



Baclofen Treatment Self Assessment Questionnaire: Name : _____ **Date:** _____

Baclofen Doses over the day: Doses and Times : _____

Mark an X on the line where you rate yourself:

How is your baclofen treatment going overall?	No good _____	Really well _____
How do you feel physically?	Terrible _____	Terrific _____
How much have the cravings changed overall?	No change _____	Completely gone _____
What about your cravings in the WORST part of the day for you? For me this is _____ (time)	No change _____	Completely gone _____
How much of your previous daily alcohol intake are you drinking now?	100% _____	None at all- 0% _____
How long does it take to get through a drink now?	Same time _____	twice as long _____
How do you feel about alcohol overall now?	Like usual _____	a lot longer now _____
How much are you noticing alcohol cues around you eg advertisements, bottle shops,	Like usual _____	Not drinking _____
How does it feel now when other people drink around you?	Less _____	It's a bit disgusting _____
	much less _____	I don't notice them _____
	Hard _____	Easier _____
	Easy _____	It doesn't bother me _____
	It hasn't happened _____	
How anxious do you feel overall at present?	Very anxious _____	Not anxious at all _____
How is your mood overall?	Down _____	Great _____
How good is your sleep currently?	Awful _____	Too high _____
How are you managing with life during the day?	Badly _____	Great _____
How much do you crave alcohol now if you get upset or stressed?	Like usual _____	Really well _____
Comments:		Not at all _____