
Review of Your Past Treatment Experiences Worksheet

Check the following types of treatment you have received in the past for your addiction. For each item you check under “treatment programs and counseling or therapy,” write in the number of different times you received this treatment during your lifetime. For each “Medication” you have used, write in how long you took this medication.

Treatment Programs and Counseling or Therapy

- Detoxification: # of times _____
- Residential or hospital-based rehab (less than 30 days): # of times _____
- Residential or hospital-based rehab (more than 30 days): # of times _____
- Halfway House: # of times _____
- Therapeutic Community: # of times _____
- Partial Hospital or Day Treatment Program: # of times _____
- Intensive Outpatient Program: # of times _____
- Outpatient Counseling: # of times _____
- Program for Women: # of times _____
- Program for Dual Diagnosis (Addiction + Mental Illness): # of times _____
- Specialty Program for Criminal Justice Problems: # of times _____

Medications for Addiction

- Methadone Maintenance (for opiate addiction): how long? _____
- Buprenorphine (subutex and suboxone for opiate addiction): how long? _____
- Disulfiram (Antabuse for alcoholism): how long? _____
- Naltrexone (ReVia for alcoholism): how long? _____
- Naltrexone (Trexan for opioid addiction): how long? _____
- Acamprostate (Campral for alcoholism): how long? _____

1. How many different times have you left detoxification, hospital, or residential based treatment against medical advice?
0 1 2 3 4 5 over 5
2. How many different times have you stopped partial hospital, intensive outpatient, or outpatient treatment before it was finished?
0 1 2 3 4 5 over 5
3. Overall, how would you rate your personal investment in treatment *in the past*?
None Low Moderate High
4. Overall, how would you rate your personal investment in treatment *at the present*?
None Low Moderate High

