

The RAMP® Questionnaire's Set-Up:

Most of the questions on this questionnaire ask for a “yes/no” answer (except for some free-response questions at the end). Those taking the questionnaire do not have to worry about being judged or lectured because the questions are phrased in a way that asks for information about them OR a friend. They are asked to answer “yes” if the information applies to only them, only a friend or both of them. If the information applies to neither of them, that is the only circumstance they are asked to respond with “no.” No follow-up/clarification questions will be asked. Participation in a follow up discussion is voluntary.

The Questionnaire's Purpose:

The purpose of this questionnaire is to:

- Allow for those answering the questionnaire to be honest with themselves about either their or their friends' mental health and or substance use.
- Open the door for discussion between those answering the questionnaire and those giving the questionnaire, ensuring a judgment-free environment.
- Open the door for discussion about the [Peer Heroes Videos](#) that those answering the questionnaire are asked to watch.(Those administering the questionnaire can pick and choose which videos to watch at a given time, since watching all of the videos at once might be too time consuming.)
- Provide resources for those answering the questionnaire who feel they need support regarding either their or their friends' mental health and/or substance use

The higher the number of “yes” answers might indicate that someone is farther up the RAMP® to an addiction and/or might need to seek guidance for his or her mental health.

Resources will vary based on the institution or provider administering the questionnaire, so the resources given will be their responsibility.

Google Forms allows for those answering the questionnaire to receive a copy of their questionnaire.

THE PEER HEROES RAMP® QUESTIONNAIRE

Thinking about yourself and your friends, please answer “yes” or “no” to each question.

If the question applies only to you, only to a friend or to both of you, answer “yes.”

If the question does **not** apply to either you or a friend, answer “no.”

“Substance use” refers to the consumption/inhalation/smoking/intravenous administration of substances (alcohol, weed, other drugs) into the body.

We will not ask any follow-up/clarification questions. There are no right or wrong answers.

You will not be required to participate in the discussion that follows. All participation is appreciated, but still voluntary.

This will only take 5-10 minutes to complete.

RAMP ® Behaviors:

1. Do you or your friends go to parties with alcohol, weed or other drugs? (yes / no)

If yes:

- a. Do things ever get out of hand at these parties? (yes / no)
- b. Do you or a friend ever drive home drunk or high from these parties? (yes / no)
- c. Do you or a friend ever get talked into going when you or they originally said “no?” (yes / no)
- d. Do you or a friend ever feel pressured into using substances (alcohol, weed, other drugs) at these parties? (yes / no)

2. Have you or a friend ever smoked cigarettes? (yes / no)

If yes:

- a. regularly (yes / no)
- b. occasionally (yes / no)
- c. tried once or twice (yes / no)

3. Have you or a friend ever consumed alcohol? (yes / no)

If yes:

- a. regularly (yes / no)
- b. occasionally (yes / no)
- c. tried once or twice (yes / no)

4. Have you or a friend ever smoked weed? (yes / no)

If yes:

- a. regularly (yes / no)
- b. occasionally (yes / no)
- c. tried once or twice (yes / no)

6. Have you or a friend ever taken pills that WERE prescribed to you or them, but took more than prescribed for the sake of getting high? (yes / no)

7. Have you or a friend ever taken pills that were NOT prescribed to you or them? (yes / no)

If yes:

- a. regularly (yes / no)
- b. occasionally (yes / no)
- c. tried once or twice (yes / no)

8. Do you or a friend tend to isolate away from family and friends in order to use substances? (yes / no)

9. Do you or a friend ever use substances (weed, alcohol, other drugs) **in public**? (yes / no)

10. Do you or a friend ever use substances as a crutch or as a way of coping? (yes / no)

11. Do you or a friend ever use substances to feel numb or a lack of emotion? (yes / no)

12. Do you or a friend ever feel like you cannot wait to use substances (yes / no / prefer not to answer)

13. Do you or a friend set limits, rules or boundaries while drinking? (yes / no)

If yes, do you or they often struggle to follow those limits, rules or boundaries? (yes / no)

14. If you or a friend are using substances, do you or they often ignore when told not to do something - such as "Don't drive, don't text your ex, don't drink too much?" (yes / no)

15. Do you or a friend ever drink alcohol or smoke weed or use other drugs **in the morning**? (yes / no)

16. Have you or a friend ever gotten into an argument or fight with someone when you were using substances? (yes / no)

17. If you have ever used substances or know someone that has, did it make life worse for you or them? (yes / no)

18. Do you or a friend regularly forget your wallet, keys, phone when you were using substances? (yes / no)

19. Have you or a friend ever gotten in trouble at school or outside of school for being under the influence? (yes / no)

20. Do you or a friend ever drive drunk or high? (yes / no)

21. Do you or a friend drink to feel more comfortable around others? (yes / no)

22. Do you or a friend act "**out of character**" while using substances? (yes / no)

23. Do you or a friend ever "**black out**" while using substances and not remember what happened? (yes / no)

If yes:

- a. regularly (yes / no)
- b. occasionally (yes / no)

- c. tried once or twice (yes / no)
- 24. Have substances or other habits made life unmanageable for you or for a friend? (yes / no)
- 25. Do you or a friend use substances as a way of escaping from what you are going through? (yes / no)

Free-Response Questions:

1. How much do you know about addiction? (No right or wrong answer!)
 - a. Not very much
 - b. A little bit
 - c. I know a lot
2. What coping skills do you use to deal with the feelings you experience? (Please list as many as you'd like.)
3. Who do you think is most likely to develop a substance addiction? (Remember: no right or wrong answers, here!)
4. Thinking of the adults that you know, what, if anything, have they done that has helped people with substance use challenges?
5. Are you concerned about a friend's substance use?
6. What, if anything, have you learned from answering this questionnaire?
7. Any additional feedback or thoughts?

Thank you for taking the time to complete this questionnaire!