

Name: MICHAEL WILDING Date 4-7-07

Nature of Addiction: HEROIN

Usage per day: _____

Cost per day: _____

How long have you been using drugs: 15 years

Which detox treatments have you attended before: METHADONE,

DE UR

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>5</u> |
| 6. How tired do you feel: | <u>4</u> |
| 7. How healthy do you feel: | <u>5</u> |
| 8. Bowel Movements | <u>5</u> |
| 9. How do you feel about the future | <u>5</u> |
| 10. Please rate any withdrawal symptoms | <u>3-4</u> |
| 11. How would you rate this treatment | <u>5</u> |
| 12. Did you expect this treatment to work? | <u>No</u> |

Additional Comments: AT FIRST I WAS VERY ~~DISGUSTED~~ RELUCTANT THAT THIS TREATMENT WOULD WORK, WRONG!

Signed:  Date: 4-7-07

