

Self -Efficacy

Paciente: _____

MR#: _____

Promotora: _____

Fecha: _____

How confident are you that you can,

1. do all the things necessary to manage your condition on a regular basis?

Not at all confident	1	2	3	4	5	6	7	8	9	10	Completely confident
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2. keep stress and worry from interfering with the things you want to do?

Not at all confident	1	2	3	4	5	6	7	8	9	10	Completely confident
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3. follow your meal plan 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	Completely confident
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4. 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	Completely confident
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5. exercise at least 15 to 30 minutes a day, 4 to 5 most days of the week?

Not at all confident	1	2	3	4	5	6	7	8	9	10	Completely confident
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6. 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	Completely confident
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7. judge when the changes in your health mean you should visit the doctor?

Not at all confident	1	2	3	4	5	6	7	8	9	10	Completely confident
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8. 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	Completely confident
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