

Hopkins Rehabilitation Engagement Rating Scale – Reablement Version (HRERS-RV)

Name of client:

For each statement, please report your experience of working with this client over the entire course of your visit by ticking the relevant Figure (☑).

When I made my visits, the person was ready to start their reablement session.

Never Rarely Some of the time Most of the time Nearly always Always

The person's ability to take part in the reablement sessions/visits was affected by memory difficulties and/or low mood.

Never Rarely Some of the time Most of the time Nearly always Always

The person expressed a positive attitude towards the reablement activities we worked on together.

Never Rarely Some of the time Most of the time Nearly always Always

The client accepted that they needed to be reabled.

Never Rarely Some of the time Most of the time Nearly always Always

The person actively participated in my reablement sessions/visits.

Never Rarely Some of the time Most of the time Nearly always Always