

MONTHLY GROUP PARTICIPATION REPORT

Name: _____ Month: _____ Year: _____

___ My Sobriety Date is: ___/___/___.

___ I attended all required HPSG's this month, except for the following absences: (Please give dates and reasons.)

___ # Attended ___ # Unexcused ___ # Excused & Reason _____

___ I AM / AM NOT current with all fees. (If not, please explain & make arrangements to be compliant) _____

___ Meetings per week of AA / NA (circle). These meetings were verified? YES If so, How? Paper App

___ Meetings this month with my Sponsor. (Explain if no Sponsor or no meetings.)

___ I am currently working on the following step(s): Step(s) _____

Please state how you are working on these: _____

___ I have taken these medications during the month (include over the counter drugs):

Drug: _____ Prescribing MD: _____ Prior Approval? ___

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___ I HAVE HAVE NOT changed employment / hours during the month. (If Yes, updated employment information must be listed here: _____

___ I am experiencing difficulties in the following areas: (Please circle the area of concern)

Medical? Emotional / Psychological? Social? Family? Employment? Financial? Legal?

Please explain: _____

___ I believe my level of participation in this group is: (circle level on LEFT) GF's Assessment

HIGH - I am open and honest, sharing current issues & giving and receiving feedback **HIGH**

MODERATE - I share in group occasionally, but generally prefer to focus on others. **MODERATE**

LOW - I am guarded in group. I share infrequently, preferring to avoid vulnerable topics. **LOW**

___ I would like help with the following concerns / issues / change requests:

Participant Signature: _____ Date: _____

If you also attend group, please complete the reverse page as well (Page 2).

Looking back over the past month, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent LOW levels of satisfaction, and marks to the right indicate HIGH levels of satisfaction.

OVERALL RECOVERY

(General sense of involvement in your recovery program)

low | _____ | high

INDIVIDUAL / PERSONAL WELL-BEING

(General sense of how you are feeling about yourself and your satisfaction with life)

low | _____ | high

FAMILY / CLOSE RELATIONSHIPS

(General sense of how you are feeling about your satisfaction with your close relationships)

low | _____ | high

OCCUPATIONAL WELL-BEING

(General sense of how you are feeling about WORK, SCHOOL, or PROFESSIONAL LIFE)

low | _____ | high

In 25 words *or more*, answer: What did I learn about myself, my recovery, addictions, or other important topics this month in group? _____

In a few words, answer: How useful is this group to my recovery? If it could be of more value, what could I change about the group or my participation to make it better? _____

If checked here, I have concerns I would like to discuss and I will call the PAG office to set a time

COMMENTS: (DO NOT WRITE BELOW THIS LINE – FOR STAFF USE ONLY)

STAFF'S SIGNATURE: _____

DATE: _____