

ONLINE SUPPLEMENT

Fig. DS1 Naltrexone monitoring scale.

Patient's name												
Date												
Please mark with a cross or encircle to indicate how you are/have been affected by the following symptoms/factors now or in the past 7 days while you are prescribed naltrexone												
Cravings for heroin or other opiates	Not at all	1	2	3	4	5	6	7	8	9	10	Worst ever
Depressed mood	Not at all	1	2	3	4	5	6	7	8	9	10	Worst ever
Difficulty going to sleep	Not at all	1	2	3	4	5	6	7	8	9	10	Worst ever
Waking many times in the night	Not at all	1	2	3	4	5	6	7	8	9	10	Worst ever
Waking earlier than intended in the morning	Not at all	1	2	3	4	5	6	7	8	9	10	Worst ever
Tiredness	Not at all	1	2	3	4	5	6	7	8	9	10	Worst ever
Anxiety/panicky	Not at all	1	2	3	4	5	6	7	8	9	10	Worst ever
Irritability/snappy	Not at all	1	2	3	4	5	6	7	8	9	10	Worst ever
Boredom	Not at all	1	2	3	4	5	6	7	8	9	10	Worst ever
Motivation to stay drug (heroin) free	Very good	1	2	3	4	5	6	7	8	9	10	Worst ever
Ability to enjoy things	Very good	1	2	3	4	5	6	7	8	9	10	Worst ever
Appetite	Very good	1	2	3	4	5	6	7	8	9	10	Very poor
Side-effects from naltrexone ^a	Not at all	1	2	3	4	5	6	7	8	9	10	Worst ever
Heroin use, <i>n</i> times	Not at all	1	2	3	4	5	6	7	8	9	10	Daily use
Alcohol use per week	Not at all	< 10 units	10–15 units	20–25 units	25–30 units	30–35 units	35–40 units	40–45 units	50–60 units	60–70 units	70–80 units	80–100+ units
Cannabis use, <i>n</i> days/week	Not at all	1	2	3	4	5	6	7	8	9	10	Daily use
Cocaine/crack use, <i>n</i> days/week	Not at all	1	2	3	4	5	6	7	8	9	10	Daily use
Other street drug use, <i>n</i> times	Not at all	1	2	3	4	5	6	7	8	9	10	Daily use
Are you employed?	Unemployed	On special benefits, e.g. Disability Living Allowance			Looking/applied for job			Self-employed		Employed part time		Employed full time
When did you have your last blood test?	Within past 2 weeks	Within past 4 weeks		Within past 6 weeks		Within past 8 weeks		Within past 3 months		Within past 6 months		
Are you taking any other prescribed medication?	Yes (Give name/s of medication)							No				
Relations with family/partner	No change		Worse		Improving		Back to normal					
Supervised by	Partner		Parent		Sibling		Relative		Other			

^aSide-effects include nausea, vomiting, abdominal pain, nervousness, sleeping difficulty, headaches, reduced energy, and joint and muscle pain.