

Participant ID: \_\_\_\_\_

Date: \_\_\_\_\_

### SCI Exercise Self-Efficacy Scale (ESES)

Please tell us how confident you are with regard to carrying out regular physical activities.

#### I am confident...

1. ...that I could always overcome barriers and challenges with regard to exercise if I try hard enough.

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all<br>true       | Hardly<br>True           | Moderately<br>True       | Exactly<br>True          |

2. ...that I could find the means and ways to exercise and be physically active.

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all<br>true       | Hardly<br>True           | Moderately<br>True       | Exactly<br>True          |

3. ...that it is easy for me to accomplish my activity and exercise goals.

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all<br>true       | Hardly<br>True           | Moderately<br>True       | Exactly<br>True          |

4. ...that when I am confronted with a barrier to exercise I could usually find several solutions to overcome this barrier.

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all<br>true       | Hardly<br>True           | Moderately<br>True       | Exactly<br>True          |

5. ...I could exercise even when I am tired.

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all<br>true       | Hardly<br>True           | Moderately<br>True       | Exactly<br>True          |

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6. I could exercise even when I am feeling depressed.

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all<br>true       | Hardly<br>True           | Moderately<br>True       | Exactly<br>True          |

7. ...that I could exercise even without the support of my family or friends.

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all<br>true       | Hardly<br>True           | Moderately<br>True       | Exactly<br>True          |

8. ...that I could exercise without the help of an exercise therapist.

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all<br>true       | Hardly<br>True           | Moderately<br>True       | Exactly<br>True          |

9. ...that I could be physically active despite my spinal cord injury

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all<br>true       | Hardly<br>True           | Moderately<br>True       | Exactly<br>True          |

10. ...that I could exercise even if I had no access to a gym or training facility.

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all<br>true       | Hardly<br>True           | Moderately<br>True       | Exactly<br>True          |

**Reference:**

Kroll, T., Kehn, M., Ho, P-S., Groah, S (2007). The SCI Exercise Self Efficacy Scale (ESES): Development and Psychometric Properties. *International Journal of Behavioral Nutrition and Physical Activity*; 4:34