

Return to Work Self-Efficacy Scale -WRUED

At the present time, how confident are you that you can do each of the following activities? (Circle a number from 1 to 10)

1=Not at all confident

10= Extremely confident

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| 1. Manage your hand/arm symptoms so that you can do the things you enjoy doing? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. Pace your daily activities so that you can get things done without aggravating your hand/arm symptoms? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. Deal with the frustration of your hand/arm symptoms? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. Keep your hand/arm symptoms from getting any worse? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5. Work at your usual job, with your usual work schedule? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 6. Work at your job, but with change in work tasks to make it easier on your hands/arms? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |