**Cardiac Self-Efficacy Scale**

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| --- | --- | --- | --- | --- | --- |
| **How *confident* are you that you…?** | **Not at all confident** | **Somewhat confident** | **Moderately confident** | **Very confident** | **Completely confident** |
| 1. Can control your chest pain by changing your activity levels? | 0 | 1 | 2 | 3 | 4 |
| 2. Can control your breathlessness by changing your activity levels? | 0 | 1 | 2 | 3 | 4 |
| 3. Can control your chest pain by taking your medications? | 0 | 1 | 2 | 3 | 4 |
| 4. Can control your breathlessness by taking your medications | 0 | 1 | 2 | 3 | 4 |
| 5. Know when you should call or visit your doctor about your heart disease? | 0 | 1 | 2 | 3 | 4 |
| 6. Know how to make your doctor understand your concerns about your heart? | 0 | 1 | 2 | 3 | 4 |
| 7. Know how to take your cardiac medications? | 0 | 1 | 2 | 3 | 4 |
| 8. Know how much physical activity is good for you? | 0 | 1 | 2 | 3 | 4 |
| 9. Can maintain your usual social activities? | 0 | 1 | 2 | 3 | 4 |
| 10. Can maintain your usual activities at home with your family? | 0 | 1 | 2 | 3 | 4 |
| 11. Can maintain your usual activities at work? | 0 | 1 | 2 | 3 | 4 |
| 12. Can maintain your sexual relationship with your spouse? | 0 | 1 | 2 | 3 | 4 |
| 13. Can get regular aerobic exercise (work up a sweat and increase your heart rate? | 0 | 1 | 2 | 3 | 4 |