Self-efficacy pain subscale

In the following questions, we'd like to know how your arthritis pain affects you. For each of the following questions, please circle the number which corresponds to your certainty that you can now perform the following tasks.

1. How certain are you that you can decrease your pain quite a bit?
2. How certain are you that you can continue most of your daily activities?
3. How certain are you that you can keep arthritis pain from interfering with your sleep?
4. How certain are you that you can make a small-to-moderate reduction in your arthritis pain by using methods other than taking extra medication?
5. How certain are you that you can make a large reduction in your arthritis pain by using methods other than taking extra medication?

Self-efficacy function subscale

We would like to know how confident you are in performing certain daily activities. For each of the following questions, please circle the number which corresponds to your certainty that you can perform the tasks as of now, without assistive devices or help from another person. Please consider what you routinely can do, not what would require a single extraordinary effort.

AS OF NOW, HOW CERTAIN ARE YOU THAT YOU CAN:

1. Walk 100 feet on flat ground in 20 seconds?
2. Walk 10 steps downstairs in 7 seconds?
3. Get out of an armless chair quickly, without using your hands for support?
4. Button and unbutton 3 medium-size buttons in a row in 12 seconds?
5. Cut 2 bite-size pieces of meat with a knife and fork in 8 seconds?
6. Turn an outdoor faucet all the way on and all the way off?
7. Scratch your upper back with both your right and left hands?
8. Get in and out of the passenger side of a car without assistance from another person and without physical aids?
9. Put on a long-sleeve front-opening shirt or blouse (without buttoning) in 8 seconds?

Self-efficacy other symptoms subscale

In the following questions, we'd like to know how you feel about your ability to control your arthritis. For each of the following questions, please circle the number which corresponds to the certainty that you can now perform the following activities or tasks.

1. How certain are you that you can control your fatigue?
2. How certain are you that you can regulate your activity so as to be active without aggravating your arthritis?
3. How certain are you that you can do something to help yourself feel better if you are feeling blue?
4. As compared with other people with arthritis like yours, how certain are you that you can manage arthritis pain during your daily activities?
5. How certain are you that you can manage your arthritis symptoms so that you can do the things you enjoy doing?
6. How certain are you that you can deal with the frustration of arthritis?

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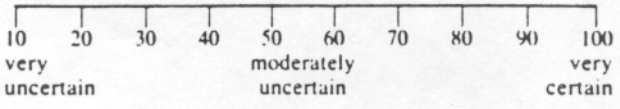
* Each question is followed by the scale: