

HIV Self-Efficacy (HIV-SE) Questionnaire

Information for users

Purpose/Background

The purpose of the HIV Self-Efficacy (HIV-SE) questionnaire is to measure self-efficacy for specific disease management behaviors in persons living with HIV. The HIV-SE has 34 items and 6 conceptual domains: managing depression/mood, managing medications, managing symptoms, communicating with the healthcare provider, getting support, and managing fatigue. The HIV-SE questionnaire items were developed, modified and expanded from items used in research on chronic illness (Lorig et al., 1996) and in preliminary work with HIV+ patients (Shively et al., 1998). The psychometric properties are reported by Shively, et al. (2002).

Scoring instructions: sum the responses for each item in a subscale. Divide that sum by the number of items in the subscale for the average/mean score. Scores range from 1-10, the higher the score the greater the self-efficacy.

Subscales

- Manage mood (9 items): questions 1-9
- Manage medications (7 items): questions 10-16
- Manage symptoms (5 items): questions 17-21
- Communicate with healthcare provider (4 items): questions 22-25
- Get support/help (5 items): questions 26-30
- Manage fatigue (4 items): questions 31-34

Permission

Permission is granted to copy and use the HIV-SE for non-commercial data collection purposes such as research or evaluation projects provided the copyright statement at the end is retained.

References

Lorig K, Stewart A, Ritter P, Gonzalez V, Laurent D, and Lynch J. (1996). *Outcome measures for health education and other health care interventions*. Thousand Oaks, CA: Sage Publications.

Shively, M., Gifford, A., Bormann, J., and Smith, T. (1998). Development of an HIV self-efficacy instrument (abstract). *Annals of Behavioral Medicine*, 20 (suppl), S149.

Shively, M., Smith, T.L., Bormann, J., & Gifford, A.L. (2002). Evaluating self-efficacy for HIV disease management skills. *AIDS and Behavior*, 6(4), 371-379.

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Contact information

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7. Keep your sadness or depression from interfering with what you want to do?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

8. Do something to make yourself feel better when your sadness or depression interferes with what you want to do?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

9. Reduce the emotional distress caused by your health condition so that it does not affect your everyday life?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

10. Follow the instructions correctly for a large number and variety of prescription medications?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

11. Take your prescription medications at the appropriate timing?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

12. Take the medications to treat or prevent HIV or HIV-related diseases as directed?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

13. Thinking about the side effects, number, and timing of these medications, how sure are you that you can take most or all of your Protease Inhibitor and/or NNRTI medications as directed?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

14. Now suppose there were NO SIDE EFFECTS. Thinking about the number and timing of these

22. Ask your doctor/nurse practitioner things about your illness that concern you?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

23. Discuss openly with your doctor/nurse practitioner any problems that may be related to your medications?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

24. Work out differences with your doctor/nurse practitioner when they arise?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

25. Ask your doctor/nurse practitioner things about your medications and treatments that concern you?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

26. Get information about your illness and its treatments from community resources?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

27. Get family and friends to help you with the things you need (such as household chores like shopping, cooking, or transportation)?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

28. Get community resources to help you with the things you need (such as household chores like shopping, cooking, or transportation)?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

29. Get emotional support (such as listening or talking over your problems) from friends and family?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

30. Get emotional support (such as listening or talking over your problems) from community resources other than friends or family?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

31. Decrease your fatigue?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

32. Keep the fatigue caused by your disease from interfering with the things you want to do?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

33. As compared with other people with your condition, how sure are you that you can manage fatigue during your daily activities?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure

34. How sure are you that you can deal with the frustration caused by your fatigue?

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	Not at all sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Totally Sure