Flight Attendant Name: _____

Form 3

Primary Treatment Summary

Please complete this form immediately following the flight attendant's discharge and return it with other required FADAP paperwork.

1. Treatment Facility Name: _____

2. Treatment Facility Location (City and State): _____

3. Admission Date: _____ / _____ / _____

4. Discharge Date: _____ / _____ / _____

5. Did the Flight Attendant complete the full course of recommended treatment?

___ Yes (skip to Question 7) ___ No (proceed to Question 6)

6. If the Flight Attendant did NOT complete the full-course of recommended treatment, please explain why not by placing an 'X' on the line before your response.

a. ___ Flight Attendant was discharged by treatment program for non-compliance

b. ___ Flight Attendant left against medical advice

c. ___ Flight Attendant was transferred to a different therapeutic setting (i.e. medical setting/primary psychiatric setting)

d. ___ Insurance refused to authorize the full course of treatment recommended specifically for this Flight Attendant

e. ___ Other, please explain: _____

7. During this treatment episode, the Flight Attendant was primarily treated for? (mark an 'X' to indicate your response – please mark only one)

a. ___ Alcohol only

b. ___ Drugs only

c. ___ Mental health only

d. ___ Alcohol and drugs

e. ___ Alcohol and mental health

f. ___ Drugs and mental health

g. ___ Alcohol, drugs, and mental health

Flight Attendant Name: _____

8. Did the Flight Attendant have a social support system (i.e. family/partner/other close friend) participate in the family treatment program?

____ Yes ____ No

If no, please explain why not:

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9. Were the specific Medication Assisted Therapies (MAT) offered? (Acamprosate, Naltrexone or Antabuse)

____ Yes (proceed to Question 10) ____ No (skip to Question 12)

10. Were any of the above medications formally written into the Flight Attendant's care plan?

____ Yes (skip to Question 12) ____ No (proceed to Question 11)

11. Why was MAT not written into the plan? Mark an 'X' to indicate your response.

a. ___ Flight Attendant was not medically cleared for use of MAT

b. ___ Flight Attendant declined to use MAT

c. ___ Treatment program did not discuss MAT with the Flight Attendant

d. ___ Other, please explain: _____

12. Did the Flight Attendant agree to use the recommended medication?

____ Yes _____ No

Flight Attendant Name: _____

13. What was the Flight Attendant's Primary DSM-V Diagnosis(es) at the time of discharge? Please enter the specific DSM codes for up to three primary diagnoses.

    a. _____

    b. _____

    c. _____

14. Using the scale below, please mark an 'X' next to the correct response to indicate the Flight Attendant's average level of engagement with this treatment. (Engagement is defined as the Flight Attendant taking action to achieve the greatest benefit from the treatment services made available to her/him.)

    ___ Not at all engaged

    ___ Somewhat engaged

    ___ Mostly engaged

    ___ Very engaged

    ___ Extremely engaged

Thank you for taking time to complete this important survey.

Please remember to return it with the other required FADAP paperwork.