**Adherence Assessment**

**Adherence Assessment - Clinician**

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| I think that this patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
|  | **Not at all** | **A little** | **Quite a bit** | **Mostly** | **Always** | **Does not apply** |
| **1. performs their exercise as instructed** |  |  |  |  |  |  |
| **2. has modified their activity (as instructed)** |  |  |  |  |  |  |
| **3. is using splints/orthotics/aids correctly** |  |  |  |  |  |  |
| **4. is engaged in their current therapy** |  |  |  |  |  |  |
| **5. will follow their home program**  |  |  |  |  |  |  |

**Therapy Adherence Assessment - Patient**

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| I have been able to do the following (as instructed by my therapist)   |
|  | **Not at all** | **A little** | **Quite a bit** | **Mostly** | **Always** | **Does not apply** |
| **1. Do my exercises**  |  |  |  |  |  |  |
| **2. Change my activity**  |  |  |  |  |  |  |
| **3. Use my splints or aids**  |  |  |  |  |  |  |
| **4. Put full effort in my therapy** |  |  |  |  |  |  |
| **5. Complete my therapy at home**  |  |  |  |  |  |  |