|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Antojos** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Dolor** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Estreniemiento** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Depresión** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Ansiedad** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Duermes:** Nada Poco Bien Muy Bien

**Has tomodo Alcohol?**  Si No

**Tienes Narcan?** Si No

**Su dosis funcionado para usted?** Si No **Cuantas tiras te quedan? \_\_\_\_\_\_\_\_\_\_**

**Cual es su horario de tomar su medicamento?**

|  |
| --- |
|  |

**Has tenido tentaciónes para usar esta semana?**

|  |
| --- |
|  |

**Lo que hice para mi recuperacion esta semana?**

|  |
| --- |
|  |

**Tuviste algun contra tiempo para asistir a tus cita (o) grupos? Tuviste algun efecto secundario?**

|  |
| --- |
|  |

**UDS:** THC BUPG TCA BAR BZO MTD AMP MOP OXY MDMA COC PCP MET

**TEMP:** \_\_\_\_\_\_ **COLLECTION TIME**: \_\_\_\_\_\_ **HCG WOMEN ONLY: \_\_\_\_\_\_ BREATHALYZER: \_\_\_\_\_\_**

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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Tier: \_\_\_\_\_\_**

**Medication Assisted Treatment Check In: (circle) 0 = Low 10 = High**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cravings** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Pain** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Constipation** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Depression** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Anxiety** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Sleep:** Poor Fair Good Very Good

**Have you been drinking any alcohol?** Yes No

**Do you have Narcan?** Yes No

**Is your dose working for you?** YesNo

**How many strips do you have left? \_\_\_\_\_\_\_\_\_\_**

**What is your schedule of taking your Medication?**

|  |
| --- |
|  |

**Triggers I encountered this week?**

|  |
| --- |
|  |

**What I did for my recovery this week?**

|  |
| --- |
|  |

**Time Constraints for Appt/Group, other concerns, and side effects?**

|  |
| --- |
|  |

**UDS:** THC BUPG TCA BAR BZO MTD AMP MOP OXY MDMA COC PCP MET

**TEMP:** \_\_\_\_\_\_ **COLLECTION TIME**: \_\_\_\_\_\_ **HCG WOMEN ONLY:** **\_\_\_\_\_\_ BREATHALYZER: \_\_\_\_\_\_**

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