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| **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? |