



(Self-Administered, Participant)

Study ID

Self-Efficacy for Diabetes Self-Management (SEDM) – Participant

A. Today's date is:

Please Read the following questions carefully. Circle the number beside each question that best describes how you feel about the following statements, where **1 is not at all sure** and **10 is completely sure**.

How sure are you that you <u>can</u> do each of the following, almost all of the time?	Not at All Sure Completely Sure									
1. Adjust your insulin correctly when you eat more or less than usual?	1	2	3	4	5	6	7	8	9	10
2. Choose healthful foods when you go out to eat?	1	2	3	4	5	6	7	8	9	10
3. Exercise even when you don't really feel like it?	1	2	3	4	5	6	7	8	9	10
4. Adjust your insulin or food accurately based on how much exercise you get?	1	2	3	4	5	6	7	8	9	10
5. Talk to your doctor or nurse about any problems you're having with taking care of your diabetes?	1	2	3	4	5	6	7	8	9	10
6. Do your blood sugar checks even when you are really busy?	1	2	3	4	5	6	7	8	9	10
7. Manage your diabetes the way your health care team wants you to?	1	2	3	4	5	6	7	8	9	10
8. Manage your diabetes even when you feel overwhelmed?	1	2	3	4	5	6	7	8	9	10
9. Find ways to deal with feeling frustrated about your diabetes?	1	2	3	4	5	6	7	8	9	10
10. Identify things that could get in the way of managing your diabetes?	1	2	3	4	5	6	7	8	9	10