

Make copies for future months

NCPRN Monthly Report
To be received with payment by the 10th of each month

Name: _____ Month: _____

Address or phone number changes _____

Any change in job/work status? _____

Are meetings up to date? _____

When was your last mentor contact? _____

Are you currently seeing an individual or family counselor? _____

Issues being addressed _____

Warning Sign/Relapse Management

What are your relapse warning signs (triggers):

1. _____ 2. _____ 3. _____

Have you recognized a recent warning sign (give details) _____

Have you had cravings? _____ If so when? _____

What did you do about it? _____

What issues of character did you struggle with this month? _____

How would you describe your attitude this month about your recovery? _____

How have you helped others this month. _____

How do you feel that you continue to grow in recovery and as a person? (specifics, please) _____

Do you eat a balanced diet/regular meals? _____

Do you exercise regularly? _____

What are you doing to have fun? _____

What have you learned this month about yourself, and your recovery? _____
