy for Managing Medications and Treatments

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
SEMMT001	I can take several medications on different schedules	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT002	I can remember to take my medication as prescribed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT003	I know when and how to take my medications.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT004	I can fit my medication schedule into my daily routine.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT005	I can follow directions when my doctor changes my medications.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT006	I can manage my medication without help.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT007	I can get help when I am not sure how to take my medicine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT008	I can remember to refill my prescriptions before they run out	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT009	I can remember to take my medications when there is no one to remind me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT010	I can list my medications, including the doses and schedule	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT011	I can actively participate in decisions about my treatment.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT012	I can find information to learn more about my treatment.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT013	I can use my own judgment regarding treatment alternatives (including not having treatment).....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT014	I can work with my doctor to choose the treatment that seems right for me.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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	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**
SEMMT015	I know what to do when my medication refill looks different than usual	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT016	I know what to do if I forget to take my medication(s).....	☐ 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
SEMMT018	I can continue my treatment when traveling.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT019	I can take my medication when I am working or away from home	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT020	I can take my medicine even if it causes mild side effects	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT021	I understand the difference between my symptoms and medication side effects.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT022	I can continue my treatment when I am not feeling well.....	☐ 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
SEMMT024	I can figure out what treatment I need when my symptoms change	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT026	I can follow a full treatment plan (including medication, diet, physical activity).....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SEMMT027	I can travel to my local pharmacy to fill my prescriptions	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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