Your Flight Attendant Peer Assistance Program/FADAP

Dear Flight Attendant,

Congratulations as you start your recovery journey! We know that entering treatment was probably not an easy decision and we support you in making this decision. Please remember that your Flight Attendant Peer Assistance Program / FADAP is always available to answer any concerns and support you throughout your recovery journey.

Attached is a survey specifically designed for Flight Attendants. If you agree to participate, we ask that you answer the questions on this survey as honestly as possible. Your responses will only be valuable to help future Flight Attendants if you answer the questions as truthful as possible.

This survey does not ask for your name or a signature. Your answers will go into an anonymous database (i.e. no names are used). Be assured, no employer can ever identify who did or did not participate in this survey. There are no negative consequences should you decide to complete or not complete the survey.

This survey was designed by your Flight Attendant peer assistance program/FADAP. The data collected from this survey will measure recovery outcomes for Flight Attendants and help support and improve services provided by your Flight Attendant peer assistance program.

You can choose to skip over any question(s) you do not want to answer or stop answering questions at any point.

If you have any questions or concerns, please don't hesitate to talk to your Flight Attendant peer assistance representative that helped you get into treatment. You can also call the FADAP helpline at (855) 333-2327.

Thank you for your participation in this survey.

Form 2

Flight Attendant Initial Self Report Survey

Remember, your participation in this survey will remain confidential. There are no negative consequences for completing this survey.

1. Other than this current treatment, how many times in the past have you entered drug or alcohol treatment (this includes detox, inpatient, outpatient, or other drug or alcohol treatment; however, it does not include 12-step programs)? _____

2. How many of the above treatments were coordinated by your flight attendant peer assistance program? _____

3. What disciplinary actions, within the past 12 months, were you facing prior to entering current treatment? Please check all that apply.
    a. ____ Written Discipline / Corrective Action
    b. ____ Termination
    c. ____ Disciplinary Suspension
    d. ____ Under Investigation
    e. ____ Placed Under a Last Chance Agreement
    f. ____ Other, please explain: _____

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

5. Over the past 12 months, 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

6. Over the past 12 months, how many hours per month have you lost on average, due to reasons other than your alcohol and/or drug use?
    _____ average hours per month

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

	Very Poor	Poor	Average	Good	Very Good	N/A
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						

8. During the 12 months before entering your current treatment, choose the best descriptor below that reflects how **your company** would rate your work record on the following items for that time period. (Mark an 'X' in the box below indicating your response to each item.)

	Very Poor	Poor	Average	Good	Very Good	N/A
a) Attendance						
b) On-duty performance						
c) Your overall work performance						

9. During the 12 months before entering your 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 prescription 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?						

10. During the 12 months before entering your 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?						

11. The following statements reflect what you may do or feel on the job as a Flight Attendant. Please indicate the degree to which you agree with the following statements for the past 12 months. (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.					

12. Using the scale below, please mark an 'X' next to the correct response to indicate your level of engagement, so far, with this treatment. (*Engagement is defined as taking action to achieve the greatest benefit from the health treatment services made available to you.*)

___ Not at all engaged

___ Somewhat engaged

___ Mostly engaged

___ Very engaged

___ Extremely engaged

13. The following statements reflect your experience in using the Flight Attendant Peer 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 confidential survey. Your responses will help support and improve services for future Flight Attendants.