



Oregon

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Pharmacy Recovery Network

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QUARTERLY PROGRESS REVIEW

NAME OF PARTICIPANT _____

DATE OF SELF-REVIEW _____

NAME AND SIGNATURE OF PRN ADVOCATE _____

Please record impressions of your recovery program in the following areas. Some items are scored on a scale of 1 to 5 with 1 meaning "needs improvement," 3 meaning "satisfactory," and 5 meaning "excellent."

A. IF INVOLVED IN A TWELVE STEP SUPPORT GROUP:

1. What is the number of AA or NA meetings attended in the last week? _____

What is the number of weekly AA or NA meetings that you are committed to attend in your contract? _____

2. How often do you have contact with your AA or NA Sponsor? _____

3. Have you worked a fourth step? Yes ___ No ___

4. Enter the approximate date that the fourth step was completed. Date: _____

5. Have you worked the fifth step? Yes ___ No ___

6. Enter the approximate date that the fifth step was completed. Date: _____

7. How consistent is your attendance of weekly AA or NA meetings? Rating Scale
1 2 3 4 5

8. How well do you seem to be connected with other members of the AA community? 1 2 3 4 5

9. Other Thoughts: 1 2 3 4 5

B. LIFE STYLE MANAGEMENT

Rating Scale

- 1. Do you have a life outside you work? 1 2 3 4 5
- 2. Do you talk about weekly recreational activity or only occasional activity such as a vacation? 1 2 3 4 5
- 3. Do you seem to maintain a good energy level most of the time or do you often seem tired and overwhelmed? 1 2 3 4 5
- 4. What compulsive behaviors do you deal with in sobriety?
Examples may include behaviors associated with work, foods, exercise, gambling, relationships, etc. which have an addictive quality.
List behaviors: _____
- 5. In regard to any behaviors listed in #4 above, how would you rate your level of acceptance vs. denial of this behavior as a problem in your life?
Behavior (1) _____ 1 2 3 4 5
Behavior (2) _____ 1 2 3 4 5
- 6. Considering the compulsive behaviors listed in questions #4 and #5 above, how would you rate your efforts to change these behaviors? 1 2 3 4 5
- 7. Other Thoughts: 1 2 3 4 5

C. RELATIONSHIPS WITH OTHERS

- 1. How would you rate your efforts to increase the number of friends and supportive relationships in your life? Rating Scale 1 2 3 4 5
- 2. Do you see yourself isolating or socially involved? 1 2 3 4 5

- | | |
|---|---------------------------|
| 3. When you talk about conflicts or problems in your relationships, do you blame others or do you take responsibility for your own feelings and behavior in the relationship? | Rating Scale
1 2 3 4 5 |
| 4. In your interactions with others, do you see them as people pleasing or mostly assertive and up front about how they feel? | Rating Scale
1 2 3 4 5 |
| 5. How easy is it for you to set limits on the behavior of colleagues, family members, employers, or clients? | 1 2 3 4 5 |
| 6. Other Thoughts: | 1 2 3 4 5 |

D. CRISIS CONTROL

- | | |
|---|-----------|
| 1. How well do I use my work support system? | 1 2 3 4 5 |
| 2. Who do I call or what procedures are in place? | |

E. CONTRACT REMINDERS

1. Monthly update
2. Meeting logs
3. RX receipts in organized form
4. Annual RX print out
5. Annual PIC form
6. Quarterly report required first two weeks of month due