



CONFIDENTIAL
Workplace Monitor Report

Participant's Name: _____

Time period covered in this report: _____

*Information on this form is strictly confidential.
Please be cognizant of this while it is in your possession.*

Frequency of Contact: _____

Relationship to Participant:

- Partner Peer Other _____

Promptness and Reliability:

- Good Fair Poor

Overall Attitude:

- Good Fair Poor

Ability to Work with Peers and Other Staff:

- Good Fair Poor

Any concerns about patient or staff interactions since last report?

- Yes No

Please specify if yes: _____

Please complete both sides.

Please check any areas of concern:

Appearance:

- Disheveled
- Red or Yellow Eyes
- Pupils Constricted/Dilated
- Ongoing Physical Characteristic (glassy eyes, tremors, runny nose) _____
- Poor Personal Hygiene (body odor, appropriate dress, etc.) _____
- Other change in appearance _____

Behaviors:

- Mood Swings
- Negative Attitude
- Argumentative
- Inappropriate Anger
- Overreaction to Criticism
- Other changes in behavior _____
- Personality Change
- Odd Hours for Rounds
- Avoids Meetings/Isolating
- Avoids Eye Contact
- Shifts Workload

Complaints:

- Staff
- Patient

Comments: _____

Print name of monitor: _____

Address: _____

Address: _____

Telephone number: _____

Signature: _____ Date: _____

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