

**NAME:**

**DATE:**

**ROLE: MENTOR MENTEE**

**Thank you for joining in the *Peer Up!* program and for completing this survey.**

**Please answer all of the questions in this survey as best you can. If at any time you have a question, need to take a break, or want to finish it at another time, please see a *Peer Up!* staff person.**

**We estimate that this survey should take about 5 minutes.**

**Please know that all of your responses will be kept confidential. We will not share any of your responses with other patients or facility staff. Also, your responses will not affect your Medicare benefits in any way.**

**Your time, effort, and honesty are greatly appreciated!**

**We would like to know how confident you are in doing certain activities. For each of the following questions, please choose the number that corresponds to your confidence that you can do the tasks regularly at the present time.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. How confident are you that you can keep the fatigue caused by your disease from interfering with the things you want to do? | | | | | | | | | | | |
| **Not at all confident** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | **Totally confident** |
| 1. How confident are you that you can keep the physical discomfort or pain of your disease from interfering with the things you want to do? | | | | | | | | | | | |
| **Not at all confident** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | **Totally confident** |
| 1. How confident are you that you can keep the emotional distress caused by your disease from interfering with the things you want to do? | | | | | | | | | | | |
| **Not at all confident** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | **Totally confident** |
| 1. How confident are you that you can keep any other symptoms or health problems you have from interfering with the things you want to do? | | | | | | | | | | | |
| **Not at all confident** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | **Totally confident** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. How confident are you that you can do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor? | | | | | | | | | | | |
| **Not at all confident** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | **Totally confident** |
| 1. How confident are you that you can do things other than just taking medication to reduce how much your illness affects your everyday life? | | | | | | | | | | | |
| **Not at all confident** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | **Totally confident** |

**Thank you!**