

Name: JOHN BARTON WILLIAMS Date 15/9/06

Nature of Addiction: MEDICINE

Usage per day: 5 times a day

Cost per day: 0

How long have you been using drugs: 5 years

Which detox treatments have you attended before: request

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 <sup>was</sup> excellent AND AND now it has given me a chance to sort my life AND I'M VERY PLEASED WITH THE RESULTS

Signed J.B. Williams

Date: 15/9/06

