

PRN Quarterly Self Progress Report

Recovery

Please turn in your quarterly reports on time as it is part of your PRN contract and helps us anticipate your needs. This report is meant to let us know how you are doing so we can provide additional support as needed. You may attach additional sheets if needed. PLEASE SUBMIT MEETING LOGS WITH THIS REPORT.

This report is for the months/year of: _____

____ Check if this is a new Address and/or Phone Number

Name (Print) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email _____

Are you currently employed or self-employed? _____

Place/Address of employment/ self-employment _____

Name of Current Supervisor (If self-employed name of Office Manager) _____

Supervisor/Office Manager phone _____ Supervisor/Office Manager email _____

May we contact your Supervisor/Office Manager? _____

Name of Sponsor (First Name, Last Initial) _____

How often do you contact your sponsor? _____ My main contact is by (in person, phone, other) _____

When was the last time you had contact with your sponsor? _____

May we contact your sponsor? _____

How many AA/NA meetings per week are you attending? _____ What step are you working on? _____

What does this step mean to you? _____

When and where was the last Regional Coordinator Meeting you attended? _____

Who is your Regional Coordinator? _____

Are you currently in treatment? (Aftercare, intensive outpatient, individual, couples, family, or group counseling)? _____

If so, where? _____

How often do you attend? _____

When was your last appointment? _____

Name of Therapist/*Case Manager _____ Phone Number _____

**Case Manager in this document DOES NOT refer to PRN Case Manager/Social Workers*

Do you currently see a Psychiatrist for medication management? _____

Name of Psychiatrist _____ Phone number of Psychiatrist _____

When was your last appointment? _____ Is this Psychiatrist aware you are in PRN? _____

List of current prescription and over the counter medications:

Medication	Prescribing MD	Date of Rx	Reason for Rx (e.g., pain, sleep, depression, anxiety)	*Does PRN have an updated copy of your Rx?

*Please make sure PRN has copies of all current prescriptions

Have you informed all the above prescribing doctors you are in PRN? _____

A. Changes/Life Stressors

1. Were there any life stressors or unique circumstances that occurred within the last three months? (i.e., marriage, divorce, break-up, birth of a child, job loss, job transition, move, death of family member or friend, illness of family member or friend, legal or licensing issues, accidents, trauma, hospitalizations, etc...).

2. On a scale of 1-10, with 10 being the best, and 1 being the worst, rate your connection with social supports. Is it better, worse, or about the same the last three months compared to other months?

3. On a scale of 1-10, with 10 feeling supported, and 1 feeling isolated, where do you rank now?

4. Who can you rely on for support?

B. Recovery

1. What has been the most satisfying part of your recovery the last three months?

2. What has been the most difficult part of your recovery the last three months?

3. How does your recovery impact your relationships with friends, co-workers, and family? Has the impact changed within the last three months?

4. Tell us about a recent meeting and what was unique or helpful about that experience.

5. What insights have you gained from the relationship with your sponsor? Do you feel you are benefiting? If so, how?

6. Have you had any thoughts of using in the past three months? If so, how often?

7. When you have thoughts of using, in addition to PRN, who can you turn to for support? How do you handle these thoughts?

8. Is there anything your PRN case manager can do to help you at this time?

Signature _____ Print Name _____ Date _____