



**Participant ID:**

**Participant Initials:**

**Site:**

**Visit Number:**

**CRF Date:**

**RC ID:**

## SELF EFFICACY AND LOCUS OF CONTROL

### Display name- 24 Hours: Control of Personal Health Outcomes

Please select how strongly you agree or disagree with the following statements, in regards to your own life.

	Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree
1. In general, I feel I am in charge of the situation in which I live.						
2. The demands of everyday life often get me down.						
3. I do not fit very well with the people and community around me.						
4. I am quite good at managing the many responsibilities of my daily life.						
5. I often feel overwhelmed by my responsibilities.						
6. If I were unhappy with my living situation, I would take effective steps to change it.						
7. I generally do a good job of taking care of my personal finances and affairs.						
8. I find it stressful that I can't keep up with all of the things I have to do each day.						
9. I am good at juggling my time so that I can fit						



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everything in that needs to get done.						
10. My daily life is busy, but I derive a sense of satisfaction from keeping up with everything.						
11. I get frustrated when trying to plan my daily activities because I never accomplish the things I set out to do.						
12. My efforts to find the kinds of activities and relationships that I need have been quite successful.						
13. I have difficulty arranging my life in a way that is satisfying to me.						
14. I have been able to build a home and a lifestyle for myself that is much to my liking.						

Thank You for Completing this Questionnaire!