Professional Monitoring Inc
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Self Assessment
(To be completed and provided quarterly)

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

   _____Attend individual therapy or counseling sessions

   Evidence of your attendance at meetings may be required.

8. Random urine testing is being performed without problems? ___yes___no

_____ _____ _____
Participant (please print name) Date

Scan and Email Completed Document to: shannonskipper@professionalmonitoring.com or mail to: ***121 10th St NW, Rochester, MN 55901-6843***