RAMP
RECOVERY & MONITORING PROGRAM
INSTITUTE FOR NURSING

609-883-5335 | Fax 609-883-1544
Peer Assistance Hotline: 800-662-0108
www.NJSNA.org

Judy Schmidt, MSN, DHA(c) RN, CCRN
Chief Executive Officer

Terri Ivory-Brown, MSN, RN
RAMP Director

Participant # _____

Client Self Report

Participant Name _____ Month/Year_____

Current Employer _____

Are you working in Healthcare? ☐ Yes ☐ No

Are you working any overtime? ☐ Yes ☐ No

Shifts worked in this report period (check all that apply):
☐ Days ☐ Evenings ☐ Nights ☐ Weekends

Job Satisfaction
On a scale from Not Satisfied to Very Satisfied, how would you rate your job satisfaction?

Very Dissatisfied				**Very Satisfied**
1	2	3	4	5

Meetings - Answer only those sections that apply.
Do you have a sponsor? ☐ Yes ☐ No
Frequency of contact: Face to Face: _____ per week Phone: ____ per week

Self-Help Meetings (12-Step, Recovery Oriented, AA/CA)
How important are your self-help meetings to your recovery?

Not Important				**Very Important**
1	2	3	4	5

Support Group Meetings
How important are the support group meetings to your recovery?

Not Important				**Very Important**
1	2	3	4	5

Medical Interventions
Have you had any medical or dental treatments during this report period? ☐ Yes ☐ No
If yes, please provide healthcare provider name _____

Reason for Care _____

_____

_____

Is the provider familiar with your recovery program? ☐ Yes ☐ No

List any medications during this report period _____

_____

_____

Stressors

Please rate your current stress (reflect the report period) level between 1 and 5, with 5 being the highest level of stress.

Low				**High**
1	2	3	4	5

Support Environment Please rate the following questions to the period covered in this report.

Physical Health

On a scale of 1 to 5 (5 the best), how would you rate your health?

Worst				**Best**
1	2	3	4	5

I take care of my physical health. ☐ Yes ☐ No

_____

_____

_____

I have taken care to see I eat nourishing, regular meals. ☐ Yes ☐ No

I have taken care to see I get adequate sleep and rest. ☐ Yes ☐ No

Emotional Health

On a scale of 1 to 5 (5 the best), how would you rate your emotional health?

Worst				**Best**
1	2	3	4	5

I take care of my emotional needs. ☐ Yes ☐ No

_____

_____

_____

Is spirituality important to me?

Not at all				**Very**
1	2	3	4	5

My relationship status has changed during this report period? ☐ NA ☐ Yes ☐ No

My relationship with my spouse/significant other is going well? ☐ NA ☐ Yes ☐ No

My relationship with my children is going well. ☐ NA ☐ Yes ☐ No

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On a scale of 1 to 5 (5 the best), all things considered, how do you feel today?

Worst				**Best**
1	2	3	4	5

Have you picked up any new non-drug addictions? (work, gambling, food, shopping, internet, relationships) ☐ Yes ☐ No

If yes, are you concerned they may negatively impact your recovery? ☐ Yes ☐ No
What are they? _____
_____
_____

Any major financial problems? ☐ Yes ☐ No
Are you worried about your financial situation? ☐ Yes ☐ No
How would you rate your financial stability?

Not Stable				**Very Stable**
1	2	3	4	5

Any new legal issues? ☐ Yes ☐ No

Have you attended or started any new training or educational programs? ☐ Yes ☐ No
If yes, please explain: _____
_____
_____

Other
Since your last report, have you had any criminal charges or convictions? ☐ Yes ☐ No
If yes, please explain: _____
_____
_____

Are there any issues of concerns you would like us to discuss with you? ☐ Yes ☐ No
If yes, how and when would you like us to contact you? _____
_____
_____