

### Job-related self-efficacy

**Instructions:** We would like to know how **confident** you feel of your ability to perform various activities **if you had been at work today**. For each of the following questions, please circle the number that indicates how confident you feel of your ability to perform **the following activities at the present moment**.

How confident are you that you could....	Not at all confident										Fully confident
1. Suggest to your supervisor ways to change your work to reduce discomfort?	1	2	3	4	5	6	7	8	9	10	
2. Fulfil all of your duties and responsibilities?	1	2	3	4	5	6	7	8	9	10	
3. Change the type of work activities you do to reduce discomfort?	1	2	3	4	5	6	7	8	9	10	
4. Explain any physical limitations you may have to your co-workers?	1	2	3	4	5	6	7	8	9	10	
5. Meet expectations for job performance?	1	2	3	4	5	6	7	8	9	10	
6. Perform most of your daily activities at work?	1	2	3	4	5	6	7	8	9	10	
7. Avoid re-injury?	1	2	3	4	5	6	7	8	9	10	
8. Get co-workers to help you with activities that might cause discomfort?	1	2	3	4	5	6	7	8	9	10	
9. Keep up with the pace at work?	1	2	3	4	5	6	7	8	9	10	
10. Modify the way you work to reduce discomfort?	1	2	3	4	5	6	7	8	9	10	
11. Get emotional support from co-workers (such as listening or talking about your problem)?	1	2	3	4	5	6	7	8	9	10	
12. Avoid activities that are likely to increase pain?	1	2	3	4	5	6	7	8	9	10	
13. Meet your production requirements?	1	2	3	4	5	6	7	8	9	10	
14. Reduce your physical workload?	1	2	3	4	5	6	7	8	9	10	
15. Do everything you're trained to do?	1	2	3	4	5	6	7	8	9	10	
16. Describe to your supervisor the nature of your injury and your medical treatment?	1	2	3	4	5	6	7	8	9	10	
17. Discuss openly with your supervisor things that may contribute to your discomfort?	1	2	3	4	5	6	7	8	9	10	
18. Do your work without slowing others down?	1	2	3	4	5	6	7	8	9	10	
19. Request changes in your workstation or work area to reduce discomfort?	1	2	3	4	5	6	7	8	9	10	