**SELF-CARE CONFIDENCE SCALE**

In general, how confident are you that you can:

(Circle **one** number for each statement)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not Confident** |  | **SomewhatConfident** |  | **Extremely Confident** |
| 1. Keep yourself stable and free of symptoms?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Follow the treatment plan you have been given?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Persist in following the treatment plan even when difficult?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Monitor your condition routinely?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Persist in routinely monitoring your condition even when difficult?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Recognize changes in your health if they occur?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Evaluate the importance of your symptoms?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Do something to relieve your symptoms?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Persist in finding a remedy for your symptoms even when difficult?
 | 1 | 2 | 3 | 4 | 5 |
| 1. Evaluate how well a remedy works?
 | 1 | 2 | 3 | 4 | 5 |