

# Benzodiazepine Support Survey

**Please answer part A if you are a physician and Part B if you are presently taking or have successfully tapered a Benzodiazepine Medication.**

**Part A: Physicians only:**

**Average Length of time that you prescribe Benzodiazepine medication?**

2 weeks \_\_\_\_\_

4to 6 weeks \_\_\_\_\_

3to 6months \_\_\_\_\_

A year or longer \_\_\_\_\_

**Average length of taper that you recommend?**

2 weeks \_\_\_\_\_

1to 3months \_\_\_\_\_

6months \_\_\_\_\_

1year or longer \_\_\_\_\_

**What is the method that you use to help patients when tapering a benzo?**

Ashton method (valium taper) \_\_\_\_\_

Add another medication \_\_\_\_\_

6 week taper (cutting pills) \_\_\_\_\_

Other: please describe \_\_\_\_\_

**Reason for prescribing Benzodiazepine medication?**

Anxiety \_\_\_\_\_

Illness (type) \_\_\_\_\_

Insomnia \_\_\_\_\_

Menopause \_\_\_\_\_

Depression \_\_\_\_\_

**Would you refer a patient who is tapering to some type of benzo support Program if available?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**What type of support do you feel would work best?**

Online group \_\_\_\_\_

Telephone support \_\_\_\_\_

Support group \_\_\_\_\_

Other (describe) \_\_\_\_\_

**Part B: Please fill out if you have been prescribed a benzodiazepine medication:**

**Length of time that Benzodiazepine was prescribed:**

2 weeks to 1 month \_\_\_\_\_  
3 to 6 months \_\_\_\_\_  
6 months to 1 year \_\_\_\_\_  
1 year or longer \_\_\_\_\_

**Did the person that prescribed benzodiazepine medication inform you that you may  
Become physically dependent on these medications?**

Yes \_\_\_\_\_  
No \_\_\_\_\_

**Reason that this medication was prescribed ?**

Anxiety \_\_\_\_\_  
Illness (describe) \_\_\_\_\_  
Insomnia \_\_\_\_\_  
Menopause \_\_\_\_\_  
Other (describe) \_\_\_\_\_

**What method have you used to taper benzodiazepine medication?**

Switched to long acting benzo like valium \_\_\_\_\_  
Cutting pills \_\_\_\_\_  
Used liquid benzodiazepine \_\_\_\_\_  
Other medications added \_\_\_\_\_  
Detox facility \_\_\_\_\_

**Are you aware of online support groups?**

Yes \_\_\_\_\_  
No \_\_\_\_\_

**What type of support would work best for you while withdrawing  
From benzodiazepine medication?**

Online support group \_\_\_\_\_  
Support group in Maine \_\_\_\_\_  
Telephone support \_\_\_\_\_  
Other \_\_\_\_\_

**Would you even be interested in joining a Benzo support group if it were  
Available in Maine?**

Yes \_\_\_\_\_  
No \_\_\_\_\_

