

CARE PROVIDER AND/OR ADDICTION TREATMENT FACILITY CONSUMER SURVEY & AFFIDAVIT

Circle what is **true**, or **fill in the blanks**, or **leave blank**, or write not applicable (**N/A**), or **refused** if you are uncomfortable answering the question, or have difficulty answering the question without help.

I, _____, am competent to testify and over the age of eighteen (18).

- 1) I was/was not given a drug test by the County of _____/ **ADDICTION TREATMENT FACILITY** despite my obvious habit!
- 2) My basic housing and _____
(other needs) have not been met by the County of _____/ **ADDICTION TREATMENT FACILITY**.
- 3) I am/am not depressed/am not sure how I feel.
- 4) I shake _____ (explain) or have Parkinson's disease.
- 5) I do/do not **smoke**.
- 6) I understand/do not agree that research suggests that persons who **smoke** are often depressed and often can **quit smoking** if given anti-depressants that increase the NEUROTRANSMITTER DOPAMINE, and that depressed or addicted persons and/or persons who use uppers tend to have reduced DOPAMINE, and that many **downers (bipolar, anti-psychotic or anti-seizure medications?)** reduce DOPAMINE and/or cause a person to become **suicidal and/or cause harm to the environment**.
- 7) I have/have not been given my diagnosis by a **ADDICTION TREATMENT FACILITY** doctor.
- 8) I think I am sane/insane/violent/nonviolent/mentally ill/psychotic/schizophrenic/bipolar/ homeless/ in a shelter/have a camp/sleep on buses/do not usually sleep, _____ (other) .
- 9) I have/have not been given lab tests or blood tests by **ADDICTION TREATMENT FACILITY**.
- 10) I am/am not aware that the drug **ADDICTION TREATMENT FACILITY** doctor's prescribes/misprescribes (**downers may cause persons to become suicidal perhaps because downers should not be prescribed to persons who take uppers.**)
are _____ (list them),
- 11) The drugs given to me by **ADDICTION TREATMENT FACILITY** and PHARMACEUDICAL DISTRIBUTOR are not working/working/or I am selling them to support my usual drug habit or _____ (other).
- 12) My illegal drug(s) of choice is/are _____.
- 13) I get my illegal drug(s) of choice from _____.
- 14) I support my habit by stealing/selling sexual services/selling my prescription meds, wasting my government check, other _____.
- 15) I used to have a job/career/business/license which was unjustly taken away from me because society/the government/other _____ (list bad policy).

- 16) I have caused damage to society amount of \$_____ (theft amount per day, month or year(s)) and/or not paying child support/spousal support/cost shifting to the government by cost of medical treatment, incarceration or other services, such as General Relief OR **society has caused damage to me** in the amount of \$_____ (**lost wages, retirement benefits, income, assets and/or appreciation of assets, medical malpractice, lost time in the system**)!
- 17) I think I am mostly a good/bad person.
- 18) I am one of the hardest working/laziest persons I know of, which I can prove by _____.
I have many **friends**, such as _____

_____ (list and/or their contact info).
- 19) I use the following charity services: _____.
- 20) I can often be located at _____.
- 21) I have worked at: _____.
- 22) I have been educated at: _____ (only list highest educational level).
- 23) I have/have not been **put on disability** despite the fact that it would help me get more education, help me benefit society more and/or help my dependant(s) benefit society more.
- 24) If I had/did not have **health insurance**, it would _____.
- 25) I would/ would not **like to sue ADDICTION TREATMENT FACILITY** , etc.
because _____.
- 26) I would/would not like to be a **representative in a Class Action lawsuit** against **ADDICTION TREATMENT FACILITY**, etc.
- 27) I would/would not **like to do publicity**, such as get a book , reality show, or movie deal, about **ADDICTION TREATMENT FACILITY**, etc., health and drug policy.
- 28) I feel I have been fairly/unfairly treated by _____ (list).
- 29) I think I should be paid **back wages** or given **retirement** due to being **unfairly terminated** from employment of _____ years/months from _____ due to coming up **positive on a drug test** _____ (name if it is of a drug that can be obtained with a **prescription**).

The above is true and correct according to all known laws.

Dated: _____ Signed: _____

Print name from above: _____