

**Personal Recovery, Individual Development and Expectations (PRIDE)  
Monthly Progress Report - Outpatient**

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<b>Name and Report Completed Date</b>	
<b>Phone Number and/or Email:</b>	
<b>Program Name &amp; Location(s)</b>	
<b>Staff Name, Phone # &amp;/or Email</b>	
<b>Recovery Ally Name &amp; Email/Fax#</b>	

**A. Completed by Peer/Client:** I want my Recovery Ally to know that I...:

1. Attended Recovery Groups on these dates this month: \_\_\_\_\_
2. Submitted a total of \_\_\_\_\_ (#) consecutively negative drug tests
3. Will do the following during the next 4 weeks to continue my recovery and/or reduce my risk of relapse/re-arrest:

<u>Recovery Activity</u>	<u>Location</u>	<u>Day(s)</u>	<u>Start Time</u>	<u>End Time</u>

4. A planned transfer (successful discharge) from this program is expected on or about this date: \_\_\_\_\_ Check if date is unknown

**B. Drug Use/Tests Since Last PRIDE Report. Completed by Peer/Client  or Recovery Ally**

		Enter below: <b>N</b> = Negative; <b>P</b> = Tested Positive; <b>V</b> = Verbal Positive		
Week	Dates	THC	Alcohol	List Other Drugs and Results
1				
2				
3				
4				

**C. Other Information. Completed by: Peer/Client  Program Staff  Recovery Ally**

1. Please contact me at your earliest convenience to discuss this individual's progress
2. **Please provide details in the Comment section below for each checked box.**

A residence change <input type="checkbox"/>	An incident with the law <input type="checkbox"/>
Employment or school <input type="checkbox"/>	Program participation <input type="checkbox"/>
Alcohol or other drug use <input type="checkbox"/>	Other: See below. <input type="checkbox"/>
3. Paid this month. Check all that apply: Supervision Fee  Restitution/Fines  Child Support   
Other financial obligations met: \_\_\_\_\_
4. Risk Score Changed to: \_\_\_\_\_ Increased  or Decreased   
Positive/Total Drug Tests Factor: \_\_\_\_\_ Increased  or Decreased   
Number of Residences Factor: \_\_\_\_\_ Increased  or Decreased   
Days Employed Factor: \_\_\_\_\_ Increased  or Decreased   
Months Attending a Program Factor: \_\_\_\_\_ Increased  or Decreased
5. Comments/Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature and Date: \_\_\_\_\_ **Peer/Client**

Verified by: \_\_\_\_\_ **Program Staff**

Received by: \_\_\_\_\_ **Recovery Ally**