

Name: JOHN BARTON WILLIAMS Date 15/9/06

Nature of Addiction: MEDICINE

Usage per day: 5mg to 0

Cost per day: 0

How long have you been using drugs: 5 years

Which detox treatments have you attended before: hergest

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>5</u> |
| 4. How well do you eat: | <u>5</u> |
| 5. How positive do you feel: | <u>5</u> |
| 6. How tired do you feel: | <u>5</u> |
| 7. How healthy do you feel: | <u>5</u> |
| 8. How do you feel about the future | <u>5</u> |
| 9. Please rate any withdrawal symptoms | <u>5</u> |
| 10. How would you rate this treatment | <u>6</u> |
| 10. Did you expect this treatment to work? | <u>no</u> |

Additional Comments

I thought the TREATMENT ^{was} EXCELLENT AND AND NOW IT HAS GIVEN ME A CHANCE TO SORT MY LIFE AND IM VERY PLEASED WITH THE RESULTS

Signed J B Williams Date: 15/9/06