

Client ID # _____

Date of Administration: _____

MEDICATION SIDE EFFECTS AND TREATMENT ADHERENCE

CLIENT SELF-ADMINISTERED OR CLINICIAN-ADMINISTERED

Intent to Attend and Complete Treatment Scale

1. How likely is it that you will attend the next appointment?

Not at all	Slightly	Moderately	Markedly	Extremely
0 1	2 3	4 5	6 7	8 9

2. How likely is it that you will complete the program?

Not at all	Slightly	Moderately	Markedly	Extremely
0 1	2 3	4 5	6 7	8 9