

Client ID # _____

Date of Administration: _____

MEDICATION SIDE EFFECTS AND TREATMENT ADHERENCE

CLIENT SELF-ADMINISTERED

Adherence Estimator®

For each question, please select the response that best describes how you feel about the medicine you are currently taking.

1. **I am convinced of the importance of my prescription medicine.**
 - Agree completely
 - Agree mostly
 - Agree somewhat
 - Disagree somewhat
 - Disagree mostly
 - Disagree completely

2. **I worry that my prescription medicine will do more harm than good to me.**
 - Agree completely
 - Agree mostly
 - Agree somewhat
 - Disagree somewhat
 - Disagree mostly
 - Disagree completely

3. **I feel financially burdened by my out-of-pocket expenses for my prescription medicine.**
 - Agree completely
 - Agree mostly
 - Agree somewhat
 - Disagree somewhat
 - Disagree mostly
 - Disagree completely