Post –Treatment Survey

Case Number: _____

Dear Flight Attendant,

Congratulations on transitioning out of primary residential treatment! Your Flight Attendant Peer Assistance Program (FADAP) is interested in hearing your opinions about your treatment. Your answers are confidential, and your name is not required on this survey. Additionally, the treatment facility will never know the names of individual Flight Attendants who have completed this survey. This brief survey will help your Flight Attendant Peer Assistance Program (FADAP) help other Flight Attendants in the future. Thank you for participating.

If you are turning this survey by mail, please mail your completed survey in the stamped, address envelope provided to you with this survey.

Today's Date: _____

Name of the most recent residential treatment program: _____

Total number of days since your discharge from this residential treatment? _____ Days

1. What is your *current* employment status as a Flight Attendant? (please check all that apply)

   a. _____ Employed as a Flight Attendant and have returned to work with the same airline

   b. _____ Employed as a Flight Attendant with my same airline, but not yet returned to work.

   c. _____ I am still employed, but my ability to return to work will be determined by the outcome of an investigatory/grievance process.

   d. _____ I am employed as a Flight Attendant and eligible to return to work but I am still on medical leave.

   e. _____ Resigned

   f. _____ Retired

   g. _____ Terminated

Please Continue on the next page

The following statements reflect your experience with your recent stay at the residential treatment program. Please indicate the degree to which you agree or disagree 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 this residential treatment program to another Flight Attendant					
b) If I had to, I would use this residential treatment program again.					
c) I am satisfied with this residential treatment program.					
d) The services I received from this residential treatment program helped me to abstain from alcohol and or other drug use.					
e) The services I received from this residential treatment program, helped to improve my emotional wellbeing.					

Other Comments: _____

_____

_____

If you would like to discuss your answers to this survey or any other topic, please contact us your Flight Attendant Peer Assistance Program at 855-333-2327.

If you would like your peer assistance program to contact you, please provide your name and contact information:

_____

Name (optional)

_____

Best Contact Number (optional)