Patient Name: _____ Date: _____

Brief Adherence Rating Scale

The following information is obtained by the clinician:

		Responses
1. How many pills of _____ (name of antipsychotic) did the doctor tell you to take each day?		
2. Over the month since your last visit with me, on how many days did you NOT TAKE your _____ (name of antipsychotic)?	Few, if any (<7)	
	7–13	
	14–20	
	Most (>20)	
3. Over the month since your last visit with me, how many days did you TAKE LESS THAN the prescribed number of pills of your _____ (name of antipsychotic)? **Note:** 1 = poor adherence 4 = good adherence	Always/Almost Always (76–100% of the time) = 1	
	Usually (51–75% of the time) = 2	
	Sometimes (26–50% of the time) = 3	
	Never/Almost never (0–25% of the time) = 4	

Please place a single vertical line on the dotted line below that you believe best describes, out of the prescribed antipsychotic medication (_____) doses, the proportion of doses taken by the patient in the past month.

0% | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |100%
NONE 10% 20% 30% 40% 50% 60% 70% 80% 90% ALL
HALF

Response struck on above line (%) = _____

Rater's initials: _____

This scale is in the public domain.