

Name: \_\_\_\_\_ Date 4-3-11

Nature of Addiction: methadone

Usage per day: 100 mls

Cost per day: prescribed

How long have you been using drugs: 11-13 years

Which detox treatments have you attended before: None

Please answer the following questions using the following scale.

1. Very Poor    2. Poor    3. Satisfactory    4. Good    5. Very Good    6. Excellent

POST-TREATMENT COMMENTS	
1. Do you have any drug cravings after detox:	<u>6</u>
2. Physically, how do you feel:	<u>5</u>
3. Mentally, how do you feel:	<u>6</u>
4. How well do you sleep:	<u>3</u>
5. How well do you eat:	<u>6</u>
6. How positive do you feel:	<u>6</u>
7. How tired do you feel:	<u>4</u>
8. How healthy do you feel:	<u>5</u>
9. How do you feel about the future	<u>6</u>
10. Please rate any withdrawal symptoms	<u>4</u>
11. How would you rate this treatment	<u>6</u>
12. Did you expect this treatment to work?	<u>4</u>

Additional Comments:  
The detox is good Safe and easy to do instead of all the suffering and pain from being on drugs

Signed: \_\_\_\_\_ Date: 4-3-11