

Ohio PRO Client Self-Report for Quarter: _____

Complete and mail before the 3rd of the month for the prior quarter- (Jan-Apr-Jul-Oct) Mail to: Your Advocate

Name: _____ Client Number: _____

Address: _____

Phone numbers: Home _____ Cell: _____ Work: _____

E-mail: _____

Change in contact information: Yes No

Monitor Name: _____ Monitor Phone: _____

Monitor E-mail: _____ Change? Yes No

What is your sobriety/clean date or last use date? _____

Are meeting attendance logs up to date? (Including verification forms) ____ Yes ____ No

Are you attending as many meetings as required by your agreement? ____ Yes ____ No

Number per week = _____ Are you attending your home group meetings? ____ Yes ____ No

When was your last monitor/PRO contact? _____

Did you attend monthly Pharmacist Peer Assistance Group Meeting? ____ Yes ____ No

Employer: _____ Employer Contact: _____

Employer Phone: _____ Change in employment: Yes No

How many hours did you work every two weeks? ____

Any change in work status? _____ If so, what? _____

How many days did you miss calling in/logging into First Lab? ____

Dates of urine screens _____

Sponsor Name: _____ Phone: _____

How frequently do you have sponsor contact? _____

Sponsor Change: Yes No

What is your current stress level compared to last quarter? _____

How do you feel you are doing in your recovery and your contract compliance? Any significant changes since last quarter?

What things do you feel you need to work on? _____

ALL MEDICATIONS (including OTC and supplements) TAKEN THIS QUARTER:

Any medication changes since the last quarter? Yes No

Signature

Date

Monitor/Advocate Signature

Date