

Benzo Survey v5

Survey Flow

Block: Default Question Block (20 Questions)

Page Break

Start of Block: Default Question Block

Q1

Welcome.

The intent of this survey is to document experiences people have had or currently have due to benzodiazepine use or withdrawal, possibly taken with other medications, including experiences with extended symptoms over years. This is the first survey to attempt to document the frequency of certain experiences, so we very much want to hear your personal experience. We hope to hear from hundreds of people if possible.

All responses are completely anonymous. By taking this survey, you are giving consent for use of your numerical data to assess the frequency of symptoms across many people. IP addresses are used in this study ONLY to ensure an IP address can complete the survey only once. When data collection is completed, IP addresses will be permanently deleted from the data (a serious promise).

This survey cannot list every possible symptom because there is a constellation of them; there is an open-ended text box at the end of the survey for anything more you want to tell us.

The questionnaire should take about 10 minutes - or complete part and return later.

Q2 Which medication did or do you take? Choose all that apply.

- Xanax/alprazolam (1)
- Valium/diazepam (2)
- Klonopin/clonazepam (3)
- Ativan/lorazepam (4)
- Librium/cholorodiazepoxide (5)
- Onfi/clobazam (6)
- Restoril/temazepam/Normison (7)
- Halcion/triazolam (8)
- Prosom, Serax, Traxene, or Serepax (9)
- Other that you are sure is a benzodiazepine (10)
- Z-drug such as Ambien/zolpidem, Sonata/zaleplon (11)
- Abilify/aripiprazole, Risperdal/risperidone, Zyprexa/olanzapine or other anti-
psychotic (12)
- Neurontin/gabapentin or Lyrica/pregabalin (13)
- Antidepressants such as Prozac, Paxil, Celexa, Effexor, or other (15)
- Have not taken any of these (14)
- Have not taken a benzodiazepine (Z-class meds are not benzos) (16)

Skip To: End of Survey If Which medication did or do you take? Choose all that apply. = Have not taken any of these

Skip To: End of Survey If Which medication did or do you take? Choose all that apply. = Have not taken a benzodiazepine (Z-class meds are not benzos)

Q3 Did you take different medications concurrently (at the same time) or sequentially (different ones at different times).

- Sequentially, different ones at different times (1)
 - Concurrently, two or more at the same times (2)
 - Only took a benzodiazepine (4)
-

Q4 For which condition/situation was the medication originally prescribed? Check all that apply.

- Situational anxiety (1)
 - PMS (2)
 - Insomnia, sleep (3)
 - Panic attacks (4)
 - GAD (5)
 - Restless legs (6)
 - Seizures (7)
 - Hallucinations or schizophrenia (8)
 - Muscle spasms or clenched muscles (9)
 - Pain or nerve spasms (14)
 - Part of cancer or other major illness/accident treatment assistance (10)
 - Depression (11)
 - Other (12)
 - Not prescribed (13)
-

Q5 Did you quit a benzodiazepine abruptly, or if you tapered, how long did your taper last? Please answer ONLY for benzodiazepines. If you are still tapering, click the last answer and go on to the next question.

- Still taking a full dose (1)
 - Attempted to taper, went back on the med due to symptoms (2)
 - Stopped abruptly, withdrew just fine without taper (9)
 - Did not taper, quit abruptly but with consequences (3)
 - Tapered over weeks or days (4)
 - Tapered 1-6 months (5)
 - Tapered 6-12 months (6)
 - Tapered between 1-2 years (7)
 - Tapered more than 2 years (8)
 - If you are still tapering, click this button and go to the next question (12)
-

Q6 If you are still tapering, how long has your taper lasted so far? If you have stopped tapering or are still taking a full dose, choose "does not apply to me."

- Weeks or days (1)
 - 1-6 months (2)
 - 7 to 12 months (3)
 - Between 1-2 years (4)
 - 2 years or more (5)
 - Does not apply to me (6)
-

Q7

From this point, please **only answer questions for benzodiazepine use**, separate from other medications.

When was the last time you took a benzodiazepine dose?

- Today or recent days (1)
 - Weeks (2)
 - Months (3)
 - 1 Year or more (4)
-

Q8 Was your benzodiazepine med always taken 'as prescribed,' in the dose recommended by a doctor?

- Definitely yes (1)
 - Mostly yes (2)
 - Definitely not (3)
-

Q9

In the left column are medication symptoms that may have occurred, including during a benzodiazepine ongoing dose or long after ceasing the prescription, and on the right, buttons indicating how long that symptom lasted for you. Please answer only for your benzodiazepine experience, although symptoms may be similar for other medications listed early.

For each potential symptom, click the button that best explains how long each symptom lasted, or "did not experience" if that is the case. That way, we know what you experienced, and for how long.

	For how long did a symptom last?				
	Did not experience this (1)	Days (2)	Weeks (3)	Months (4)	1 or more years (5)

Whole or partial body seizures (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle spasms in back or limbs (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty breathing or swallowing (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle weakness (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stabbing pain, burning, aching sensations, or joint pain (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digestion, nausea, diarrhea, other stomach/gut issue (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head pain, pressure (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart rhythm irregularities or high blood pressure (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10 Other symptoms may also be experienced. Click the button that best describes benzodiazepine withdrawal or other symptoms you may have experienced over time, and for how long it lasted.

	For how long did each symptom last?				
	Did not experience this (1)	Days (2)	Weeks (3)	Months (4)	1 or more years (5)

Whole body trembling uncontrollably (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance problems (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trembling or tingling in limbs, skin (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disturbances (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty focusing, distracted (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low energy (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty driving or walking (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory loss (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinations (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Akathisia, need to move or pace constantly (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 Below are another set of symptoms that you may have experienced due to discontinuing or tapering a benzodiazepine. Click the button that best describes symptoms you may have experienced.

	For how long did a symptom last?				
	Did not experience this (1)	Days (2)	Weeks (3)	Months (4)	1 or more years (5)

Nervousness, anxiety, fear (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncontrollable crying or anger (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No appetite, disinterest in food (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Symptoms triggered or worsened by foods, alcohol or caffeine (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitivity to light, noise, talk, smell, triggering symptoms (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12 Were you warned that benzodiazepines should only be taken for short times, or that they are difficult to withdraw from?

- Yes, clearly warned (1)
- Yes, but not sufficiently (2)
- Can't remember (3)
- Probably not (4)
- Definitely not (5)

Q13 It may be important to know how benzodiazepine discontinuation symptoms have affected your life. To what extent has your condition affected your work or personal life?

How severely did this problem affect your...

	Not at all (1)	Mild problem (2)	Moderate problem (3)	Severe problem (4)	Quite severe problem (5)	Enormous problem (6)
Work life (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fun, recreation, hobbies (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to take care of home, others (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to drive or walk (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social interaction, friendships (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships with spouse, family (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14 Specifically, have any of these been consequences of your benzodiazepine use or withdrawal? Choose all that apply, or none if that is the case.

- Lost a job, fired, became unable to work (1)
 - Loss of wages or lower wages in a reduced job capacity (2)
 - Lost a business, if a business owner (3)
 - Significantly affected marriage, other relationships (4)
 - Lost child custody (5)
 - Lost a home (6)
 - Experienced significant increase in medical costs (7)
 - Lost savings or retirement funds (8)
 - None of these apply (9)
 - Suicidal thoughts or attempted suicide (10)
 - Violent thoughts or actual violence against others (11)
-

Q15 Are any of the following symptoms true for you?

	Not a problem (1)	Yes, and occurred prior to benzo use (2)	Yes, occurred only after benzo use (3)
Food and/or seasonal allergies (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Highly sensitive airways (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitive to food additives or chemicals (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic/sensitive to MSG or soy (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnosed autoimmune disorder (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falls and/or fractures (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 Would you please give your gender? It may be important to know.

- Male (1)
 - Female (2)
 - Other gender identity (3)
 - Prefer not to say (4)
-

Q17 It could be helpful to track symptoms by age. Your age group currently is:

- Under 20 (1)
 - 20-30 (2)
 - Over 30, under 50 (3)
 - Over 50, under 60 (4)
 - 60 or over (5)
-

Q18 What country do you live in?

- U.S. (1)
 - U.K. (2)
 - Canada (3)
 - Australia (4)
 - Japan (5)
 - Germany (6)
 - France (7)
 - Denmark (8)
 - Ireland (9)
 - Other (10) _____
-

Q19 Where did you learn about this survey?

- A benzodiazepine support group (1)
 - Word of mouth, a friend (2)
 - Internet search (3)
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Q20 If there is anything you'd particularly like to tell us, you can do so in this open-ended text box:

End of Block: Default Question Block
