

Expectation of Side Effects of Therapies

Patient Initials: Patient # - Visit #: Date: / /

Chamomile:

Each individual may have a different expectation for the side effects of **chamomile**. If we use the following sentences to describe **your expectation** of the side effects associated with the entire course of **chamomile** therapy, how much do you **agree**?

For each statement, please pick the closest answer by filling in the circle:

	Not at all Agree	A Little Agree	Moderately Agree	Mostly Agree	Completely Agree
1. I am not likely to experience any side effects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am prone to side effects of this type of therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If anyone will have side effect to this therapy, that will be me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Compared to others, I am more likely to develop side effects to this therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>