

New Prescription Survey

Your doctor would like to know how you take your medication.
Please answer the following questions.

Medication: _____

For each question, please check the box that best describes how you take your medication.

1

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

2

I am convinced of the importance of my prescription medication.

3

I feel financially burdened by my out-of-pocket expenses for my prescription medication.

The Adherence Estimator™

Interpretation Tool

If a patient falls into the "Serious Concern" or "Moderate Concern" risk zone, discuss the specific issue and provide a Medication Matters brochure.

? Concerns



! Commitment



\$ Cost



Add up the total number of points from the checked boxes.

- 0** Low risk for adherence problems (>75% probability of adherence)
- 2–7** Medium risk for adherence problems (32%–75% probability of adherence)
- 8–36** High risk for adherence problems (<32% probability of adherence)