

## Patient Adherence Journey Provider Workshop

# Self-Assessment Form

**Directions:** Complete this self-assessment form at the beginning and at the end of the patient adherence journey workshop. For each statement, place a check beneath the number that best describes your level of agreement (1=strongly disagree; 5=strongly agree). You do not need to share your results with anyone.

Statement	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
It is important for me to learn about barriers to medication adherence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know about strategies to overcome barriers to medication adherence in patients with low or medium adherence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident in my ability to use strategies that improve medication adherence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I currently apply strategies that improve medication adherence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Note about completing this self-assessment form

At the end of the workshop, you may want to mark the self-assessment form differently than you did at the beginning—for example, with pencil at the beginning of the workshop and with pen at the end. This will help you identify how much you have learned and have improved your skills as a result of the workshop.