

Name: CARL WILLIAMS Date 19.9.17

Nature of Addiction: HEROIN.

Usage per day: 3 1/2 G. OVER 2 DAYS

Cost per day: _____

How long have you been using drugs: 24 years

Which detox treatments have you attended before: _____

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>2</u> |
| 2. Mentally, how do you feel: | <u>1</u> |
| 3. How well do you sleep: | <u>1</u> |
| 4. How well do you eat: | <u>1</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>1</u> |
| 8. How do you feel about the future | <u>6</u> |

Additional Comments:

DAY 1. NOT SO GOOD

Signed: C. Williams Date: 19, SEP

