

Bup Detox Follow-up Questions:

1) How much buprenorphine did you take at home? What time did you take it? _____

2) Did you experience cravings to use? Any situations/people/places related to your cravings?

3) Did you experience withdrawal symptoms (nausea, vomiting, diarrhea, sweating, goosebumps, runny nose, anxiety, restlessness, yawning, etc?) _____

4) If you experienced withdrawal symptoms, did you do or take anything to improve them?

5) Did you use heroin at all? If yes, when and how much? _____

6) Did you take any other opiate medications? (Vicodin, Percocet, Tylenol #3, etc) If yes, when and how much? _____

7) Did you use any other drugs? (methamphetamine, cocaine, marijuana, etc) If yes, when and how much? _____

8) Did you smoke cigarettes? _____

9) Did you drink alcohol? If yes, how much? _____

10) Any change in your housing situation? _____

11) Are you currently living with people who use heroin? _____

12) Are you associating with friends who use heroin? _____

13) Have you attended meetings, counseling sessions or support groups? If yes, what, when.

14) Have you gotten support from someone close to you? (family, friends, sponsors, etc).
