ALABAMA PROFESSIONALS HEALTH PROGRAM
Provided by the Medical Association of the State of Alabama

Quarterly Self-Assessment Report
(To be completed by participant and provided to Monitoring Professional – quarterly)

_____ _____ _____
Participant (signature) **(please print name)** **Date**

1. **What is your sobriety date/last use?_____**
2. **Has your sobriety date changed since your last quarterly report? _____Yes _____No**
3. **Drug(s) of choice: _____**
4. **Current Medications: _____**
5. **Describe any thoughts or tendencies toward compulsive or disruptive behavior (Sex, food, gambling, spending, drugs, or specify):**
6. **Quality of Life - Describe current challenges in each area.**

   Work:

   Home:

   Family:

   AA/Meetings:
7. **Indicate (as accurately as possible) times per month you engage in the following recovery activities:**

   _____Attend 12 step meetings

   _____Attend Therapeutic Monitoring group meetings

   _____Attend Caduceus group meetings

   _____Contacts with your 12 step sponsor

   _____ Name & Phone of Sponsor

   _____ Name and Phone Number of Worksite Monitor

   _____Attend individual therapy or counseling sessions

   Evidence of your attendance at meetings may be required.
8. **Random urine testing is being performed and specimen collection is always observed by lab personnel? ___yes___no**

_____ _____ _____
Signature of Monitoring Physician * (please print name) Date
*Note to monitor: Please make any comments on the backside of this form then send to APHP. Mail to the following: