

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 LIVE 12 step or recovery meetings

____ Attend individual therapy

____ Attend Caduceus group meetings

____ Meditate for at least 5 minutes

____ See or speak with your sponsor

____ Talk with or email your practice coach

____ Spend time with friends (other than family)

____ Exercise How ?

____ Use tobacco in any form

____ Drink more than 2 servings of caffeine/day

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

How many average hours of sleep per day? M-F _____ S-S _____

What are you reading for pleasure? (Fiction is recommended)

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: _____