

Judy Schmidt, DHA, MSN, RN  
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**

1

2

3

4

**Very Satisfied**

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**

1

2

3

4

**Very Important**

5

### Support Group Meetings

How important are the support group meetings to your recovery?

**Not Important**

1

2

3

4

**Very Important**

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**

1

2

3

4

**Best**

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**

1

2

3

4

**Very Stable**

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_