

QUESTIONNAIRE ON BASELINE SURVEY ON ALCOHOL AND DRUG ABUSE (ADA) AMONG EMPLOYEES IN THE MINISTRIES, DEPARTMENTS AND AGENCIES (MDAs)



QUESTIONNAIRE NO. _____

INSTRUCTIONS

The 17th Cycle Performance Contracting Guidelines for Financial Year 2020/21 requires that all Ministries, Department and Agencies (MDAs) to undertake a “Baseline Survey on Alcohol and Drug Abuse” by 31st December 2020 to promote evidence based programming.

The data captured by this questionnaire is meant to assist in designing evidence based strategies for addressing the challenges of alcohol and drug abuse at the workplace for the purpose of supporting employees and their families.

Please note that the information you provide will be treated with utmost confidentiality. The organization takes all necessary precautions to ensure that the information you give will only be used for the intended purpose. The questionnaire is also anonymous and your name, station or section will not be required. All that is needed is your honest feedback to assist the organization to respond to the needs of its employees.

Please read and answer all the questions.

Thank you.

For official use only

Date	
Edited by	
Keyed in by	
Date keyed in	

QUESTIONS		<i>Please tick/write response where applicable.</i>	
1.	What is your gender	Male	1
		Female.....	2
2.	What is your age group?	25 years and below.....	1
		26-35 years.....	2
		36-45 years	3
		46 years and above.....	4
3.	What is the highest level of education you have completed?	Primary level.....	1
		Secondary level	2
		College level.....	3
		Bachelor's degree level.....	4
		Post-graduate level.....	5
4.	What is your marital status?	Single (never married).....	1
		Currently married	2
		Separated/ divorced/ widowed.....	3
5.	a) What is your job position?	Top Management.....	1
		Middle Management/ Station Head.....	2
		Technical Staff	3
		Unionisable Staff.....	4
	b) How long have you worked in the organization?	Below 5 years.....	1
		5 – 9 years.....	2
		10 – 14 years.....	3
		15 – 19 years.....	4
		20 years and over.....	5
	c) How would you rate your satisfaction with the working conditions in the organization?	Very satisfied	1
		Satisfied.....	2
		Not satisfied.....	3
	d) What is the nature of your employment?	Contract	1
		Permanent	2
	e) In the last one year , have you ever been absent from work because of illness or other reasons?	Yes.....	1
		No	2
	f) In the last one year , have you ever gone to a health facility due to any sickness?	Yes.....	1
		No	2
g) In the last one year , have you ever received a warning from your employer for any offence?	Yes.....	1	
	No	2	
h) In the last one year , have you ever reported to work late?	Yes.....	1	
	No	2	
i) In the last one year , have you ever been injured in the workplace while operating machinery?	Yes.....	1	
	No	2	
j) In the last one year , do you know of a colleague who has reported to work drunk?	Yes.....	1	
	No	2	

QUESTIONS		<i>Please tick/write response where applicable.</i>		
	k) In the last one year , do you know of a colleague who has been injured while operating machinery while being drunk?	Yes.....	1	
		No	2	
	l) In the last one year , have you ever seen employees using alcohol, drugs or other substances of abuse?	Yes.....	1	
		No	2	
	m) In the last one year , have you ever been stressed in the workplace due to the nature of your work?	Yes.....	1	
No		2		
	(If NO, skip to question no. 6a)			
	n) If yes, please mention the stressors that you have encountered at the workplace in the last one year.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.		
6.	a) Have you ever taken any alcoholic drink, that is, bottled beer or spirit, traditional brew or illicit liquor?	Yes	1	
		No	2	
		(If NO, skip to question no. 10)		
	b) In the last one year , have you ever taken any alcoholic drink?	Yes	1	
No		2		
	(If no, skip to question no. 10)			
7.	During the last one year , have you experienced any of the following signs or symptoms as a result of alcohol use? Please respond to all the questions (7.1 – 7.11)			
7.1	Have you had times when you ended up using alcohol more, or longer, than you intended?	Yes.....	1	
		No.....	2	
7.2	Have you more than once wanted to cut down or stop using alcohol but couldn't?	Yes.....	1	
		No.....	2	
7.3	Have you spent a lot of time using alcohol or being sick or recovering from the effects (hangover) of alcohol?	Yes.....	1	
		No.....	2	
7.4	Have you ever wanted alcohol so badly that you couldn't think of anything else?	Yes.....	1	
		No.....	2	
7.5	Have you ever found that using alcohol or being sick from using alcohol often interfered with taking care of your home or family? Or caused job troubles? Or school problems?	Yes.....	1	
		No.....	2	
7.6	Have you continued to use alcohol even though it was causing trouble with your family or	Yes.....	1	

QUESTIONS		Please tick/write response where applicable.	
	friends?	No.....	2
7.7	Have you given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to use alcohol?	Yes.....	1
		No.....	2
7.8	Have you more than once gotten into situations after using alcohol that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?	Yes.....	1
		No.....	2
7.9	Have you continued to use alcohol even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?	Yes.....	1
		No.....	2
7.10	Have you ever had to use more alcohol than you once did to get the effect you want?	Yes.....	1
		No.....	2
7.11	Have you found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?	Yes.....	1
		No.....	2

8.	a) In the last 30 days , have you taken any alcoholic drink (bottled beer, wine, spirit, traditional brew etc.)?	Yes	1
		No	2
	b) Who do you usually drink with? (Please provide one response)	Spouse, Boyfriend/girlfriend.....	1
		Friends/relatives who are not workmates.....	2
		Workmates.....	3
		I drink alone.....	4
	c) Do you take any alcoholic drink or report on duty drunk?	Yes	1
		No	2
	d) Have you ever tried to stop using alcohol?	Yes	1
		No	2
9.	a) Have you ever felt you needed to cut down on your drinking?	Yes	1
		No	2
	b) Have people annoyed you by criticizing your drinking?	Yes	1
		No	2
	c) Have you ever felt guilty about drinking?	Yes	1
		No	2
	d) Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?	Yes	1
		No	2

10.	Please answer all the questions below in the following section								
	Drug or substance	a) Have you ever, even once, used any of these drugs? Answer all questions		b) Which of these drugs have you used in the past 12 months? Answer all questions		c) Which of these drugs have you used in the past one month? Answer all questions		d) Which of these drugs do you use daily? Answer all questions	
	Tobacco products (Cigarettes, Snuff/ chewed/ piped tobacco, Kuber, Shisha)	Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2	
	Marijuana/ bhang	Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2	
	<i>Khat (Miraal muguka)</i>	Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2	
	Heroin (brown sugar)	Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2	
	Cocaine (coke, crack)	Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2	
	Inhalants (petroleum products/ glue)	Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2	
	Prescription drugs for non – medical reasons e.g. cozepam, Valium, diazepam, rohypnol, codeine e.t.c.	Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2	
11.	Would you consider stopping using any drug or substance of abuse that you currently use?		Yes						1
			No						2
			Currently I do not use any.....						3
			I have never used any.....						4
12.	a) How would you describe the level of alcohol and drug abuse in the organization?		Very high.....						1
			High.....						2
			Moderate						3
			Low						4
			Very low.....						5
	b) Are you aware of any activities undertaken in the organization to address alcohol and drug abuse problem at the workplace?		Yes						1
			No						2
	c) During the past year, how many times have you attended a training/ sensitization on alcohol and drug abuse?		None						1
			Once						2
			2 -3 times						3
			4 times and above.....						4
	d) Which areas or topics would you recommend to be included in trainings/sensitizations organized by the organization on alcohol and drug abuse?								

	e) In the last one year, have you seen any messages on alcohol and drug abuse within the workplace? E.g. charts, banners etc.	Yes	1
		No	2
	f) During the past year, how many times have you received any awareness information, education and communication (IEC) material on alcohol and drug abuse?	None	1
		Once	2
		2 -3 times	3
		4 times and above.....	4
	g) Are you aware of existence of counseling and treatment services for people with substance use disorder/ addiction in the organization?	Yes	1
		No	2
	h) Are you aware of existence of an alcohol and drug abuse workplace policy in the organization?	Yes	1
		No	2
	i) What would you recommend to be included in the organization's ADA policy to better address issues related to substance abuse?		
13.	a) How would you rate your satisfaction with the organization in regard to the effectiveness of its alcohol and drug abuse prevention?	Fully satisfied	1
		Satisfied	2
		Somewhat satisfied	3
		Dissatisfied.....	4
		Very dissatisfied	5
		Not aware	6
	b) How would you rate your satisfaction with regard to early identification of people with substance use disorders?	Fully satisfied	1
		Satisfied	2
		Somewhat satisfied	3
		Dissatisfied.....	4
		Very dissatisfied	5
		Not aware	6
	c) How would you rate your satisfaction with the support for people with substance use disorders?	Fully satisfied	1
		Satisfied	2
		Somewhat satisfied	3
		Dissatisfied.....	4
		Very dissatisfied	5
		Not aware	6
	d) How would you rate your overall satisfaction with the performance of the organization regarding its alcohol and drug abuse prevention program?	Fully satisfied	1
		Satisfied	2
		Somewhat satisfied	3
		Dissatisfied.....	4
		Very dissatisfied	5
		Not aware	6

14.	a) Do you know of a place or facility where a person can be helped to stop drug abuse?	Yes	1
		No (If NO skip to question no. 15a)	2
	b) What are the names of drug rehabilitation place/facility that you know?		
15.	a) Do you know any of your colleague(s) with an alcohol or drug abuse problem?	Yes	1
		No	2
	b) Does any member of your family abuse alcohol or drugs of abuse? (In this context, family member means spouse, sibling, children or parents)	Yes	1
		No (If none, skip to question no. 16a)	2
	c) Does their drug problem affect your work performance?	Yes	1
		No	2
Not sure.....		3	
16.	Do you agree or disagree with the following statements?		
	a) Alcohol and drug abuse is a private affair and should not be addressed at the workplace	Agree.....	1
		Disagree.....	2
		Not sure.....	3
	b) People who perform poorly due to their drug abuse problem should be dismissed from work	Agree.....	1
		Disagree.....	2
		Not sure.....	3
	c) Alcoholism or drug addiction is a disease like any other and so addicts should be assisted in every way	Agree.....	1
		Disagree.....	2
		Not sure.....	3
d) Our organization should have a resident drug abuse counselor to help addicts to quit the habit	Agree.....	1	
	Disagree.....	2	
	Not sure.....	3	
17.	Which are some of the factors that influence the use of alcohol and drugs of abuse in the organization?		
18.	What should be done to improve the organization's Employee Assistance Programme e.g. prevention, early identification, referral, counselling, treatment and rehabilitation programs?		

19.	What can you do to support the organization in controlling alcohol and drug abuse at the workplace?
20.	Please share additional comments or suggestion on how the organization can improve its alcohol and drug abuse prevention program.

Thank you!