Dear Flight Attendant,

We are excited to touch base with you now that it has been a year since the start of your recovery journey! We know that all journeys can have challenges so please know that we remain available to you regardless of whatever sobriety mile marker you find yourself.

This survey is being sent to you by your Flight Attendant Peer Assistance/Flight Attendant Drug and Alcohol Program (FADAP).

Please answer this survey as honestly as possible. You answered a similar survey about a year ago.

Your anonymous answers, along with the anonymous answers of other Flight Attendants who complete this same survey, will help us improve our services and advocate for better workplace policies for tomorrow's struggling Flight Attendants. It's a way to "PAY IT FORWARD".

If you have any questions or concerns about this survey, please call your local Flight Attendant peer assistance representative or call the FADAP helpline at 855-333-2327.

Form 4

Flight Attendant Follow-Up Self Report Survey

Remember, your participation in this survey will remain confidential and there are no negative consequences for completing or declining this survey.

1. Would you describe yourself as currently being in recovery from both alcohol and drugs of abuse?

   _____ Yes _____ No (skip to Question 12)

2. Have you had at least 30 days of continuous recovery as of today?

   _____ Yes _____ No (skip to Question 12)

3. How many months of continuous recovery do you have today?

   Number of months of Continuous Recovery: _____ months

4. What is your *current* employment status as a Flight Attendant? (choose only one)

   a. _____ Employed as a Flight Attendant and have returned to work with the same airline (skip to question 6)

   b. _____ Employed as a Flight Attendant and returned to work with a different airline (skip to question 6)

   c. _____ Employed as a Flight Attendant, but not yet returned to work (skip to question 18)

   d. _____ Resigned (skip to question 18)

   e. _____ Retired (skip to question 18)

   f. _____ Terminated (go to next question – question 5)

5. If you were terminated and/or filed a grievance/appeal, what is the status of that grievance/appeal today?

   a. _____ Grievance/appeal is still pending (skip to question 18)

   b. _____ Grievance/appeal has been completed and reinstatement was denied (skip to question 18)

   c. _____ Not applicable (skip to question 18)

6. How long have you been back at work as of today? _____ months

7. When you returned to work, were you placed in a company drug testing program as part of your return to work agreement?

   _____ Yes _____ No

   If Yes, for how long? _____ years

8. What is your current base hourly rate of pay? $ _____ per hour

9. Since returning to work, how many hours per month have you lost on average, due to your alcohol and/or drug use (not including time spent at treatment or 12-step meetings)? _____ average hours per month

10. Since returning to work, how many additional hours per month, on average, have you lost due to reasons other than your alcohol and/or drug use? _____ average hours per month

11. Please check all that apply to you today.

	Yes
a) I am under formal investigation or discipline due to attendance.	
b) I am under formal investigation or discipline due to behavior.	
c) I am under a last chance agreement.	
d) I am under a reinstatement agreement.	

12. As of today, how would you, personally, rate your work performance in the following areas? (Mark an 'X' in the box below indicating your response to each item.)

	Very Poor	Poor	Average	Good	Very Good
a) Attendance					
b) On-duty performance					
c) Customer service					
d) Rapport with co-workers					
e) Rapport with management					
f) Attention to safety duties					
g) Professionalism					
h) Compliance with company policy					
i) Compliance with FAA regulations					
j) Your overall work performance					

13. As of today, how would your company rate your overall work performance? (Mark an 'X' in the box below indicating your response.)

	Very Poor	Poor	Average	Good	Very Good
Your overall work performance					

14. Thinking about other flight attendants with your same job, how would you personally rate their overall work performance on the job today? (Mark an 'X' in the box below indicating your response.)

	Very Poor	Poor	Average	Good	Very Good
Other Flight Attendants' overall work performance					

15. Since returning to work, how many times did you: (Mark an 'X' in the box below indicating your response to each item.)

	0 (Never)	1 Time	2 Times	3 Times	4 Times	5 or more times
a) Not show up for a trip because of alcohol or drug use?						
b) Use a another person's medication while performing your flight duties?						
c) Use pain medication just before or while performing your flight duties?						
d) Bid your flying schedule to avoid a drug or alcohol test?						
e) Bid your flying schedule to have access to alcohol or drugs, including unauthorized medication?						
f) Show up for a flight hung-over?						
g) Drink past the cut-off time?						

16. Since returning to work, how many times did you: (Mark an 'X' in the box indicating your response to each item.)

	0 (Never)	1 Time	2 Times	3 Times	4 Times	5 or more times
a) Disregard safety procedures?						
b) Engage in activities that could have resulted in an on-the-job injury to you?						
c) Engage in activities that could have resulted in an on-the-job injury to others (crew or passengers)?						
d) Engage in activities that did result in an on-the-job injury to you?						
e) Engage in activities that did result in an on-the-job injury to others (crew or passengers)?						
f) Use emergency health services for yourself either on or off duty?						
g) Receive a written complaint from a co-worker?						

17. The following statements reflect what you may do or feel on the job. Please indicate the degree to which you agree with each of the statements for the past 30 days that you have returned to work as a Flight Attendant. (Mark an 'X' in the box below indicating your response to each item.)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) I am often eager to get to the work site to start the day.					
b) I had a hard time doing my work because of my personal problems.					
c) My personal problems kept me from concentrating on my work.					
d) Because of my personal problems, I was not able to enjoy my work.					
e) My personal problems made me worry about completing my tasks.					
f) I could not do my job well because of my personal problems.					

18. Using the scale below, please mark an 'X' next to the correct response to indicate, in hindsight, your average level of engagement with your most recent treatment. (Engagement is defined as taking action to achieve the greatest benefit from the treatment services made available to you.)

____ Not at all engaged

____ Somewhat engaged

____ Mostly engaged

____ Very engaged

____ Extremely engaged

19. Using the scale below, please mark an 'X' next to the correct response to indicate your current level of engagement in your recovery since leaving your last treatment. (Engagement is defined as taking action to achieve the greatest benefit from the health services available to the Flight Attendant.)

____ Not at all engaged

____ Somewhat engaged

____ Mostly engaged

____ Very engaged

____ Extremely engaged

Now please think back to the 12 months before your most current treatment as you respond to the following questions

20. During the 12 months before entering your most current treatment, choose the best descriptor below that reflects how your company would rate your overall work performance for that time period. (Mark an 'X' in the box below indicating your response to each item.)

	Very Poor	Poor	Average	Good	Very Good
Your overall work performance					

21. During the 12 months before entering your current treatment, choose the best descriptor below for how you personally would rate your work performance in the following areas for that time period. (Mark an 'X' in the box below indicating your response for each item.)

	Very Poor	Poor	Average	Good	Very Good
a) Attendance					
b) On-duty performance					
c) Customer service					
d) Rapport with co-workers					
e) Rapport with management					
f) Attention to safety duties					
g) Professionalism					
h) Compliance with company policy					
i) Compliance with FAA Regulations					
j) Your overall work performance					

22. During the 12 months before entering your most current treatment, how many times did you: (Mark an 'X' in the box below indicating your response to each item.)

	0 (Never)	1 Time	2 Times	3 Times	4 Times	5 or more times
a) Not show up for a trip because of alcohol or drug use?						
b) Use another person's medication while performing your flight duties?						
c) Use pain medication just before or while performing your flight duties?						
d) Bid your flying schedule to avoid a drug or alcohol test?						
e) Bid your flying schedule to have access to alcohol or drugs, including unauthorized medication?						
f) Show up for a flight hung-over?						
g) Drink past the cut-off time?						

23. During the 12 months before entering your most current treatment, how many times did you: (Mark an "X" in the box below indicating your response to each item.)

	0 (Never)	1 Time	2 Times	3 Times	4 Times	5 or more times
a) Disregard safety procedures?						
b) Engage in activities that could have resulted in an on-the-job injury to you?						
c) Engage in activities that could have resulted in an on-the-job injury to others (crew or passengers)?						
d) Engage in activities that did result in an on-the-job injury to you?						
e) Engage in activities that did result in an on-the-job injury to others (crew or passengers)?						
f) Use emergency health services for yourself either on or off duty?						
g) Receive a written complaint from a co-worker?						

24. The following statements reflect your experience in using the peer Flight Attendant assistance program. Please indicate the degree to which you agree with each of the statements as they relate to your experience. (Mark an "X" in the box below indicating your response to each item.)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) I would recommend the Flight Attendant peer assistance program to another Flight Attendant.					
b) If I needed help in the future, I would use the Flight Attendant peer assistance program again.					
c) I am satisfied with the Flight Attendant peer assistance program.					
d) Having access to a Flight Attendant peer assistance program made it possible for me to ask for help for my substance use problem.					
e) Without the Flight Attendant peer assistance program, I would not have made it into treatment.					

Thank you for completing this survey!