|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IBD Self-Efficacy Scale** | | | | | | | | | |
| Over the **past 2 weeks**, how confident have you felt in your ability to perform each of the following tasks? | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| not confident at all |  |  | some what confident | |  |  |  |  | totally confident |
| **Managing your stress and emotions** | | | | | | | | | |
| 1 Keep from getting stressed? | | | | | | | | | |
| 2 Do something to make yourself less stressed? | | | | | | | | | |
| 3 Keep from getting discouraged? | | | | | | | | | |
| 4 Do something to make yourself feel better when discouraged? | | | | | | | | | |
| 5 Keep from feeling sad or down in the dumps? | | | | | | | | | |
| 6 Do something to make yourself feel better when sad? | | | | | | | | | |
| 7 Keep sadness or anxiety from interfering? | | | | | | | | | |
| 8 Do something to make yourself feel better when your sadness or anxiety interferes? | | | | | | | | | |
| 9. Get emotional support from family or friends? | | | | | | | | | |
| **Managing your medical care** | | | | | | | | | |
| 10. Follow the instructions for your prescription medications? | | | | | | | | | |
| 11. Take your prescription medication at the appropriate times? | | | | | | | | | |
| 12. Take the medications to prevent a flare up of your IBD as directed? | | | | | | | | | |
| 13. Work with your doctor or nurse to reach an agreement on a treatment plan? | | | | | | | | | |
| 14. Ask your doctor about your illness? | | | | | | | | | |
| 15. Discuss openly with your doctor any problems related to your medications? | | | | | | | | | |
| 16. Work out differences with your doctor? | | | | | | | | | |
| 17. Ask your doctor about your medications? | | | | | | | | | |
| **Managing your symptoms and disease** | | | | | | | | | |
| 18. Reduce your symptoms in general? | | | | | | | | | |
| 19. Keep sleep problems from interfering? | | | | | | | | | |
| 20. Keep physical discomfort or pain from interfering? | | | | | | | | | |
| 21. Keep diarrhea and/or urgency from interfering? | | | | | | | | | |
| 22. Keep any other symptoms or health problems you have from interfering? | | | | | | | | | |
| 23. Decrease your fatigue? | | | | | | | | | |
| 24. Keep fatigue from interfering? | | | | | | | | | |
| **Maintaining remission** | | | | | | | | | |
| 25. Manage your disease in general? | | | | | | | | | |
| 26. Keep your disease in remission? | | | | | | | | | |
| 27. Engage in self-care? (exercise, rest, diet, etc.) | | | | | | | | | |
| 28. Engage in/continue with a stress management program? | | | | | | | | | |
| 29. Maintain your sense of well-being? | | | | | | | | | |