

# The Adherence Estimator™ New Prescription Survey

Your doctor would like to know your thoughts and opinions about your new medication. Please answer the following questions. There are no right or wrong answers.

Medication: \_\_\_\_\_

For each question, please **check the box** that best describes how you feel.

1

I worry that my prescription medication will do me more harm than good.

Agree completely

Agree mostly

Agree somewhat

Disagree somewhat

Disagree mostly

Disagree completely

2

I am convinced of the importance of my prescription medication.

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 medication.

Agree completely

Agree mostly

Agree somewhat

Disagree somewhat

Disagree mostly

Disagree completely

Hand this survey to your doctor or other medical staff and **discuss your answers.**