






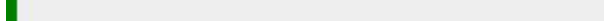
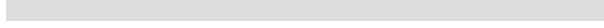
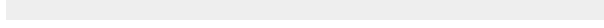

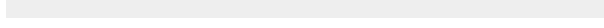

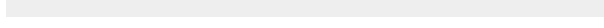
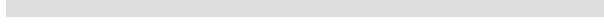
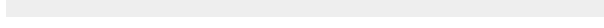
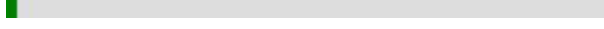
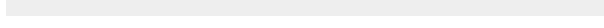

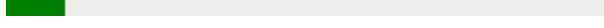
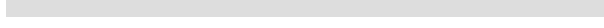
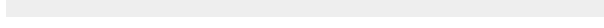

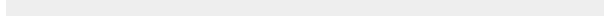

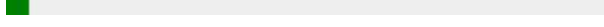
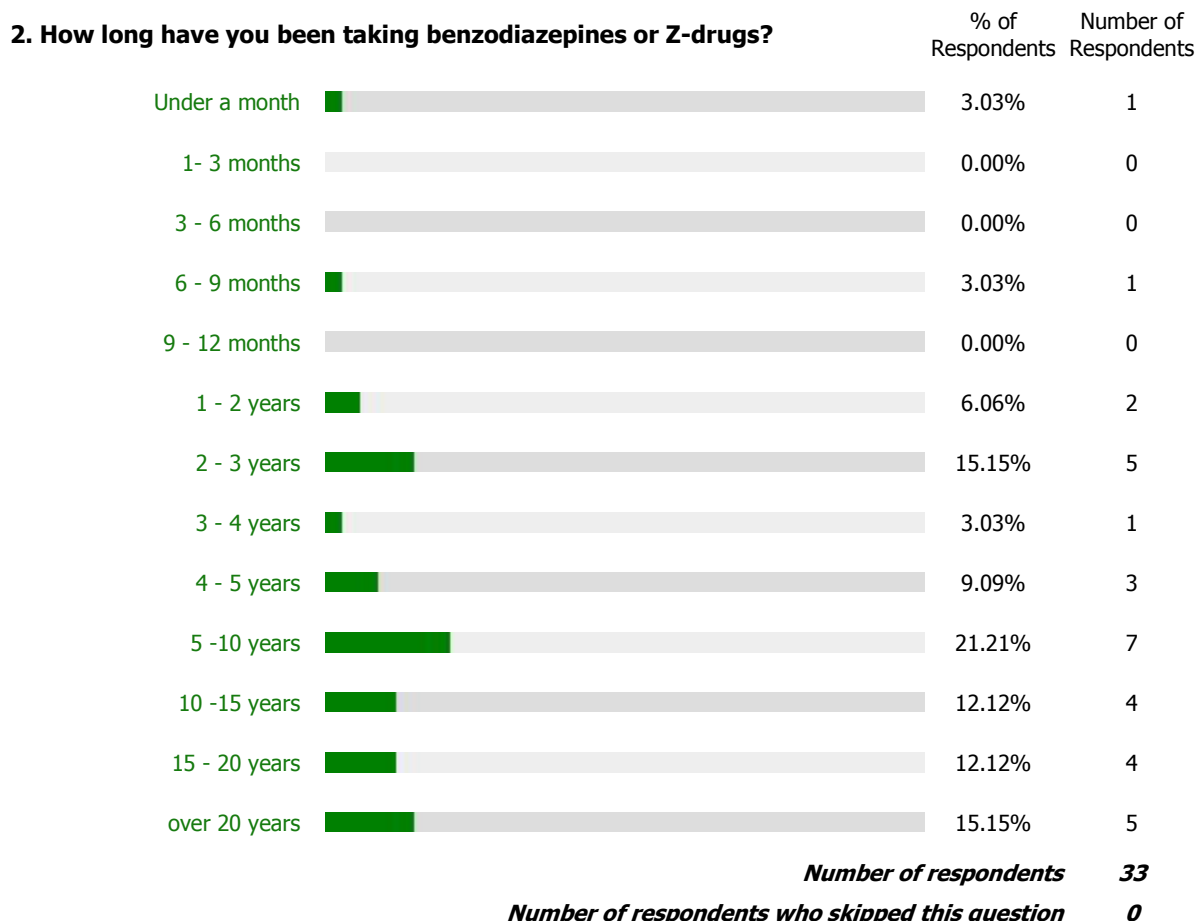


**Page 1. Benzodiazepine Survey Eight - Decided not to Withdraw**

<b>1. What benzodiazepines or Z-drugs are you currently taking?</b>	<b>% of Respondents</b>	<b>Number of Respondents</b>
alprazolam (Xanax) 	18.75%	9
bromazepam (Lexotan, Lexomil) 	2.08%	1
chlordiazepoxide (Librium, Nova-Pam) 	0.00%	0
clonazepam (Klonopin, Rivotril) 	33.33%	16
clorazepate (Tranxene) 	0.00%	0
diazepam (Valium, D-Pam, Pro-Pam) 	14.58%	7
estazolam (ProSom) 	0.00%	0
flunitrazepam (Rohypnol) 	2.08%	1
flurazepam (Dalmane) 	0.00%	0
halazepam (Paxipam) 	0.00%	0
ketazolam (Anxon) 	0.00%	0
loprazolam (Dormonoct) 	0.00%	0
lorazepam (Ativan) 	8.33%	4
lormetazepam (Noctamid) 	0.00%	0
medazepam (Nobrium) 	0.00%	0
midazolam, (Versed, Hypnovel, Dormicum) 	0.00%	0
nitrazepam (Mogadon, Insoma, Nitrados) 	2.08%	1
prazepam (Centrax) 	0.00%	0
quazepam (Doral) 	0.00%	0
temazepam (Restoril, Euhypnos, Normison, Sompam) 	10.42%	5
triazolam (Halcion, Hypam, Tricam) 	0.00%	0
Zaleplon (Sonata) 	0.00%	0
Zolpidem (Ambien, Stilnoct, Stilnox) 	4.17%	2
Zopiclone (Zimovane, Imovane) 	0.00%	0
Eszopiclone (Lunesta) 	0.00%	0
Other (Specify) 	4.17%	2
	<b>Number of respondents</b>	<b>33</b>
	<b>Number of respondents who skipped this question</b>	<b>0</b>



**3. If you are only taking one benzodiazepine or Z-drug, please enter the number of milligrams per day you are taking.**

**Number of Respondents 25**

**Number of respondents who skipped this question 8**

**4. If you are taking more than one benzodiazepine or Z-drug at this time, enter the name of each drug that you are taking, followed by the number of milligrams you are taking, e.g. Valium 30, Klonopin 2.**

**Number of Respondents 9**

**Number of respondents who skipped this question 24**

**5. Why were you prescribed benzodiazepines or Z-drugs?**

	% of Respondents	Number of Respondents
Anxiolytic (tending to reduce anxiety/produce relaxation)	53.19%	25
Hypnotic (tending to make you sleepy)	21.28%	10
Anti-seizure (tending to reduce the probability of having seizures and convulsions)	0.00%	0
Muscle relaxant (tending to reduce muscle tension and associated pain)	8.51%	4
Amnesic (tending to disrupt both long and short term memory)	0.00%	0
Other (Specify)	17.02%	8
<b>Number of respondents</b>		<b>33</b>
<b>Number of respondents who skipped this question</b>		<b>0</b>

**Page 2. Symptoms Prior to starting either benzodiazepines or Z-drugs**

**6. CARDIOVASCULAR: Fluctuations in blood pressure, Mild hypertension, Shivering, feelings of extreme cold or heat, Heart palpitations**

	% of Respondents	Number of Respondents
I was not experiencing these symptoms	36.67%	11
They were mild	26.67%	8
They were moderate	16.67%	5
They were severe	20.00%	6
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**7. DERMATOLOGICAL: Allergic reactions, Chemical sensitivities, Dry, itchy skin, Dry throat, sore tongue, and thrush, Formications (sensation of crawling on skin), Glassy eyes, Hair loss, Leukonychea (whitening of nails), Nosebleeds, Oedema, Paraesthesiae (numbness, tingling), Perspiring, night sweats, Rashes, blotches**

	% of Respondents	Number of Respondents
I was not experiencing these symptoms	66.67%	20
They were mild	20.00%	6
They were moderate	10.00%	3
They were severe	3.33%	1
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**8. GASTROINTESTINAL: Bladder incontinence, Constipation (sometimes alternating with diarrhoea), Diarrhoea, Dyspepsia (indigestion), Gastritis, Heartburn, Nausea, Oesophagitis, Stomach cramps**

	% of Respondents	Number of Respondents
I was not experiencing these symptoms	50.00%	15
They were mild	13.33%	4
They were moderate	30.00%	9
They were severe	6.67%	2
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**9. MUSCULOSKELETAL: Aching joints, Blepharospasm (eye twitches) Formication (sensations of bugs crawling on skin, Gait disturbance, Jaw, tooth, neck and shoulder pain, Muscle wasting, Muscle spasms, Rapid weight loss, Severe headaches, Severe muscle rigidity, Tremor or feeling of inner vibration**

	% of Respondents	Number of Respondents
I was not experiencing these symptoms	33.33%	10
They were mild	16.67%	5
They were moderate	26.67%	8
They were severe	23.33%	7
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**10. NEUROLOGICAL: Blurred vision, seeing spots, flashes, vivid vision, Bruxism (teeth grinding), Dysphagia (difficulty eating or swallowing) Electric shock feelings, Fatigue, leaden heaviness, Hypersensitivity to light, sound, and other stimuli, Neurological problems (e.g. topical anesthesia), Severe muscle rigidity, Speech difficulties, Thirst, Tinnitus (ear buzzing, popping, ringing, hissing), Tiny pupils, Tremor, Vertigo**

	% of Respondents	Number of Respondents
I was not experiencing these symptoms	40.00%	12
They were mild	23.33%	7
They were moderate	16.67%	5
They were severe	20.00%	6
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**11. GENITOURINARY: Impotence, Libido disturbances, Menstrual irregularities, urinary problems (continence or incontinence) Encopresia (faecal incontinence)**

	% of Respondents	Number of Respondents
I was not experiencing these symptoms	76.67%	23
They were mild	13.33%	4
They were moderate	3.33%	1
They were severe	6.67%	2
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**12. PARADOXICAL: Agitation, Aggressive behaviour, Anxiety, Breathlessness, Excitability, Fear, Hostility, Hyperactivity, Irrational rage, Insomnia, Nervousness, Nightmares, vivid dreams, Phobias, Restlessness**

	% of Respondents	Number of Respondents
I was not experiencing these symptoms	20.00%	6
They were mild	20.00%	6
They were moderate	20.00%	6
They were severe	40.00%	12
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**13. PSYCHIATRIC: Apathy, Anxiety, Delirium, Depersonalisation, Depression, Derealisation, Distortions or hallucinations, Dysphoria (inability to feel pleasure or happiness), Fear, Hyperventilation, Hyperreflexia (jumpiness), Hypnologic hallucinations (sleepwalking), Lack of concentration, Nightmares, Obsessions, Paranoia, Phobias (hydrophobia, agoraphobia, monophobia, acrophobia, anthropophobia and others) Rapid mood changes, Suicidal thoughts, Short-term memory impairment**

	% of Respondents	Number of Respondents
I was not experiencing these symptoms	10.00%	3
They were mild	13.33%	4
They were moderate	23.33%	7
They were severe	53.33%	16
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**14. RESPIRATORY: Breathlessness, Choking, Dry, tickly cough, Dyspnea (breathing difficulty), Hyperventilation (over breathing), Inability to draw satisfying breath, Night apnea, Sinusitis**

	% of Respondents	Number of Respondents
I was not experiencing these symptoms	50.00%	15
They were mild	20.00%	6
They were moderate	23.33%	7
They were severe	6.67%	2
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**Page 3. Symptoms you are currently experiencing.**

**15. CARDIOVASCULAR: Fluctuations in blood pressure, Mild hypertension, Shivering, feelings of extreme cold or heat, Heart palpitations**

	% of Respondents	Number of Respondents
I am not experiencing these symptoms	50.00%	15
They are mild	36.67%	11
They are moderate	10.00%	3
They are severe	3.33%	1
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**16. DERMATOLOGICAL: Allergic reactions, Chemical sensitivities, Dry, itchy skin, Dry throat, sore tongue, and thrush, Formications (sensation of crawling on skin), Glassy eyes, Hair loss, Leukonychia (whitening of nails), Nosebleeds, Oedema, Paraesthesiae (numbness, tingling), Perspiring, night sweats, Rashes, blotches**

	% of Respondents	Number of Respondents
I am not experiencing these symptoms	60.00%	18
They are mild	26.67%	8
They are moderate	10.00%	3
They are severe	3.33%	1
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**17. GASTROINTESTINAL: Bladder incontinence, Constipation (sometimes alternating with diarrhoea), Diarrhoea, Dyspepsia (indigestion), Gastritis, Heartburn, Nausea, Oesophagitis, Stomach cramps**

	% of Respondents	Number of Respondents
I am not experiencing these symptoms	43.33%	13
They are mild	40.00%	12
They are moderate	13.33%	4
They are severe	3.33%	1
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**18. MUSCULOSKELETAL: Aching joints, Blepharospasm (eye twitches) Formication (sensations of bugs crawling on skin, Gait disturbance, Jaw, tooth, neck and shoulder pain, Muscle wasting, Muscle spasms, Rapid weight loss, Severe headaches, Severe muscle rigidity, Tremor or feeling of inner vibration**

	% of Respondents	Number of Respondents
I am not experiencing these symptoms	33.33%	10
They are mild	30.00%	9
They are moderate	20.00%	6
They are severe	16.67%	5
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**19. NEUROLOGICAL: Blurred vision, seeing spots, flashes, vivid vision, Bruxism (teeth grinding), Dysphagia (difficulty eating or swallowing) Electric shock feelings, Fatigue, leaden heaviness, Hypersensitivity to light, sound, and other stimuli, Neurological problems (e.g. topical anesthesia), Severe muscle rigidity, Speech difficulties, Thirst, Tinnitus (ear buzzing, popping, ringing, hissing), Tiny pupils, Tremor, Vertigo**

	% of Respondents	Number of Respondents
I am not experiencing these symptoms	33.33%	10
They are mild	23.33%	7
They are moderate	26.67%	8
They are severe	16.67%	5
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**20. GENITOURINARY: Impotence, Libido disturbances, Menstrual irregularities, urinary problems (continence or incontinence) Encopresia (faecal incontinence)**

	% of Respondents	Number of Respondents
I am not experiencing these symptoms	66.67%	20
They are mild	16.67%	5
They are moderate	13.33%	4
They are severe	3.33%	1
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**21. PARADOXICAL: Agitation, Aggressive behaviour, Anxiety, Breathlessness, Excitability, Fear, Hostility, Hyperactivity, Irrational rage, Insomnia, Nervousness, Nightmares, vivid dreams, Phobias, Restlessness**

	% of Respondents	Number of Respondents
I am not experiencing these symptoms	33.33%	10
They are mild	36.67%	11
They are moderate	16.67%	5
They are severe	13.33%	4
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**22. PSYCHIATRIC: Apathy, Anxiety, Delirium, Depersonalisation, Depression, Derealisation, Distortions or hallucinations, Dysphoria (inability to feel pleasure or happiness), Fear, Hyperventilation, Hyperreflexia (jumpiness), Hypnologic hallucinations (sleepwalking), Lack of concentration, Nightmares, Obsessions, Paranoia, Phobias (hydrophobia, agoraphobia, monophobia, acrophobia, anthropophobia and others) Rapid mood changes, Suicidal thoughts, Short-term memory impairment**

	% of Respondents	Number of Respondents
I am not experiencing these symptoms	16.67%	5
They are mild	36.67%	11
They are moderate	20.00%	6
They are severe	26.67%	8
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>

**23. RESPIRATORY: Breathlessness, Choking, Dry, tickly cough, Dyspnea (breathing difficulty), Hyperventilation (over breathing), Inability to draw satisfying breath, Night apnea, Sinusitis**

	% of Respondents	Number of Respondents
I am not experiencing these symptoms	53.33%	16
They are mild	23.33%	7
They are moderate	13.33%	4
They are severe	10.00%	3
<b>Number of respondents</b>		<b>30</b>
<b>Number of respondents who skipped this question</b>		<b>3</b>


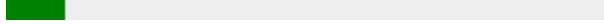
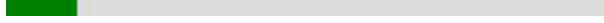
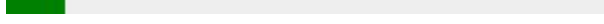

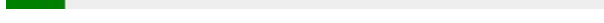

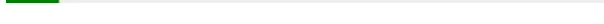


**Page 4. Functionality and Activities**

**24. Prior to taking benzodiazepines or Z-drugs which of the following activities were you able to participate in with ease?**

	% of Respondents	Number of Respondents
Self care - showering, dressing	13.13%	21
Cooking	11.25%	18
Housework and home care	10.63%	17
Shopping	11.25%	18
Socializing	9.38%	15
Driving	11.25%	18
Working	10.00%	16
Exercise	8.13%	13
Intellectual	12.50%	20
None of the above	2.50%	4
<b>Number of respondents</b>		<b>29</b>
<b>Number of respondents who skipped this question</b>		<b>4</b>



**25. What activities were you currently able to participate in with ease?**



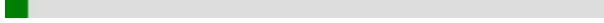
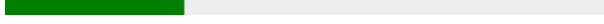

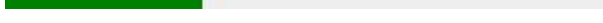
		% of Respondents	Number of Respondents
Self care - showering, dressing		14.97%	22
Cooking		10.20%	15
Housework and home care		11.56%	17
Shopping		9.52%	14
Socializing		11.56%	17
Driving		9.52%	14
Working		9.52%	14
Exercise		8.84%	13
Intellectual		11.56%	17
None of the Above		2.72%	4

**Number of respondents 29**

**Number of respondents who skipped this question 4**

**Page 5. General Questions**

**26. Indicate what other medications you are currently taking.**

		% of Respondents	Number of Respondents
Beta Blockers		7.41%	2
Antiseizure medication		14.81%	4
Antipsychotic medication		3.70%	1
Antidepressant medication		29.63%	8
Prescription Sleep Aids		11.11%	3
Other (Specify)		33.33%	9

**Number of respondents 19**

**Number of respondents who skipped this question 14**

**27. Please list the supplements and vitamins you are currently taking.**

**Number of Respondents 14**

**Number of respondents who skipped this question 19**

**28. Why have you decided to stay on benzodiazepines?**

	% of Respondents	Number of Respondents
They help me to manage my medical condition effectively	45.95%	17
They are too difficult to withdraw from.	32.43%	12
Other (Specify)	21.62%	8

**Number of respondents 27**

**Number of respondents who skipped this question 6**

**29. How many unsuccessful attempts have you made to get off benzodiazepines?**

	% of Respondents	Number of Respondents
This is my first time	14.81%	4
One previous attempt	18.52%	5
Two previous attempts	11.11%	3
Three previous attempts	3.70%	1
More than three previous attempts	22.22%	6
No previous attempts	29.63%	8

**Number of respondents 27**

**Number of respondents who skipped this question 6**

**30. How old are you?**

	% of Respondents	Number of Respondents
under 20	0.00%	0
20 - 29	25.93%	7
30 - 39	22.22%	6
40 - 49	11.11%	3
50 - 59	40.74%	11
60 - 69	0.00%	0
70 - 79	0.00%	0
80 and over	0.00%	0

**Number of respondents 27**

**Number of respondents who skipped this question 6**

**31. Indicate your gender.**

	% of Respondents	Number of Respondents
Male	44.44%	12
Female	55.56%	15

**Number of respondents 27**

**Number of respondents who skipped this question 6**