**Appendix E: Self-efficacy for Managing Medications and Treatments**

**PROMIS Item Bank v1.0 - Self-Efficacy for Managing Medications and Treatments**

**Please rate your CURRENT level of confidence in managing your medications and other treatments by filling in one box per row. Consider all of your health conditions and all of your symptoms in your responses to the questions. If a question is not something you have experienced, choose an answer based on similar experiences.**

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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** |
| 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 |