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# Daily Well-Check

## Patient # Volunteer# Date: Time:

### In general, how do you feel today?

🞎 Better 🞎 Same 🞎 Worse

Comments:

### Since we last spoke, have you used any alcohol or marijuana?

🞎 Yes 🞎 No

Comments:

### Since we last spoke, have you used any (insert participants drug or choice) ie opiates, methamphetamines etc?

🞎 Yes 🞎 No

Comments:

### Do you feel that alcohol and/or drugs provide you with more happiness than sobriety?

🞎 Yes 🞎 No

Comments:

### Do you feel like you have an addiction to (insert participants drug or choice)

🞎 Yes 🞎 No

Comments:

### Since we last spoke, have you experienced any difficulty breathing, dizziness, or chest pain?

🞎 Yes 🞎 No

Comments:

### Are you seeing things that are out of the ordinary?

🞎 Yes 🞎 No

Comments:

### Do you feel like there is anybody after you?

🞎 Yes 🞎 No

Comments:

### Do you have any new medical complaints?

🞎 Yes 🞎 No

Comments:

### Have you been taking your medications and following your doctor’s recommendations?

🞎 Yes 🞎 No

Comments:

### How do you feel about your current medication regimen and medical guidance?

🞎 Good 🞎 No Opinion 🞎 Poor 🞎 Other

Comments:

Is there any information or services we can help provide you with?

🞎 Counseling 🞎 E Communication Support 🞎 Social Support

🞎 Mental Health 🞎 Employment Services 🞎 other

Comments:

### Do you have any appointments today? If yes, do you have transportation to your appointment?

🞎 Yes 🞎 No 🞎 Yes 🞎 No

Comments:

### Have you been communicating with your emergency contacts, family, or support network?

🞎 Yes 🞎 No

Comments:

### Have you been communicating with your friends who still use (insert participants drug or choice)?

🞎 Yes 🞎 No

Comments:

### Can I call you tomorrow or on our regularly scheduled day at our normal time?

🞎 Yes | 🞎 No

Comments:

## Volunteer notes:

Was there anything unusual about the participant? 🞎 Yes | 🞎 No

Was there anything that concerned you about the participant? 🞎 Yes | 🞎 No

If ***yes***, to either question call emergency contact, primary care provider, or emergency medical services

Who did you call?

What time did you call?

Did they answer?

What is the plan to check patient?

## Additional Feedback

|  |
| --- |
| Please list any other information that you would like us to have: |
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