

Name: \_\_\_\_\_ Date 12.6.10

Nature of Addiction: 150 METHADONE

Usage per day: 150 - 0 (150, 83, 40, 35, 35, 27, 15, 5, 22, 2, 0)

Cost per day: 0

How long have you been using drugs: 21 years

Which detox treatments have you attended before: Valhexone implants, Rehab clinics, methadone programmes,

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. Physically, how do you feel:	<u>4</u>
2. Mentally, how do you feel:	<u>5</u>
3. How well do you sleep:	<u>4</u>
4. How well do you eat:	<u>5</u>
5. How positive do you feel:	<u>6</u>
6. How tired do you feel:	<u>4</u>
7. How healthy do you feel:	<u>5</u>
8. How do you feel about the future	<u>6</u>
9. Please rate any withdrawal symptoms	<u>5</u>
10. How would you rate this treatment	<u>6</u>
11. Did you expect this treatment to work?	<u>4</u>

Additional Comments: Really pleased how it went and feel very happy to be off so very quickly.

Signed: [Signature] Date: 12.6.10