The Work Practice Questionnaire:

A Training Evaluation **Measurement Tool for the** Alcohol and Other Drugs Field

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Administration Instructions

The Work Practice Questionnaire (WPQ) is intended to be used as an AOD training evaluation tool. It addresses a range of individual, team and organisational factors that are likely to influence training transfer and work practice change. The WPQ also contains scales that address trainees' perception of education and training programs.

The WPQ can be administered prior to training and post-training as a short and/or long-term evaluation tool.

There are three companion documents that support the WPQ:

1. A monograph examining factors influencing training transfer and work practice change in relation to alcohol and other drugs: From Training to Work Practice Change: An Examination of Factors Influencing Training Transfer in the Alcohol and Other Drugs Field.¹

The monograph examines a wide range of factors that influence work practices in relation to alcohol and other drugs. It provides a review of evidence related to the influence of the factors assessed in the Work Practice Questionnaire on training transfer and work practice. Strategies to address each of the factors in order to facilitate training transfer and work practice change are also discussed.

2. Guidelines for evaluating AOD-related training: *Guidelines for Evaluating Alcohol and Other Drugs Education and Training Programs.*¹

The guidelines provide user-friendly information for evaluating alcohol and other drug education and training programs. The guidelines have been designed to support both novice and experienced trainers to develop, implement and analyse their training evaluation. The document includes a discussion of the aims and context of various types of evaluation, useful tools, tips and readings.

3. A handbook for the Work Practice Questionnaire: Handbook for the Work Practice Questionnaire (WPQ): A Training Evaluation Measurement Tool for the Alcohol and Other Drugs Field.¹

The handbook provides a detailed description of the WPQ and its psychometric properties.

The WPQ does not address every possible factor that may influence training transfer and work practice change – such a tool would be unwieldy and impractical to use. Rather, guided by a comprehensive review of the relevant research literature and extensive field-testing, the WPQ was designed to assess the key factors likely to influence AOD-related work practices.

¹ Available from the NCETA website <u>www.nceta.flinders.edu.au</u>.

Structure of the WPQ

The WPQ contains four domains:

- 1. Individual (5 scales)
- 2. Team (4 scales)
- 3. Workplace (3 scales)
- 4. Organisational (5 scales).

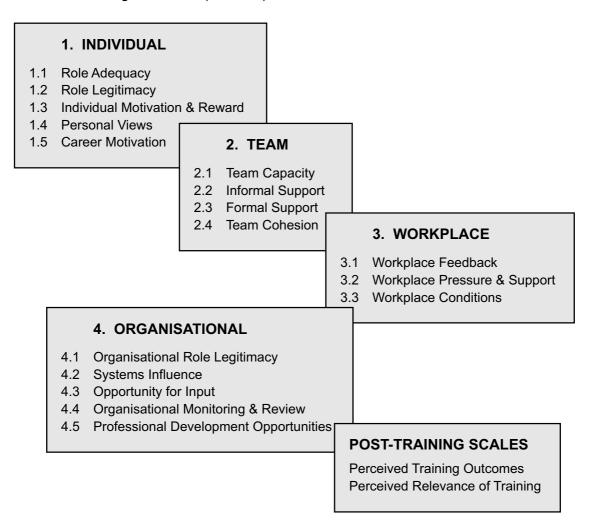


Figure 1
Structure of the Work Practice Questionnaire.

The **Individual** domain relates to the personal characteristics, beliefs and views of individual workers. Historically, it is mostly factors within this domain that AOD training evaluation has been limited to.

The **Team** domain addresses factors that relate to a team environment within the work situation such as team capacity, formal and informal support, and team cohesion.

The **Workplace** domain addresses factors in the working environment that are likely to impact on work practice such as availability of feedback, workload and other pressures, availability of support and general working conditions (e.g., job security, remuneration).

The **Organisational** domain addresses factors that impact on the functioning of the organisation as a whole, and hence may also impact on the capacity of individual workers to perform effectively.

The WPQ also contains two **post-training scales** which address participant's perceptions of the impact and relevance of training in regard to their work practice.

In some circumstances it may be appropriate to use a sub-set of the WPQ scales that are most relevant or appropriate to a particular training program, organisation or occupational group. However, where scales are considered relevant to use, it is recommended that ALL items within a scale are used. This will ensure scale scores are stable and reliable.

The WPQ usually takes approximately 9 minutes to complete.

Scoring

The score on each scale is obtained by calculating the average score across scale items. Some items in the WPQ are negatively worded and need to be reverse-coded prior to calculating the scale score. Table 1 indicates items that need to be reverse-coded.

Table 1
WPQ Scale Items Requiring Reverse-Coding

WPQ scale	Item(s) to be reverse-coded
Role Adequacy	i.5
Role Legitimacy	i.8, i.9, i.10
Individual Motivation and Reward	i.14, i.15
Team Capacity	t.4, t.7
Workplace Feedback	w.3
Workplace Pressure and Support	w.5, w.6, w.7
Workplace Conditions	w.12, w.13
Organisational Monitoring and Review	o.17
Perceived Relevance of Training	p.11

Application of the WPQ to AOD Work Practice

The WPQ can be used to guide the development of strategies to maximise the 'return on investment' in staff education and training. Strategies to address each of the factors assessed in the WPQ are discussed in further detail in the monograph *From Training to Work Practice:* An Examination of Factors Influencing Training Transfer in the Alcohol and Other Drugs Field (Pidd, Freeman, Skinner, Addy, Shoobridge, & Roche, 2004)².

The WPQ can also be used to identify facilitators and barriers to change in AOD-related work practices, regardless of whether a training program or other intervention has been put into place. Used in this way, the WPQ can provide information about the types of interventions that may be useful in facilitating appropriate AOD work practice change (e.g., enhancing supervision, increasing rewards and recognition for AOD-related work, enhancing professional development opportunities). Furthermore, the WPQ can provide useful information on the factors that indirectly influence organisational capacity and effectiveness (e.g., changes in team cohesion and team capacity post-training, changes in levels of perceived organisational role legitimacy post-training).

² Available from the NCETA website <u>www.nceta.flinders.edu.au</u>.

The Work Practice Questionnaire

This questionnaire contains a range of items concerning your views on responding to alcohol and other drug (AOD) related issues in your work practice, and your views regarding various aspects of your working environment.

Please complete BOTH SIDES of each page and read instructions carefully. Please try to answer ALL questions.

Please circle the number which best describes your level of agreement with each statement in the questionnaire. For example, if you really like jazz music - you would circle number 4.

	Disagree	Tend to disagree	Tend to agree	Agree
I really like jazz music.	1	2	3	4

	INDIVIDUAL									
INDI	/IDUAL 1.1 ROLE ADEQUACY	Disagree	Tend to disagree	Tend to agree	Agree					
i.1.	I have the necessary experience to respond to alcohol and other drug related issues.	1	2	3	4					
i.2.	In my work I have responded to a wide range of alcohol and other drug related issues.	1	2	3	4					
i.3.	I am confident in my ability to respond to alcohol and other drug related issues.	1	2	3	4					
i.4.	I have the necessary knowledge to help people with alcohol and other drug related issues.	1	2	3	4					
i.5.	I do not have many of the skills necessary to respond to alcohol and other drug related issues.	1	2	3	4					
i.6.	I am able to respond to people who have alcohol and other drug related issues as competently as I respond to people with other problems.	1	2	3	4					
INDIN	IDUAL 1.2 ROLE LEGITIMACY	Disagree	Tend to disagree	Tend to agree	Agree					
i.7.	I have a legitimate role to play in responding to alcohol and other drug related issues.	1	2	3	4					
i.8.	I am reluctant to take responsibility for alcohol and other drug related issues in my work.	1	2	3	4					
i.9.	It is more appropriate for other colleagues to respond to alcohol and other drug related issues, than myself.	1	2	3	4					
i.10.	I am uncertain of my role in responding to alcohol and other drug related issues.	1	2	3	4					
i. 11.	I am clear about my responsibilities in responding to alcohol and other drug related issues. I have a responsibility to ask clients questions about alcohol and other	1	2	3	4					
	drug related issues.	1	2	3	4					
i.13.	My clients believe I have a responsibility to ask them questions about alcohol and other drug related issues.	1	2	3	4					
	VIDUAL 1.3 INDIVIDUAL MOTIVATION AND REWARD	Disagree	Tend to disagree	Tend to agree	Agree					
	I prefer not to respond to alcohol and other drug related problems as I find it too frustrating.	1	2	3	4					
i.15.	I refer people with alcohol and other drug related issues onto others to prevent me from wasting my time.	1	2	3	4					
i.16.	I believe that responding to alcohol and other drug related issues is important.	1	2	3	4					
i.17.	I get personal satisfaction responding to people affected by experiencing alcohol and other drug related issues.	1	2	3	4					
i.18.	My experience of responding to alcohol and other drug related issues has been rewarding.	1	2	3	4					
i.19.	On the whole I am satisfied with the way I work with people who have alcohol and other drug related issues.	1	2	3	4					
i.20.	I like to respond to alcohol and other drug related issues in my work.	1	2	3	4					
	VIDUAL 1.4 PERSONAL VIEWS	Disagree	Tend to disagree	Tend to agree	Agree					
i.21.	Most people with alcohol and other drug related problems are not interested in addressing them.	1	2	3	4					
i.22.	I generally think people with alcohol and other drug related problems bring their difficulties on themselves.	1	2	3	4					
i.23.	I try to avoid responding to people with alcohol and other drug related problems as they are unreliable.	1	2	3	4					

INDIVIDUAL – continued						
INDIVIDUAL 1.5 CAREER MOTIVATION	Disagree	Tend to disagree	Tend to agree	Agree		
i.24. There are professional advantages for me to respond to alcohol and other drug related issues.	1	2	3	4		
i.25. Expertise in responding to alcohol and other drug related issues is highly regarded by my colleagues.	1	2	3	4		
i.26. In career terms, there are definite advantages in improving my expertise in alcohol and other drug related areas.	1	2	3	4		

	TEAM				
TEA	M 2.1 TEAM CAPACITY	Disagree	Tend to disagree	Tend to agree	Agree
t.1.	There is a comprehensive knowledge base among the people I work closely with concerning alcohol and other drug issues.	1	2	3	4
t.2.	Generally, responses to alcohol and other drug related issues provided by the people I work closely with are of good quality.	1	2	3	4
t.3.	Collectively, the skill base of the people I work closely with means we are well equipped to respond to alcohol and other drug related issues.	1	2	3	4
t.4.	I work closely with people who are not confident in their ability to respond to alcohol and other drug related issues.	1	2	3	4
t.5.	People I work closely with are willing to respond to alcohol and other drug related issues.	1	2	3	4
t.6.	The people I work closely with consider responding to alcohol and other drug related issues a legitimate part of their work.	1	2	3	4
t.7.	In general, people I work closely with give cases concerning alcohol and other drug related problems low priority.	1	2	3	4
t.8.	People I work closely with consider education and training for alcohol and other drug related issues an essential aspect of staff development.	1	2	3	4
t.9.	I work closely with people who are good role models in terms of responding to alcohol and other drug related issues.	1	2	3	4
TEA	M 2.2 INFORMAL SUPPORT	Disagree	Tend to disagree	Tend to agree	Agree
t.10.	Informal supervision (e.g., encouragement, peer support, guidance, mentoring) is provided amongst staff on alcohol and other drug related issues.	1	2	3	4
t.11.	I receive support from the people I work closely with about the work I do concerning alcohol and other drug related issues.	1	2	3	4
t.12.	There is good communication among the people I work closely with about alcohol and other drug related issues.	1	2	3	4
t.13.	My colleagues encourage me to intervene in alcohol and other drug related issues.	1	2	3	4
t.14.	If I needed to, it would be easy to find someone to give me advice on responses to alcohol and other drug related issues relevant to my workplace.	1	2	3	4
TEA	M 2.3 FORMAL SUPPORT	Disagree	Tend to disagree	Tend to agree	Agree
t.15.	Staff have access to a supervisor with expertise in alcohol and other drug related issues.	1	2	3	4
t.16.	Formal supervision (e.g., guidance, preceptorship) is provided amongst staff on alcohol and other drug related issues.	1	2	3	4
t.17.	The organisation I work for supports staff efforts to respond to alcohol and other drug related issues.	1	2	3	4
t.18.	This organisation has policies and procedures that support alcohol and drug related work.	1	2	3	4
t.19.	Staff have access to the tools/resources needed to respond to alcohol and other drug related issues (e.g., standard questionnaires, quit kits, referral information).	1	2	3	4
TEA	M 2.4 TEAM COHESION	Disagree	Tend to disagree	Tend to agree	Agree
	There is good team spirit amongst the people I work closely with.	1	2	3	4
t.21. t.22.	3 · · · · · · · · · · · · · · · · · · ·	1 1	2 2	3 3	4 4
t.23.	good. Encouragement and support is commonly provided amongst the	1	2	3	4
t.24.	people I work closely with. In my workplace staff engage in good teamwork.	1	2	3	4
t.25.	In general I have a good relationship with staff at my workplace.	1	2	3	4
	I feel comfortable to ask for help or support from my colleagues or peers.	1	2	3	4
t.27.	In my workplace, the majority of staff do their share of work.	1	2	3	4

WORKPLACE				
WORKPLACE 3.1 WORKPLACE FEEDBACK	Disagree	Tend to disagree	Tend to agree	Agree
w.1. I receive feedback from other people in my workplace on how I am performing my role.	1	2	3	4
w.2. I have the opportunity (informally or formally) to discuss and receive feedback about my work performance with other staff.	1	2	3	4
w.3. I am unhappy with the quality of feedback I receive about my work performance from other staff.	1	2	3	4
w.4. Supervisors engage in constructive feedback with staff.	1	2	3	4
WORKPLACE 3.2 WORKPLACE PRESSURE AND SUPPORT	Disagree	Tend to disagree	Tend to agree	Agree
w.5. Too much is expected of all staff in my workplace.	1	2	3	4
w.6. Staff members experience constant pressure in my workplace.	1	2	3	4
w.7. Supervisors expect too much from staff in my workplace.	1	2	3	4
w.8. There are enough staff in my workplace to provide quality services.	1	2	3	4
w.9. Most of the time, supervisors provide adequate support when problems arise.	1	2	3	4
w.10. In general, supervisors encourage staff to find positive solutions when problems arise.	1	2	3	4
WORKPLACE 3.3 WORKPLACE CONDITIONS	Disagree	Tend to disagree	Tend to agree	Agree
w.11. In my workplace staff are encouraged to take their allocated breaks.	1	2	3	4
w.12. In my workplace, things are quite disorganised.	1	2	3	4
w.13. In my workplace, time is wasted because of inefficiencies.	1	2	3	4
w.14. In my workplace, the physical working conditions are good.	1	2	3	4
w.15. I have my own allocated 'space' in my work environment.	1	2	3	4
w.16. I am satisfied with my level of job security.	1	2	3	4
w.17. I am satisfied with my level of pay.	1	2	3	4

	ORGANISATIONAL				
ORG	ANISATIONAL 4.1 ORGANISATIONAL ROLE LEGITIMACY	Disagree	Tend to disagree	Tend to agree	Agree
o.1.	There is a philosophy that guides this organisation's responses to alcohol and other drug related issues.	1	2	3	4
o.2.	Responses to alcohol and other drug related issues are consistent with this organisation's responses to other health and/or social problems.	1	2	3	4
o.3.	This organisation has clearly stated goals/objectives about its involvement in alcohol and other drug related issues.	1	2	3	4
0.4.	Staff roles and responsibilities in responding to alcohol and other drug related issues are dearly laid out in their job descriptions.	1	2	3	4
o.5.	This organisation consistently strives to improve the alcohol and other drug related services it provides.	1	2	3	4
0.6.	This organisation has a legitimate role to play in responding to alcohol and other drug related issues.	1	2	3	4
o.7.	This organisation promotes itself as an organisation that responds to alcohol and other drug related issues.	1	2	3	4
ORG	ANISATIONAL 4.2 SYSTEMS INFLUENCE	Disagree	Tend to disagree	Tend to agree	Agree
0.8.	Responding to alcohol and other drug related issues is a part of this organisation's service requirements and conditions of funding.	1	2	3	4
0.9.	This organisation receives funding specifically for responding to alcohol and other drug related issues.	1	2	3	4
o.10	This organisation undergoes external evaluation of its alcohol and other drug related responses.	1	2	3	4
o.11	Organisations in similar fields act as leaders or champions to this organisation.	1	2	3	4
o.12	This organisation sees itself as competing with other organisations providing similar responses to alcohol and drug related issues.	1	2	3	4
ORG	ANISATIONAL 4.3 OPPORTUNITY FOR INPUT	Disagree	Tend to disagree	Tend to agree	Agree
o.13	This organisation is receptive to staff ideas and suggestions.	1	2	3	4
o.14	Forums are available in this organisation where I can express my views and opinions.	1	2	3	4
o.15	In this organisation disagreements are worked through.	1	2	3	4
o.16	As a staff member, I can participate in the internal governance of the organisation (e.g., practice and policy committees, working committees).	1	2	3	4
ORG	ANISATIONAL 4.4 ORGANISATIONAL MONITORING AND REVIEW	Disagree	Tend to disagree	Tend to agree	Agree
o.17	Policies and procedures in this organisation tend to change only when there are external (legislation, media, change of government) pressures to do so.	1	2	3	4
o.18	In this organisation, policies and procedures are regularly reviewed.	1	2	3	4
o.19	This organisation reviews job descriptions regularly.	1	2	3	4
o.20	This organisation monitors the quality of the services it provides.	1	2	3	4

WPQ-6

ORGANISATIONAL – continued

ORGANISATIONAL 4.5 PROFESSIONAL DEVELOPMENT Tend to disagree Tend to **OPPORTUNITIES** Disagree Agree agree 1 2 o.21. Staff members are encouraged to undertake training courses. 3 4 o.22. Professional development planning in this organisation takes into 1 2 3 4 account individual needs and interests. o.23. Staff members are supported in pursing qualifications or professional 1 2 3 4 development related to their job. o.24. This organisation provides back-up staff to allow people to attend 1 2 3 training. o.25. This organisation provides staff with access to a wide variety of 1 2 3 education and training opportunities. 2 o.26. All staff members have equal access to training. 1 3 4 o.27. Opportunities exist in this organisation for developing new skills. 2 1 3

POST-TRAINING SECTION: PERCEPTIONS OF TRAINING

PER	CEIVED TRAINING OUTCOMES	Disagree	Tend to disagree	Unsure	Tend to agree	Agree
p.1.	This training program has enabled me to respond to alcohol and other drug related issues with greater confidence.	1	2	3	4	5
p.2.	I gained skills or knowledge from this training program that enabled me to work more effectively with alcohol and other drug related issues.	1	2	3	4	5
p.3.	This training program effectively illustrated links between the theory of responding to alcohol and other drug related issues and the practical aspects of responding.	1	2	3	4	5
p.4.	The information/materials provided in the training program improved the quality of alcohol and other drug related responses in my workplace.	1	2	3	4	5
p.5.	All in all, this training program improved my responses to alcohol and other drug related issues in my workplace.	1	2	3	4	5
p.6.	This training program addressed practical constraints of responding to alcohol and other drug related issues.	1	2	3	4	5
PER	CEIVED RELEVANCE OF TRAINING	Disagree	Tend to disagree	Unsure	Tend to agree	Agree
p.7.	This training program effectively incorporated relevant workplace issues.	1	2	3	4	5
p.8.	The content of this training program was appropriate for my current work needs.	1	2	3	4	5
p.9.	This training program encouraged me to pursue further learning 'on-the-job'.	1	2	3	4	5
p.10.	This training program was consistent with my job requirements.	1	2	3	4	5
p.11.	This training program was too removed from my experiences at my workplace to be useful.	1	2	3	4	5
p.12.	I have used some of the things I learnt at this training program in my work.	1	2	3	4	5

Personal and Organisational Demographics

Please circle the number in the right hand side that corresponds to the alternative that best describes your situation. For example, in the following question if you like summer better than winter, you would circle number one in the right hand side. Some questions ask you to write in the space provided.

Which do you like better summer or winter?

1 Summer



2 Winter

TYPE OF ORGANISATION

1.	What type of organisation do you work for? Please choose only ONE	1	AOD specialist service (including needle exchange)	01
	option.	2	Community health centre	02
		3	Hospital	03
		4	Pharmacy - community or hospital?	04
		5	Accident and emergency service	05
		6	Mental health - community or hospital?	06
		7	Youth agency	07
		8	Other health agency	80
		9	Private practice	09
		10	Social or welfare agency	10
		11	Aboriginal Community Controlled Organisation	11
		12	Juvenile justice	12
		13	Corrections	13
		14	Policing agency	14
		15	Primary or secondary school	15
		16	University	16
		17	Other (please specify)	17
2.	In which state or territory do you cur	rently	y work?	
3.	Is the organisation you work for:	1	Government	01
		2	Non-government	02
		3	Private	03
		4	Other (please specify)	04
4.	Please indicate in which of the	1	Major urban area	01
	following geographic locations		(population between 100 000 – 1 million or more)	
	your workplace is situated. Please circle more than one option if your	2	Other urban or country area (population between 1000 – 99 999)	02
	workplace has multiple sites in	3	Small country or rural area	
	different geographic locations.	3	(population between 200 – 999)	03
		4	Rural/remote area (population less than 200)	04
		•		$\overline{}$

YOUR CURRENT POSITION AND OTHER DETAILS

5.	What is your age in years?		Years					
6.	What is your gender?		1 Male 01 2 Female 02					
7.	Which of the following best describes your current position in the workplace?	1 2 3 4 5 6 7 8	Manager of department or unit Team leader Team member Staff member (work in organisation, but not as part of a team) Independent staff (work solo, e.g., rural worker, GP practice) Self-employed	01 02 03 04 05 06 07				
8.	How long have you been workin be as accurate as possible.	g fo	r this organisation? Please Years Months					
9.	9. In the context of your entire professional working life, how much experience do you have responding to alcohol and other drug Years Months related issues?							
10.	Approximately what percentage spend responding to alcohol and	-	ner drug related issues? 2 21-40% 3 41-60% 4 61-80%	01 02 03 04 05				
11.	What is your occupation? (e.g., y police officer, GP, drug counsell psychologist)	•	·					
12.	Please circle your PRINCIPAL AREAS OF PRACTICE. You can circle up to TWO areas of practice.	1 2 3	Service management and/or program and service development Workforce development	01 02 03				
		4	Direct health treatment & intervention in primary health	04				
		5	Direct health treatment & intervention in allied health	05				
		6	Social/welfare related work (e.g., community development/work, social work, advocacy, housing, child protection)	06				
		7	Health promotion/prevention work	07				

TYPE OF ORGANISATION (continued)

12.	(continued)	8	Educ	eation	08			
		9	Law enforcement, Policing or Correctional work					
		10	Othe	r (please specify)	10			
13.		are	1	Referral	01			
	your THREE main roles when		2	Screening	02			
	responding to alcohol and other	r	3	Assessment	03			
	drug related issues in your		4	Education and/or information provision	04			
	workplace? Circle up to three activities:		5	Early/brief intervention	05			
	activities.		6	Crisis management	06			
			7	Emergency aid/services	07			
			8	Primary or allied health care service delivery	08			
			9	Medicine/general practice	09			
			10	Client care/support activities	10			
			11	Counselling/therapy	11			
			12	Case management	12			
			13	Health promotion/prevention	13			
			14	Community development and/or welfare activities	14			
			15	Medication prescribing	15			
			16	Medication dispensing	16			
			17	Withdrawal management	17			
			18	Administration	18			
			19	Service/program management	19			
			20	Workforce development (including staff support, training, policy)	20			
			21	Safety	21			
			22	Law enforcement/Policing (including diversion activities)	22			
			23	Other (please specify)	23			

PREVIOUS AND CURRENT EDUCATION AND TRAINING

14. In the first column, please indicate THE HIGHEST formal qualifications you have COMPLETED in full.

In the second column, please indicate if you are CURRENTLY ENROLLED in any formal education.

	iormai education.	COMPLETED	CURRENTLY ENROLLED
	SECONDARY EDUCATION		
1	Some secondary school – completed years 8 or 9	01	01
2	Secondary school – completed 10	02	02
3	Secondary school – completed 11	03	03
4	Secondary school – completed 12	04	04
	CERTIFICATE LEVEL		
5	Certificate I or II	05	05
6	Certificate III or IV	06	06
	ADVANCED DIPLOMA & DIPLOMA LEVEL		
7	Diploma Level	07	07
8	Advanced Diploma & Associate Degree Level	08	08
	BACHELOR DEGREE LEVEL		
9	Undergraduate degree (e.g., B.A, B.Sc)	09	09
10	Honours degree	10	10
	GRADUATE DIPLOMA & GRADUATE CERTIFICATE LEVEL		
11	Graduate Certificate	11	11
12	Graduate Diploma	12	12
	POSTGRADUATE DEGREE LEVEL		
13	Master Degree	13	13
14	Doctoral Degree	14	14
	OTHER EDUCATION		
15	Non-award courses (please specify)	15	15

QUALIFICATIONS IN RELATION TO ALCOHOL AND OTHER DRUGS

15. Have you undertaken or enrolled in any education or training where **alcohol and other drugs** are a PRIMARY FOCUS or a SUBSTANTIAL COMPONENT of the course?

YES \rightarrow Go to Q.16

NO \rightarrow Go to Q.17

CHIDDENTIV

16. In the first column, please indicate ALL qualifications you have COMPLETED where **alcohol and other drugs** were the primary focus or a substantial component of the course.

In the second column, please indicate if you are CURRENTLY ENROLLED in any education or training where **alcohol and other drugs** is a primary focus or a substantial component of the course.

		COMPLETED	CURRENTLY ENROLLED
1	Non-accredited training courses (including in-service)	01	01
2	Accredited short courses	02	02
3	Certificate II in Community Services (AOD work)	03	03
4	Certificate III in Community Services (AOD work)	04	04
5	Certificate IV in Community Services (AOD work)	05	05
6	Aboriginal Primary Health Care Certificate	06	06
7	Diploma of Community Services (AOD work)	07	07
8	Advanced Diploma of Community Services (AOD work)	80	08
9	Undergraduate degree	09	09
10	Honours degree	10	10
11	Diploma	11	11
12	Advanced Diploma	12	12
13	Graduate Certificate	13	13
14	Graduate Diploma	14	14
15	Masters	15	15
16	PhD/Doctorate	16	16
17	Other (please specify)	17	17

- 17. HAVE you received **ANY** form of **education and training covering alcohol and other drug related issues?** This can include all options listed in question 16, as well as an alcohol and other drug related subject/coursework within a more general course, in-service training, etc.
- YES \rightarrow Go to Q.18
- 18. Has the education and training you have received been useful in assisting you respond to alcohol and other drug related issues in your work?
- $\begin{array}{ccc} \text{NO} & \rightarrow & \text{Go to end of} \\ & \text{questionnaire} \end{array}$
- YES → Go to Q.19 NO → Go to question 20 below

19. Of the education and training you have received, please RANK UP TO THREE of the MOST useful in terms of assisting you to respond to alcohol and other drug related issues in your current work.

(please put a 1 next to the education or training that was most useful, a 2 next to that which was next useful and so on).

		Rank 1 st , 2 nd & 3 rd most useful
1	Alcohol and other drug related content or subject in a general course	
2	Non-accredited training courses (including in-service)	
3	Professionally endorsed qualification (eg., Hospital-based nursing, police training)	
4	Accredited short courses or accredited in-service	
5	Certificate II in Community Services (AOD work)	
6	Certificate III in Community Services (AOD work)	
7	Certificate IV in Community Services (AOD work)	
8	Diploma of Community Services (TAFE)	
9	Advanced diploma of Community Services (TAFE)	
10	Aboriginal Primary Health Care Certificate (TAFE)	
11	Undergraduate degree	
12	Honours degree	
13	Diploma (University)	
14	Advanced diploma (University)	
15	Graduate certificate	
16	Graduate diploma	
17	Masters	
18	PhD/Doctorate	
19	Other (please specify)	

PREVIOUS EXPERIENCES WITH AOD EDUCATION & TRAINING: IMPACT ON WORK PRACTICES

Please circle the number which best describes your level of agreement with the following statements:

statements.	Disagree	Tend to disagree	Tend to Agree	Agree
 Overall, the alcohol and other drug related education and training I have received helped me to improve my responses to alcohol and other drug related issues in my work. 	1	2	3	4
The alcohol and other drug education and training related directly to my work.	1	2	3	4
22. The education and training provided me with the necessary knowledge and skills to respond to people with alcohol and other drug related issues.	1	2	3	4
 I need more education and training to increase my ability to respond appropriately to alcohol and other drug related issues. 	1	2	3	4

Thank you for completing this questionnaire

