# Self-Efficacy For Appropriate Medication Use Scale

Date_____

| Last Name | First Name | Middle Initial | MBCIS ID (Office Use Only) |
|---|---|---|---|
| | | | |

| How confident are you that you can take your medicines correctly: | Not At All Confident | Somewhat Confident | Very Confident |
|---|---|---|---|
| 1. If you take several different medicines each day | ❑ | ❑ | ❑ |
| 2. If you take medicines more than once a day | ❑ | ❑ | ❑ |
| 3. If you are away from home | ❑ | ❑ | ❑ |
| 4. If you have a busy day planned | ❑ | ❑ | ❑ |
| 5. If they cause some side effects | ❑ | ❑ | ❑ |
| 6. If no one reminds you to take the medicine | ❑ | ❑ | ❑ |
| 7. If the schedule to take the medicine is not convenient | ❑ | ❑ | ❑ |
| 8. If your normal routine gets messed up | ❑ | ❑ | ❑ |
| 9. If you are not sure how to take the medicine | ❑ | ❑ | ❑ |
| 10. If you are not sure what time of the day to take your medicine | ❑ | ❑ | ❑ |
| 11. If you are feeling sick (you know, like having a cold or the flu) | ❑ | ❑ | ❑ |
| 12. If you get a refill of your old medicines and some of the pills look different than usual | ❑ | ❑ | ❑ |
| 13. If a doctor changes your medicines | ❑ | ❑ | ❑ |
| 14. If you are not sure how it works or what it does for you | ❑ | ❑ | ❑ |
| 15. How confident are you that you will be able to afford your medicines? | ❑ | ❑ | ❑ |
| 16. How confident are you that you will be able to get to the pharmacy to get your medicines? | ❑ | ❑ | ❑ |

Adapted from the Self-Efficacy for Appropriate Medication Use Scale