

# **Self-Efficacy in Wheeled Mobility Scale**

(SEWM)

Name: \_\_\_\_\_ Team/Club: \_\_\_\_\_

Please tell us **how confident you are with regard to carrying out the wheeled mobility skills below**. (Please check only one box for each question)

<i><b>I am confident that:</b></i>	<i><b>Not at all true</b></i>	<i><b>Rarely true</b></i>	<i><b>Moderately true</b></i>	<i><b>Always true</b></i>
I can overcome barriers and challenges regarding wheeled mobility skills if I try hard enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can find means and ways to be independently mobile, using my wheelchair in everyday life setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can accomplish tasks that require independent wheelchair mobility such as ascending sidewalks and ramps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am confronted with obstacles to wheelchair mobility, I can find solutions to overcome them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can overcome mobility barriers and challenges even when I am tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can be independently mobile with my wheelchair even when I am depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can be mobile with my wheelchair without the support of my family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can motivate myself to carry out a difficult and challenging wheeled mobility skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can learn new skills of wheeled mobility by myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While using my wheelchair, I can usually handle whatever comes my way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>