



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 OhioPHP agreement Yes No

I have maintained abstinence and I have not used 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 (if applicable) Yes No

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

- | | | | | | |
|----------------------------------------|--------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------|-------------------------------------------------------------|
| 1. Counseling (if applicable): | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | | |
| 2. Physical Exercise: | <input type="checkbox"/> Daily | <input type="checkbox"/> 4-6 times/week | <input type="checkbox"/> 1-3 times/week | <input type="checkbox"/> None | |
| 3. Prayer/meditation: | <input type="checkbox"/> Daily | <input type="checkbox"/> 4-6 times/week | <input type="checkbox"/> 1-3 times/week | <input type="checkbox"/> None | |
| 4. Average work hours per week: | <input type="checkbox"/> >20 | <input type="checkbox"/> 20-30 | <input type="checkbox"/> 30-40 | <input type="checkbox"/> 40-50 | <input type="checkbox"/> 50-60 <input type="checkbox"/> >60 |
| 5. Do you feel your life is balanced: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | | |
| 6. I would appreciate OhioPHP contact: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | | |

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

Social Support:

Other Comments:

Participant Signature

Date