



## SOCIAL SUPPORT AND SELF-EFFICACY QUESTIONNAIRE

**Instructions:** This questionnaire asks about the social support that is available to you and also about your confidence in doing certain activities pertaining to your chronic hepatitis C. Please read each question carefully and write your answer in the space provided or circle the number that indicates your response. If you are unsure about how to answer a question, please give the best answer you can.

Please record today's date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month    day    year

### SECTION I: SOCIAL SUPPORT

Here are some questions about the support that is available to you.

- How many close friends and close relatives do you have (people you feel at ease with and can talk to about what's on your mind)?

Write in the number of close friends and relatives \_\_\_\_\_

People sometimes look to others for companionship, assistance or other types of support. How often is each of the following kinds of support available to you if you need it?

Please read each statement carefully and pick the best response that best indicates the kind of support available to you. Then circle the number below the response you have picked.

	<b>None of the time</b>	<b>A little of the time</b>	<b>Some of the time</b>	<b>Most of the time</b>	<b>All of the time</b>
2. Someone to help you if you were confined to bed.	1	2	3	4	5
3. Someone you can count on to listen to you when you need to talk.	1	2	3	4	5
4. Someone to give you good advice about a crisis.	1	2	3	4	5
5. Someone to take you to the doctor if you need it.	1	2	3	4	5
6. Someone who shows you love and affection.	1	2	3	4	5

	<b>None of the time</b>	<b>A little of the time</b>	<b>Some of the time</b>	<b>Most of the time</b>	<b>All of the time</b>
7. Someone to have a good time with.	1	2	3	4	5
8. Someone to give you information to help you understand a situation.	1	2	3	4	5
9. Someone to confide in or talk to about yourself or your problems.	1	2	3	4	5
10. Someone who hugs you.	1	2	3	4	5
11. Someone to get together with for relaxation.	1	2	3	4	5
12. Someone to prepare your meals if you were unable to do it yourself.	1	2	3	4	5
13. Some whose advice you really want.	1	2	3	4	5
14. Someone to do things with to help you get your mind off things.	1	2	3	4	5
15. Someone to help with daily chores if you were sick.	1	2	3	4	5
16. Someone to share your most private worries and fears with.	1	2	3	4	5
17. Someone to turn to for suggestions about how to deal with a personal problem.	1	2	3	4	5
18. Someone to do something enjoyable with.	1	2	3	4	5
19. Someone who understands your problems.	1	2	3	4	5
20. Someone to love you and make you feel wanted.	1	2	3	4	5

**SECTION II: SELF-EFFICACY**

**Instructions:** We would like to know how confident you are in doing certain activities. We would like you to rate **how confident you are that you could do each activity RIGHT NOW** by circling a number between 0 (no confidence) and 10 (100% confident).

How confident are you that you can...	Can not do at all	Probably cannot do			Moderately certain can do			Probably can do			Certain can do
	0	1	2	3	4	5	6	7	8	9	10
1. Get family and friends to help you with the things you need (such as household chores like shopping, cooking, or transport)?	0	1	2	3	4	5	6	7	8	9	10
2. Get emotional support from friends and family (such as listening or talking over your problems)?	0	1	2	3	4	5	6	7	8	9	10
3. Get emotional support from resources other than friends or family, if needed?	0	1	2	3	4	5	6	7	8	9	10
4. Get help with your daily tasks (such as housekeeping, yard work, meals, or personal hygiene) from resources other than family or friends, if needed?	0	1	2	3	4	5	6	7	8	9	10
5. Ask your doctor things about your illness that concerns you?	0	1	2	3	4	5	6	7	8	9	10
6. Discuss openly with your doctor any personal problems that may be related to your illness?	0	1	2	3	4	5	6	7	8	9	10
7. Work out difficulties with your doctor when they arise?	0	1	2	3	4	5	6	7	8	9	10
8. Keep fatigue caused by your disease from interfering with the things you want to do?	0	1	2	3	4	5	6	7	8	9	10
9. Keep the physical discomfort or pain of your disease from interfering with the things you want to do?	0	1	2	3	4	5	6	7	8	9	10
10. Keep any symptoms or health problems you have from interfering with the things you want to do?	0	1	2	3	4	5	6	7	8	9	10
11. Control any symptoms or health problems you have so they don't interfere with the things you want to do?	0	1	2	3	4	5	6	7	8	9	10
12. Reduce your physical discomfort or pain?	0	1	2	3	4	5	6	7	8	9	10

How confident are you that you can...	Can not do at all	Probably cannot do			Moderately certain can do			Probably can do			Certain can do
	0	1	2	3	4	5	6	7	8	9	10
13. Keep from getting discouraged when nothing you do seems to make a difference?	0	1	2	3	4	5	6	7	8	9	10
14. Keep from feeling sad or down in the dumps?	0	1	2	3	4	5	6	7	8	9	10
15. Keep yourself from feeling lonely?	0	1	2	3	4	5	6	7	8	9	10
16. Do something to make yourself feel better when you are feeling lonely?	0	1	2	3	4	5	6	7	8	9	10
17. Do something to make yourself feel better when you are feeling discouraged?	0	1	2	3	4	5	6	7	8	9	10
18. Do something to make yourself feel better when you feel sad or down in the dumps?	0	1	2	3	4	5	6	7	8	9	10
19. Inject interferon every week, exactly as directed, without ever missing a dose?	0	1	2	3	4	5	6	7	8	9	10
20. Take your ribavirin pills twice a day, exactly as directed, without ever missing a dose?	0	1	2	3	4	5	6	7	8	9	10
21. Take both medicines, always at the right time, even when the medications are causing side effects?	0	1	2	3	4	5	6	7	8	9	10
22. Take both medicines, always at the right time, even when feeling very tired or depressed?	0	1	2	3	4	5	6	7	8	9	10
23. Remember to take your medications, always at the right time, for the next 30 days?	0	1	2	3	4	5	6	7	8	9	10
24. Keep all your doctor visits without ever missing an appointment?	0	1	2	3	4	5	6	7	8	9	10