



STANFORD PATIENT EDUCATION RESEARCH CENTER

Self-Efficacy for Diabetes

We would like to know how confident you are in doing certain activities. For each of the following questions, please choose the number that corresponds to your confidence that you can do the tasks regularly at the present time.

1. How confident do you feel that you can eat your meals every 4 to 5 hours every day, including breakfast every day?
not at all confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | totally confident
2. How confident do you feel that you can follow your diet when you have to prepare or share food with other people who do not have diabetes?
not at all confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | totally confident
3. How confident do you feel that you can choose the appropriate foods to eat when you are hungry (for example, snacks)?
not at all confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | totally confident
4. How confident do you feel that you can exercise 15 to 30 minutes, 4 to 5 times a week?
not at all confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | totally confident
5. How confident do you feel that you can do something to prevent your blood sugar level from dropping when you exercise?
not at all confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | totally confident
6. How confident do you feel that you know what to do when your blood sugar level goes higher or lower than it should be?
not at all confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | totally confident
7. How confident do you feel that you can judge when the changes in your illness mean you should visit the doctor?
not at all confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | totally confident
8. How confident do you feel that you can control your diabetes so that it does not interfere with the things you want to do?
not at all confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | totally confident