



Name: _____

Months covered in this report:

- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

I am in compliance with all terms of my OPHP agreement Yes No

I have maintained abstinence and I have not use any mood altering chemicals (over-the counter or controlled) other than those prescribed to me for medical purposes Yes No

I certify that my Urine Drug Tests are collected under direct observation Yes No

Last Three Months Activities: *(This list is intended to assist in personal reflection of recover and wellness activities.)*

1. Average weekly meeting attendance: >5 5 4 3 2 1
2. Average weekly sponsor contact frequency: Daily 4-5 2-3 1 N/A
3. Counseling (if applicable): Yes No N/A
4. Working which step (if applicable):
5. Physical Exercise: Daily 4-6 times/week 1-3 times/week None
6. Prayer/meditation: Daily 4-6 times/week 1-3 times/week None
7. Average hours per week: >20 20-30 30-40 40-50 50-60 >60
8. Do you feel your life is balanced: Yes No N/A
9. I would appreciate OPHP contact: Yes No N/A

Please describe below your service activities over the last three months:

Social Support:

Other Comments:

Participant Signature

Date