

Name: Marilyn Stephen Date 27.11.10

Nature of Addiction: METHADONE

Usage per day: 42mls

Reduction progress: 42mls-20mls-20mls-10mls-2½mls-0mls-0mls

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>6</u>
2. Mentally, how do you feel:	<u>5</u>
3. How well do you sleep:	<u>3/4</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>5</u>
7. How healthy do you feel:	<u>6</u>
8. Bowel Movements	<u>5</u>
9. How do you feel about the future	<u>6</u>
10. Please rate any withdrawal symptoms	<u>6</u>
11. How would you rate this treatment	<u>6</u>
12. Do you have any drug cravings?	Yes / No

Additional Comments:
 I am very glad that I came down, I did have my doubts but that was because I got a lot of people giving me negative advice, but that is me of that crap so definitely glad I never allowed them to put me off.

Please use my name or first name and initial on the website and promotional material.

Signed: M. Stephen Date: 27.11.10.

