

Name: \_\_\_\_\_ Date 7-2-11

Nature of Addiction: methadone

Usage per day: 80 ml/s (was 100ml/s)

Cost per day: prescribed

How long have you been using drugs: 11 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

PRE-TREATMENT COMMENTS	
1. Physically, how do you feel:	<u>3</u>
2. Mentally, how do you feel:	<u>3</u>
3. How well do you sleep:	<u>2</u>
4. How well do you eat:	<u>2</u>
5. How positive do you feel:	<u>2</u>
6. How tired do you feel:	<u>2</u>
7. How healthy do you feel:	<u>3</u>
8. How do you feel about the future	<u>4</u>

Additional Comments:

Signed: \_\_\_\_\_ Date: 7-2-11