Welcome to the Adherence Estimator®

This survey resource can help you identify patients who may be at risk for medication nonadherence. The Adherence Estimator has been validated for oral medications prescribed for certain chronic, asymptomatic conditions (eg, high cholesterol, diabetes). The Adherence Estimator has not been validated for symptomatic conditions (eg, asthma). For symptomatic conditions, even medications that should be taken continuously may be prescribed or taken on an as-needed basis.

Proceed to the survey

New Prescription Survey

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

Medication:							
For each question, please touch the	box that best d	escribes how y	you feel about	the medicine no	ted above.		
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	

Thank You!

Your health care professional will discuss your answers with you.

The Adherence Estimator® Interpretation Guide

If a patient falls into the medium or high categories, you can use the appropriate Response Card to help support your discussion.

