

**WORKPLACE MANAGED CARE**  
**WORKSITE SURVEY**

**DRAFT 3: 06398**

Prepared by

The Workplace Managed Care Cross-Site Evaluation Team

and

Workplace Managed Care Steering Committee

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For the  
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# Workplace Managed Care Worksite Survey

## Draft 3: 06398

### INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE

- Most of the questions in this survey give you a choice of answers. Please read all the answers before marking your choice. If none of the printed answers exactly applies to you, mark the one that most closely applies.
- Please completely erase (or cross-out) any answer you wish to change.
- Some questions will ask you to specify an answer. Please write your response on the line directly after the word (SPECIFY).

EXAMPLE: How do you get to and from work?

- Car .....
- Truck .....
- Motorcycle .....
- Bus .....
- Other (SPECIFY)\_\_\_\_\_ .....

- Some questions will ask you to write in a response in the blank provided. Please write in the answer or response that best answers the question.

NOW, PLEASE GO TO THE NEXT PAGE AND BEGIN WITH QUESTION 1.

**DRINKING EXPERIENCES**

The following set of questions are about drinking alcoholic beverages. By a "drink," we mean a can or bottle, or glass of BEER, a glass of WINE, or a WINE COOLER, a shot glass or a mixed drink with HARD LIQUOR. These questions refer to the use of alcohol for other than religious purposes.

- 1. In the **past 12 months**, have you had a drink?  
Yes .....   
No (If no, skip to Question #?) .....
  
- 2. During the **past 30 days**, on how many different days did you have a drink?  
Write in number of days: \_\_\_\_\_
  
- 3. During the **past 30 days**, on the days that you drank, about how many drinks did you usually have?  
Write in number of drinks: \_\_\_\_\_
  
- 4. Were your drinking practices, **during the past 30 days, more, less or about the same**, as your typical pattern?  
More .....   
Less .....   
About the same .....
  
- 5. During the **past 30 days**, on how many days did you have 5 or more drinks on the same occasion? By occasion, we mean at the same time or within a couple of hours of each other.  
Write in number of days: \_\_\_\_\_  
5a. Is this amount **more, less or about the same**, as you typically have?  
More .....   
Less .....   
About the same .....
  
- 6. Has a doctor, friend, or family member ever asked you to cut down on your drinking?  
Yes .....   
No .....

**RISKS OF ALCOHOL AND DRUG USE**

*Check the appropriate box to show how much you think people risk harming themselves physically and in other ways when they do the following:*

		<b>N o R i s k</b>	<b>Sligh t Risk</b>	<b>Moder ate Risk</b>	<b>Great Risk</b>
7.	Have 1 or 2 drinks nearly every day . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have 3 or 4 drinks nearly every day. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have 5 or more drinks nearly every day. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have 5 or more drinks once or twice a week. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Occasionally smoke marijuana. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Use marijuana on a regular basis. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Use cocaine occasionally. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Use cocaine regularly. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Occasionally use prescribed drugs in greater amounts than prescribed. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Regularly use prescribed drugs in greater amounts than prescribed. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Combine alcohol with prescription drugs when cautioned not to do so. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DRUG USE EXPERIENCE**

The following set of questions are about the use of illegal drugs. By "illegal drugs" we mean MARIJUANA, COCAINE (or crack), HEROIN, INHALANTS, HALLUCINOGENS (such as

LSD,PCP or mescaline) or the use of legal drugs such as ANALGESICS (e.g., codeine, Percodan, Tylenol w/codeine, Demoral, Darvon), TRANQUILIZERS (e.g., Valium, Xanax, Librium, Avitan, Dalmane, Halcion), STIMULANTS (e.g., methamphetamine, Dexedrine, Ritalin, Fastin, Adipex), SEDATIVES (e.g., barbiturates, phenobarbital, Nembutal, Bendryl, Seconal), ANTI-DEPESSANTS (e.g., Prozac, Paxil, Zoloft, Elavil, amoxapine) used for non-medical purposes or used in ways other than prescribed by a physician.

18. Have you ever used any illegal drugs in ***your lifetime?***

Yes .....

No .....

19. Have you ever used any illegal drugs in ***the past year?***

Yes .....

No .....

20. Have you ever used any illegal drugs in ***the past 30 days?***

Yes .....

No .....

**DRUG USE CHECKLIST(OPTIONAL)**

This section asks about the use of drugs that are commonly prescribed by a doctor. Please indicate whether you have used these medications in the ***past 30 days***, and whether the use was medical, non-medical or both.

**“Medical use”** refers to use that is consistent with your doctor’s recommendations and/or prescribed instructions.

**“Non-medical use”** refers to use that is without a doctor’s prescription, in greater amounts than prescribed, or more often than prescribed.

<b>DRUG</b>	<b>Medical <u>use</u> <u>only</u></b>	<b>Non- medical <u>use only</u></b>	<b>Both medical &amp; non- <u>medical use</u></b>	<b>Have not <u>used</u></b>
21. Analgesics ..... (e.g., codeine, Percodan, Tylenol w/codeine, Demoral, Darvon)	..... <input type="checkbox"/>	..... <input type="checkbox"/>	..... <input type="checkbox"/>	..... <input type="checkbox"/>

22. Tranquilizers .....  .....  .....  .....   
 (e.g., Valium, Xanax, Librium,  
 Ativan, Dalmane, Halcion)
23. Stimulants .....  .....  .....  .....   
 (e.g., methamphetamine,  
 Dexedrine, Ritalin, Fastin,  
 Adipex)
24. Sedatives .....  .....  .....  .....   
 (e.g., barbiturates,  
 phenobarbital, Nembutal,  
 Benadryl, Seconal)
25. Anti-depressants .....  .....  .....  .....   
 (e.g., Prozac, Paxil, Zoloft,  
 Elavil, amoxapine)
26. Other (SPECIFY) \_\_\_\_\_ .....   
 \_\_\_\_\_ .....   
 \_\_\_\_\_ .....   
 \_\_\_\_\_ .....

**DRUG USE FREQUENCY CHECKLIST(OPTIONAL)**

The following lists several different kinds of mood-altering drugs. Please check the box according to how many times you have used the drug for medical or non-medical purposes.

If you have not used any of these drugs in the **past 30 days**, skip this page and proceed to the next section on "Views on Health, Drinking and Drug Use".

*Please check the box according to how many times you have used the following drugs during the **past 30 days**:*

DRUG	FREQUENCY OF USE					
	<b>N ot At Al l</b>	<b>Onc e or <u>Tw</u> ice</b>	<b>A Fe w <u>Ti</u> me s</b>	<b>1 or 2 Times a <u>Week</u></b>	<b>Alm ost <u>Dail</u> y</b>	<b><u>D</u> ail y</b>
27. Analgesics ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> (e.g., codeine, Percodan, Tylenol w/codeine, Demoral, Darvon)						

28. Tranquilizers .....  .....  .....  .....  .....
- (e.g., Valium, Xanax, Librium, Ativan, Dalmane, Halcion)
29. Stimulants .....  .....  .....  .....  .....
- (e.g., methamphetamine, Dexedrine, Ritalin, Fastin, Adipex)
30. Sedatives .....  .....  .....  .....  .....
- (e.g., barbiturates, phenobarbital, Nembutal, Benadryl, Seconal)
31. Anti-depressants .....  .....  .....  .....  .....
- (e.g., Prozac, Paxil, Zoloft, Elavil, amoxapine)
32. Marijuana .....  .....  .....  .....  .....
33. Cocaine .....  .....  .....  .....  .....
34. Heroin .....  .....  .....  .....  .....
35. Hallucinogens .....  .....  .....  .....  .....
36. Other (SPECIFY) \_\_\_\_\_ ..
- \_\_\_\_\_ ..
- \_\_\_\_\_ ..
- \_\_\_\_\_ ..

**EAP/EFAP (other prevention program name) SERVICES**

**The next set of questions concern your EAP/EFAP (other prevention program name) services. Fill in the square that best fits your response to the questions.**

37. Are you aware that an Employee Assistance Program (EAP) is available through your workplace to help you with both personal and work-related problems?
- Yes .....
- No (If no, skip to question 40) ....
38. Would you use your EAP for a personal or work-related problem?
- Yes .....
- No .....
- Not sure .....
39. Have you ever used your EAP for a personal or work-related problem?

- Yes .....
- No (If no, skip to question 40) ....

39a. How satisfied are you with the help you received from your EAP?

- Very satisfied .....
- Somewhat satisfied .....
- Neither satisfied nor dissatisfied . .
- Somewhat dissatisfied
- Very dissatisfied .....

**GENERAL INFORMATION**

*Please mark (place an "x" in) the correct box or write in the requested information.*

40. Your age? \_\_\_\_

41. Sex:

- Male
- Female

42. Race/Origin:

- White .....
- African-American .....
- Asian/Pacific Islander .....
- Hispanic/Latino .....
- Native American .....
- Other (SPECIFY)\_\_\_\_\_

43. Current marital status:

- Single .....
- Married .....
- Divorced .....
- Other (explain) \_\_\_\_\_

44. Schooling Completed (one choice only):

- Less than high school graduation  
or GED .....
- High school graduation .....
- Some college .....



A bachelors degree or higher . . . . .

45.. Are you a Supervisor/Manager?

Yes . . . . .

No . . . . .

46. What type of job do you have in this organization?

Management/professional (managers, engineers, accountants, teachers) . . . . .

Technical support (plumber, millwright, electrician) . . . . .

Sales . . . . .

Administrative support (clerical, secretarial, data processor, telephone operator) . . . .

Service (security guards, food service, nursing aide, janitor) . . . . .

Production, construction, operations (mechanics, carpenters, machine operators . . . .

Transportation (motor vehicle operators, moving equipment operators) . . . . .

Other (SPECIFY) \_\_\_\_\_ . . . . .