

# Therapy Adherence Assessment



Please answer the following questions based on your experience with using the inCourage® Airway Clearance Therapy.

Patient Name: \_\_\_\_\_

What is the Hour Meter Reading (HMR) today? \_\_\_\_\_:\_\_\_\_\_:

To determine your HMR:

- Turn device on
- Press “i” button (second button from the left)
- Depending on your device, either:
  - A. The HMR will be displayed at the top right of screen OR, if not, you will need to
  - B. Press “HMR” button (first button from left) and the HMR will be displayed at the top right of screen

**Vest Therapy Protocol:** Please complete the following information used by this patient for the inCourage System.

Number of Times/Day \_\_\_\_\_

Minutes/Session \_\_\_\_\_

Pressure Setting \_\_\_\_\_

Please rate your response to the following questions since beginning treatment with the inCourage System

(1 = disagree, 2 = same, 3 = agree, 4 = unable to assess)

Breathing easier/better: \_\_\_\_\_

Sleeping better: \_\_\_\_\_

Coughing out more secretions: \_\_\_\_\_

Activity/energy level increased: \_\_\_\_\_

Coughing out secretions easier: \_\_\_\_\_

Missing less days of school/work: \_\_\_\_\_

Additional Comments:

Person completing form: \_\_\_\_\_

Relationship to patient (if other than patient): \_\_\_\_\_ Date Completed: \_\_\_\_\_

*Please complete and return to RespirTech as soon as possible via fax to 800.962.1611 (secured) or email to [CustomerCare@respirtech.com](mailto:CustomerCare@respirtech.com).*

If completed by phone; RespirTech Associate: \_\_\_\_\_

**CONFIDENTIAL OR PRIVILEGED:** This information is intended only for the use of the individuals to whom it is addressed and may contain information that is privileged, confidential or exempt from other disclosure under applicable law. If you are not the intended recipient, you are notified that any disclosure, printing, copying, distribution or use of the contents is prohibited. If you have received this in error, please notify RespirTech immediately by telephone 800-793-1261 or by sending it via fax to 800.962.1611 (secured) and then permanently destroying the original document.

*If the patient's contact information has changed, please provide updated information below or contact Customer Care at 1.800.793.1261 or [CustomerCare@respirtech.com](mailto:CustomerCare@respirtech.com).*

Patient Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

