Name: Ya	Date14 /11 /15			
Nature of Addiction: Heacing				
Usage per day: (wrings): 15g-3g P/day				
Cost per day: <u><u></u> <u><u></u> <u><u></u> <u><u></u> <u> </u></u></u></u></u>				
How long have you been using drugs:years				
Which detox treatments have you attended before: _ รูงรูงร	EX / METHADONE			
RADID DETOX SUBDICIONE / DETOX 5/				
Please answer the following questions using the following scale.				
1. Very Poor 2. Poor 3. Satisfactory 4. Good 5	5. Very Good 6. Excelle			
POST-TREATMENT COMM	POST-TREATMENT COMMENTS			
Physically, how do you feel:	_+			
2. Mentally, how do you feel:	_6_			
3. How well do you sleep:	_6			
4. How well do you eat:	_ 4			
5. How positive do you feel:	_6_			
6. How tired do you feel:	_ 5			
7. How healthy do you feel:	5			
8. Bowel Movements	4			
9. How do you feel about the future				
10. Please rate any withdrawal symptoms	5			
11. How would you rate this treatment				

attempts were	because 7 felt	coorse after t	he detox than	before
ng it. In this	nespect this	Heatment is di	fevent, I feel	great is
Signed: N		Date: 19-/11/15		.*

failed