



MONITOR QUARTERLY REPORT

PARTICIPANT NAME \_\_\_\_\_ DATE OF REPORT \_\_\_\_\_

**Changes in Personal Habits**

arriving to work "disheveled"	No	Yes	Not Applicable
exhibiting different behavior after breaks	No	Yes	Not Applicable
inattention to personal hygiene	No	Yes	Not Applicable
personal appearance deteriorating	No	Yes	Not Applicable
professional appearance deteriorating	No	Yes	Not Applicable
*other	No	Yes	Not Applicable

\*If other is marked "Yes" please explain. Use additional paper as necessary.

**Changes in Practice Performance**

complaints from patients	No	Yes	Not Applicable
excuses for poor performance	No	Yes	Not Applicable
erratic practice habit	No	Yes	Not Applicable
diminished performance	No	Yes	Not Applicable
lapses of memory	No	Yes	Not Applicable
*other	No	Yes	Not Applicable

\*If other is marked "Yes" please explain. Use additional paper as necessary.

**Changes in Interpersonal Relationships**

over-reaction to feedback	No	Yes	Not Applicable
over-reaction to real/implied criticism	No	Yes	Not Applicable
mood swings	No	Yes	Not Applicable
hostility	No	Yes	Not Applicable
complaints from colleagues	No	Yes	Not Applicable
avoidance of associates/friends	No	Yes	Not Applicable
argumentative at colleagues/friends	No	Yes	Not Applicable
excessive talking at colleagues/associates	No	Yes	Not Applicable
*other	No	Yes	Not Applicable

\*If other is marked "Yes" please explain. Use additional paper as necessary.

**Changes in Social Behavior**

problems with law enforcement	No	Yes	Not Applicable
problems with credit/finances	No	Yes	Not Applicable
any loud arguments	No	Yes	Not Applicable
any inappropriate behavior	No	Yes	Not Applicable
problems with spouse/co-habitant	No	Yes	Not Applicable
*other	No	Yes	Not Applicable

\*If other is marked "Yes" please explain. Use additional paper as necessary.