

NHPHP Self-Report

NAME _____

DATE _____

Check your contract type: () substance use: sobriety date _____ () disruptive behavior () mental health

Current Medications:

What has changed in your life since your last self-report?

Describe your biggest challenges this past month:

Work:

Home:

What goals in recovery / treatment are you working on?

How many times **in the last month** did you:

_____ Attend 12 step or recovery meetings

_____ Attend individual therapy

_____ Attend Caduceus group meetings

_____ Meditate for at least 10 minutes

_____ See or speak with your sponsor

_____ Talk with or email your practice coach

_____ Spend time with friends (other than spouse or children)

_____ Exercise How? _____

This past month: how many days off? _____ days on call? _____ days of CME? _____ days sick? _____

What are you reading for pleasure?

What new things are you trying or would like to try?

How do you think you are doing?

What do you need to do?

Signature of NHPHP participant: _____