

# NURSING PROBATION SELF-ASSESSMENT REPORT

## Drug Related

**Report Due:** Monthly for the first 6 months of full compliance and then quarterly thereafter.

Case #: \_\_\_\_\_

**DOPL**

Name of Probationer: \_\_\_\_\_

**ATTN: COMPLIANCE**

Profession: \_\_\_\_\_

**PO BOX 146741**

Report Date \_\_\_/\_\_\_/\_\_\_

**SALT LAKE CITY UT 84114-6741**

1. Have you had a relapse?  No  Yes. If Yes, Please explain.
  
2. Have you had any thoughts of relapse?  No  Yes. If Yes, have you acted on any of those thoughts or what have you done in regards to those thoughts?
  
3. What things are you doing to avoid relapse?
  
4. What are your current stressors and what coping skills have you applied to deal with the stress?
  
5. Are you taking any medications not lawfully prescribed for you?  No  Yes  
List **all** the medications you are taking:
  
6. Are you employed?  No  Yes. If Yes, where?
  
7. Is your employer aware of your Order?  Yes  No
  
8. Has your employer notified DOPL acknowledgement of the Order in writing?  Yes  No
  
9. Has your prescribing practitioner reviewed your Order and are they aware of your substance abuse problem?  No  Yes
  
10. Since your last report, have you had any criminal charges or convictions?  No  Yes
  
11. What have you learned during this probationary period?
  
12. Any comments you would like to share?