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BYLAE 1



Bylae 1

VRAELYS

Die vraelys is vertroulik en anoniem

AANWYSINGS

Merk asseblief slegs die toepaslike antwoord met 'n kruisie

VOORBEELD

Manlik	X
Vroulik	2

Vir kantoorgebruik

V1 1-2

**AFDELING 1
BIOGRAFIESE GEGEWENS**

1.1 Geslag

Manlik	1
Vroulik	2

V2 3

1.2 Huidige ouderdom

	Jaar
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V3 4-5

1.3 Huwelikstatus

Getroud	1	Geskei	2	Weduwee/Wewenaar	3
Ongetroud	4	Vervreemd	5	Woon saam	6
Ander (spesifiseer)					

V4 6

1.4 In watter provinsie van die RSA is u woonagtig?

Noord-Kaap	1	Gauteng	4	KwaZulu- Natal	7
Oos-Kaap	2	Noordwes Provinsie	5	Mpumalanga	8
Vrystaat	3	Noordelike Provinsie	6	Wes-Kaap	9

V5 7

1.5 Tot watter bevolkingsgroep behoort u?

Afrikaans	1	Zoeloe	2	Tswana	3
Engels	4	Xhosa	5		
Ander (spesifiseer)					

V6 8

1.6 Praktiseer u tans nog as 'n geregistreerde geneesheer?

Ja	1	Nee	2
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V7 9

1.7 Indien u ja geantwoord het op vraag 1.6, dui asseblief aan in watter hoedanigheid u as geneesheer tans praktiseer

Algemene praktisyn	1	Spesialis	2
Spesialiteitsrigting			

V8 10

V9 11-12

1.8 Indien u nee geantwoord het op vraag 1.6, dui asseblief u huidige beroep aan

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V10 13-14

1.9 Indien u praktiseer as geregisteerde geneesheer hoe lank praktiseer u al?

Jaar

V11

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 15-16

AFDELING 2 AGTERGRONDGESKIEDENIS

2.1 Het u groot geword in 'n gesin waar beide u biologiese ouers teenwoordig was?

Ja	1	Nee	2
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V12 17

2.2 Indien u Nee geantwoord het op vraag 2.1, dui asseblief aan by wie u as kind grootgeword het?

Stiefvader en biologiese moeder	1	Slegs biologiese moeder	4
Stiefmoeder en biologiese vader	2	Slegs biologiese vader	5
Pleegouers	3	Familielede	6
Ander (spesifiseer)			

V13 18

2.3 Indien u nie by beide u biologiese ouers grootgeword het nie waarom nie?

Ouer, (s) oorlede	1
Ouers geskei	2
Ander (spesifiseer)	

V14 19



2.4 Hoe sou u u ouers/versorgers by wie u grootgeword het se alkoholgebruik tydens u kinderjare bestempel?

ALKOHOLGEWOONTES VAN OUERS/VERSORGERS	Vroulike versorger, bv. moeder, ouma	Manlike versorger, bv. vader, oupa
Geheelonthouer	1	1
Ligte sosiale nie-problema- tiese drinker	2	2
Matige sosiale nie-problema- tiese drinker	3	3
Swaar sosiaal nie-problema- tiese drinker	4	4
Probleemdrinker	5	5
Alkoholafhanklike	6	6

V15 20

V16 21

2.5 Het u ouers/versorgers by wie u grootgeword het enigsins afhanklikheidsvormende medikasie misbruik?

	Ja	Nee
Manlike versorger	1	2
Vroulike versorger	1	2

V17 22

V18 23

2.6 Het u ouers/versorgers by wie u grootgeword het enigsins dwelms misbruik?

	Ja	Nee
Manlike versorger	1	2
Vroulike versorger	1	2

V19 24

V20 25



2.7 Hoe sou u u verhouding met u ouers/versorgers gedurende u kinderjare bestempel?

Versorgers	Baie swak	Onbevredigend	Bevredigend	Baie goed
Manlike versorger	1	2	3	4
Vroulike versorger	1	2	3	4

V21 26

V22 27

2.8 Hoe sou u die volgende komponente van u verhoudinge, met u gesin van herkoms beskryf?

Komponente van gesinsverhoudinge	Baie swak	Onbevre-digend	Bevre-digend	Baie goed
Belewenis van sekuriteit	1	2	3	4
Belewenis van aanvaarding	1	2	3	4
Oop en betekenisvolle kommunikasie	1	2	3	4
Konsekvente dissipline	1	2	3	4
Ondersteuning en aanmoediging	1	2	3	4
Belewenis van erkenning	1	2	3	4
Positiewe en konstruktiewe probleemoplossings	1	2	3	4
Openheid om emosies uit te druk	1	2	3	4
Atmosfeer waarin positiewe selfbeeld en selfvertroue ontwikkel	1	2	3	4

V23 28

V24 29

V25 30

V26 31

V27 32



















V28 33

V29 34

V30 35

V31 36

2.9 Dui asseblief aan watter van die volgende aspekte ten opsigte van u kinderyare en skoolloopbaan op u van toepassing is.

	Ja	Nee	Spesifiseer
Emosionele probleme (bv. depressie, angs, self-beeldprobleme, ens)	1	2	
			V32  37
			V33  38-39
Eksperimentering met dwelms	1	2	
			V34  40
			V35  41-42
Eksperimentering met alkohol	1	2	
			V36  43
			V37  44-45
Aanpassingsprobleme in skoolverband (bv. sukkel om te sosialiseer)	1	2	
			V38  46
			V39  47-48
Gesinsprobleme	1	2	
			V40  49
			V41  50-51
Maklik beïnvloedbaar deur vriende (gee toe aan groepsdruk)	1	2	
			V42  52
			V43  53-54
Uitstaande prestasie op skool	1	2	
			V44  55
			V45  56-57
Beklee leiersposisies	1	2	
			V46  58
			V47  59-60
Kinderjare en skoolloopbaan was bevredigend en positief	1	2	
			V48  61
			V49  62-63

AFDELING 3
AFHANKLIKHEIDSGESKIEDENIS

3.1 Hoe lank het u die substans waarvan u afhanklik was, gebruik?

Jaar

V50

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 64-65

3.2 Van watter van die volgende substansie het u afhanklik geraak?

SUBSTANSE	Ja	Nee	Spesifiseer
Alkohol	1	2	
Oor-die-toonbank-medikasie	1	2	
Dwelms	1	2	
Farmaseutiese medikasie	1	2	

V51

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 66

V52

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 67

V53

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 68-69

V54

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 70

V55

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 71-72

V56

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 73

V57

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 74-75

3.3 Het u gedurende u universiteitsloopbaan enige tekens van afhanklikheid van 'n substans getoon?

Ja	1	Nee	2
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V58

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 76

3.4 Indien u Ja geantwoord het op vraag 3.3, watter substans(e) het u tydens u universiteitsloopbaan misbruik?

Alkohol	1	Medikasie	2	Dwelms	3
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V59

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 77



3.5 Na aanleiding van punt 3.4, watter van die volgende faktore het 'n aanleidende rol gespeel tot te veel gebruik/misbruik van die substansie tydens u universiteitsloopbaan?

Wyse van ontspanning weens 'n veeleisende studierigting	1	V60	<input type="checkbox"/>	78
Verligting van depressie	2	V61	<input type="checkbox"/>	79
Wyse van ontvlugting van stres verbonde aan studierigting	3	V62	<input type="checkbox"/>	80
Verligting van slaapprobleme	4	V63	<input type="checkbox"/>	81
Ongereelde en lang werksure	5	V64	<input type="checkbox"/>	82
Wyse van ontlading van emosionele belewenisse wat verband hou met opleiding	6	V65	<input type="checkbox"/>	83
Dit het slegs 'n wyse van sosialisering geword	7	V66	<input type="checkbox"/>	84
Ander (spesifiseer)		V67	<input type="checkbox"/>	85

3.6 Indien u van medikasie afhanklik geraak het, hoe het u die medikasie gewoonlik bekom?

Nie van toepassing nie	1	V68	<input type="checkbox"/>	86
Farmaseutiese verteenwoordiger	2	V69	<input type="checkbox"/>	87
Self voorgeskryf	3	V70	<input type="checkbox"/>	88
Oor die toonbank gekoop	4	V71	<input type="checkbox"/>	89
Voorskrif van 'n psigiater	5	V72	<input type="checkbox"/>	90
Voorskrif van 'n dokter	6	V73	<input type="checkbox"/>	91
Hospitaalvoorraad	7	V74	<input type="checkbox"/>	92
Voorskrifte by verskillende dokters	8	V75	<input type="checkbox"/>	93
Self gedispenseer	9	V76	<input type="checkbox"/>	94
Onwettige wyse (bv. smouse)	10	V77	<input type="checkbox"/>	95-96
Ander (spesifiseer)		V78	<input type="checkbox"/>	97-98



3.7 Watter positiewe emosionele gevoel/effek het die substans wat u misbruik het vir u gehad? Dui alle aspekte van toepassing aan.

Ontspannend	1	V79	<input type="checkbox"/>	99
Kalmerend	2	V80	<input type="checkbox"/>	100
Verlig depressie	3	V81	<input type="checkbox"/>	101
Verlig frustrasie	4	V82	<input type="checkbox"/>	102
Verlig totale uitputting	5	V83	<input type="checkbox"/>	103
Verlig hartseer/emosionele pyn	6	V84	<input type="checkbox"/>	104
Verlig eensaamheid	7	V85	<input type="checkbox"/>	105
Verlig angs	8	V86	<input type="checkbox"/>	106
Gee selfvertroue	9	V87	<input type="checkbox"/>	107
Ontvlug van daaglikse werkstres	10	V88	<input type="checkbox"/>	108
Verlig slaapprobleme as gevolg van ongereelde werksure	11	V89	<input type="checkbox"/>	109-110
Verlig emosionele stres as gevolg van beroep se eise	12	V90	<input type="checkbox"/>	111-112
Verlig van fisiese pyn/gesondheidsprobleme	13	V91	<input type="checkbox"/>	113-114
Ander (spesifiseer)		V92	<input type="checkbox"/>	117-116

3.8 Is u van mening dat u kollegas, familie, eggenote/eggenoot of pasiënte en vriende vermoed/besef het dat u 'n afhanklikheidsprobleem ontwikkel het?

	Ja	Nee			
Kollegas	1	2	V93	<input type="checkbox"/>	117
Familie	1	2	V94	<input type="checkbox"/>	118
Eggenote/eggenoot	1	2	V95	<input type="checkbox"/>	119
Vriende	1	2	V96	<input type="checkbox"/>	120
Pasiënte	1	2	V97	<input type="checkbox"/>	121

3.9 Het u kollegas, familie, eggenote/eggenoot, vriende of pasiënte op enige stadium u substansprobleem met u bespreek?

	Ja	Nee			
Kollegas	1	2	V98	<input type="checkbox"/>	122
Familie	1	2	V99	<input type="checkbox"/>	123
Eggenote/eggenoot	1	2	V100	<input type="checkbox"/>	124
Vriende	1	2	V101	<input type="checkbox"/>	125
Pasiënte	1	2	V102	<input type="checkbox"/>	126

3.10 Is u van mening dat dit binne die professie wat u beoefen, moeiliker was om te erken dat u 'n substansprobleem het, as wat dit binne ander professies sou wees?

Ja	1	Nee	2
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V103 127

3.11 Indien dit vir u moeilik was om u afhanklikheidsprobleem te erken, watter van die volgende redes het volgens u mening 'n rol gespeel om dit moeilik te maak om u afhanklikheid te erken?

	Ja	Nee
Identiteit as dokter	1	2
Vrees dat dit by Raad vir Gesondheidsdiensberoepes gerapporteer word	1	2
Ontoelaatbaarheid (ongeskrewe reël) binne mediese professie om self probleme te hê	1	2
Vrees om respek van kollegas te verloor	1	2
Onaanvaarbare gedagte dat die helper nie self 'n probleem/probleme kan hanteer nie	1	2
Die rol om self 'n "pasiënt" te wees is onaanvaarbaar	1	2
Moet altyd in beheer wees en 'n beeld van bevoegdheid en bekwaamheid uitstraal	1	2
Vrees vir finansiële verliese	1	2
Kan nie bekostig om binne die professie emosionele kwesbaarheid te toon nie	1	2
Vrees om pasiënte te verloor	1	2
Ander (spesifiseer)		

V104 128

V105 129

V106 130

V107 131

V108 132

V109 133

V110 134

V111 135

V112 136

V113 137

V114 138-139

3.12 Het u al behandeling vir u substansafhanklikheid ontvang?

Ja	1	Nee	2
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V115 140



3.13 Indien u wel al behandeling ontvang het vir u substansafhanklikheid, watter tipe behandeling het u ontvang?

Sielkundige sessies	1
Binnepatiënte-behandeling in 'n kliniek/sentrum vir afhanklikheid	2
Binnepatiënte-behandeling in 'n psigiatryse fasiliteit/kliniek	3
Psigiatryse sessies	4
Buitepatiënte-behandeling by 'n psigiatryse kliniek/fasiliteit	5
Buitepatiënte-behandeling by 'n behandelingsentrum vir afhanklikheid	6
Hulp verkry deur middel van 'n ondersteuningsgroep (bv. CAD, AA, ens)	7
Ander (Spesifiseer)	

V116	<input type="checkbox"/>	141
V117	<input type="checkbox"/>	142
V118	<input type="checkbox"/>	143
V119	<input type="checkbox"/>	144
V120	<input type="checkbox"/>	145
V121	<input type="checkbox"/>	146
V122	<input type="checkbox"/>	147
V123	<input type="checkbox"/> <input type="checkbox"/>	148-149

3.14 Het u enige psigiatryse behandeling ontvang vir ander probleme as substansafhanklikheid?

Ja	<input type="checkbox"/>	1	Nee	<input type="checkbox"/>	2
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V124 150

3.15 Indien u Ja geantwoord het, waarvoor het u psigiatryse behandeling ontvang? (bv. depressie, gemoedsversteurings, persoonlikheidsprobleme, ens)

V125 151-152

3.16 Vir watter tydperk handhaaf u al volgehoue soberheid?

0 - 6 maande	1	6 - 24 maande	2	2 - 5 jaar	3	5 jaar +	4
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V126 153

3.17 Is u van mening dat die besondere eise van u beroep 'n rol gespeel het by u substansafhanklikheid?

Ja	<input type="checkbox"/>	1	Nee	<input type="checkbox"/>	2
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V127 154



3.18 Indien u Ja geantwoord het op vraag 3.17, watter faktore in u beroep het volgens u mening 'n rol gespeel in u substansafhanklikheid?

	Ja	Nee
Ongereelde en lang werksure	1	2
Eise en verwagtinge van pasiënte	1	2
Hantering van sterwende pasiënte	1	2
Bestuur en besigheidseise van 'n praktyk	1	2
Emosionele stres om 'n beroep en gesinslewe in balans te bestuur	1	2
Emosionele en fisiese uitputting	1	2
Minimum tyd vir persoonlike en gesinsontspanning as gevolg van beroep	1	2
Geen ingeboude ondersteuningsisteme binne beroep	1	2
Risiko om met HIV besmet te word	1	2
Maklike toegang tot middels	1	2
Bevordering van werksvermoë en uithouvermoë	1	2
Ander (spesifiseer)		

V128	<input type="checkbox"/>	155
V129	<input type="checkbox"/>	156
V130	<input type="checkbox"/>	157
V131	<input type="checkbox"/>	158
V132	<input type="checkbox"/>	159
V133	<input type="checkbox"/>	160
V134	<input type="checkbox"/>	161
V135	<input type="checkbox"/>	162
V136	<input type="checkbox"/>	163
V137	<input type="checkbox"/>	164
V138	<input type="checkbox"/>	165
V139	<input type="checkbox"/>	166-167

AFDELING 4 PERSOONLIKHEIDSPROFIEL

4.1 Hoe sou u uself as persoon in die algemeen beskryf?

Vir elke gedragswyse word die volgende waardes toegeken om die frekwensie van die gedragswyse aan te dui:

1 = Selde

2 = Soms

3 = Dikwels

	Selde	Soms	Dikwels
Praat met aksentuering/beklemtoning van sleutelwoorde	1	2	3
Praattempo versnel by die laaste paar woorde van 'n sin	1	2	3
Beweeg, loop en eet vinnig	1	2	3
Probeer om ander vinniger te laat praat	1	2	3
Voltooi ander se sinne vir hulle	1	2	3

V140	<input type="checkbox"/>	168
V141	<input type="checkbox"/>	169
V142	<input type="checkbox"/>	170
V143	<input type="checkbox"/>	171
V144	<input type="checkbox"/>	172



	Selde	Soms	Dikwels		
Raak uitermate geïrriteerd in stadige verkeer	1	2	3	V145	173
Raak ontsenu om in 'n tou te wag	1	2	3	V146	174
Raak ongeduldig as andere te stadig werk	1	2	3	V147	175
Raak ongeduldig met roetinetake	1	2	3	V148	176
Lees vinnig, slaan oor na opsommings	1	2	3	V149	177
Dink of doen twee dinge/take gelyktydig	1	2	3	V150	178
Dink oor een aspek/taak terwyl 'n ander een gedoen word	1	2	3	V151	179
Stuur gesprekke rondom eie belangstellings	1	2	3	V152	180
Gee voor om te luister terwyl gedagtes om ander sake sentreer	1	2	3	V153	181
Voel skuldig om te ontspan	1	2	3	V154	182
Beweeg te vinnig om blomme, reënboë, ens. te sien/geniet	1	2	3	V155	183
Kan nie onthou of bome, blomme, ens. gesien is nie	1	2	3	V156	184
Strewe na materiële besittings	1	2	3	V157	185
Verrig daaglikse take gedagtelooos	1	2	3	V158	186
Het konstant 'n behoefte aan meer tyd in skedule	1	2	3	V159	187
Beweeg haastig van plek tot plek	1	2	3	V160	188
Argumenteer dikwels	1	2	3	V161	189
Het selde deernis met ander	1	2	3	V162	190
Probeer om gesprekke en aktiwiteite te domineer	1	2	3	V163	191



	Selde	Soms	Dikwels		
Gespanne liggaamstaal, bal vuiste of voetel met hande	1	2	3	V164	<input type="checkbox"/> 192
Kners op die tande of het geklemde kakebeen of spiersametrekkings	1	2	3	V165	<input type="checkbox"/> 193
Moet altyd kompeteer en take vinniger doen as ander	1	2	3	V166	<input type="checkbox"/> 194
Nie in staat om stadiger te wees nie, moet eerste wees	1	2	3	V167	<input type="checkbox"/> 195
Taakgerig, met koste en hoeveelhede wat belangrik is	1	2	3	V168	<input type="checkbox"/> 196
Benadruk kwantiteit eerder as kwaliteit	1	2	3	169	<input type="checkbox"/> 197

4.2 In watter mate beleef u beroepsbevrediging?

Nooit	1	Selde	2	Dikwels	3	Altyd	4	V170	<input type="checkbox"/> 198
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4.3 Was u afhanklikheidsprobleem bekend aan die Raad vir Gesondheidsdiensteberoep?

Ja	1	Nee	2	V171	<input type="checkbox"/> 199
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4.4 Indien u Ja geantwoord het op 4.3, hoe het die Raad vir Gesondheidsdiensberoep van u afhanklikheidsprobleem vemeem?

Self aanmelding	1	V172	<input type="checkbox"/> 200
Pasiënte	2		
Kollegas	3		
Familie	4		
Vriende	5		
Onbekend	6		
Ander (spesifiseer)			



4.5 Het die Raad vir Gesondheidsdiensberoepe enige beperkings op u gestel om te praktiseer?

Ja	1	Nee	2
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V173 201

4.6 Hoe het u gevoel oor die feit dat u by die Raad vir Gesondheidsdiensberoepe aangemeld is?

V174 202

V175 203

V176 204

EINDE VAN VRAELYS
BAIE DANKIE VIR U SAMEWERKING



QUESTIONNAIRE

The questionnaire is confidential and anonymous

INSTRUCTIONS

Please mark the relevant answer with a cross

EXAMPLE

Male	X
Female	2

For office use

V1 1-2

SECTION 1 BIOGRAPHICAL DETAILS

1.1 Gender

Male	1
Female	2

V2 3

1.2 Age now

	Years
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V3 4-5

1.3 Marital status

Married	1	Divorced	2	Widow/Widower	3
Single	4	Estranged	5	Live together	6
Other (specify)					

V4 6



1.4 In which province of the RSA are you resident?

Northern Cape	1	Gauteng	4	KwaZulu -Natal	7
Eastern Cape	2	North-West Province	5	Mpumalanga	8
Free State	3	Northern Province	6	Western Cape	9

V5 7

1.5 To which population group do you belong?

Afrikaans	1	Zulu	2	Tswana	3
English	4	Xhosa	5		
Other (specify)					

V6 8

1.6 Are you currently practising as a registered medical practitioner?

Yes	1	No	2
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V7 9

1.7 If you have answered Yes to question 1.6, please indicate in which capacity are you currently practising as a medical practitioner.

General practitioner	1	Specialist	2
Specialist field			

V8 10

V9 11-12

1.8 If you have answered No to question 1.6, please indicate your present occupation.

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V10 13-14



1.9 For how long have you been practising as a registered medical practitioner?

Years

V11

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 15-16

**SECTION 2
BACKGROUND HISTORY**

2.1 Did you grow up in a family where both your biological parents were present?

Yes	1	No	2
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V12 17

2.2 If the answer was No to question 2.1, please indicate with whom you grew up.

Stepfather and biological mother	1	Biological mother only	4
Stepmother and biological father	2	Biological father only	5
Foster parents	3	Family members	6
Other (specify)			

V13 18

2.3 If you did not grow up with both your biological parents what were the reasons?

Parent(s) deceased	1
Parents divorced	2
Other (specify)	

V14 19



2.4 How would you describe the use of alcohol by your parents/ guardians during your childhood?

ALCOHOL HABITS OF PARENTS/ GUARDIANS	Female guardian, eg. mother, grandmother, etc.	Male guardian, eg. father, grandfather, etc.
Teetotaller	1	1
Light social non-problematic drinker	2	2
Temperate social non-problematic drinker	3	3
Heavy social non-problematic drinker	4	4
Problem drinker	5	5
Alcohol dependent	6	6

V15 20

V16 21

2.5 Did your parents/guardians who raised you abuse any medication likely to cause dependency ?

	Yes	No
Male guardian	1	2
Female guardian	1	2

V17 22

V18 23

2.6 Did your parents/guardians who raised you abuse any drugs?

	Yes	No
Male guardian	1	2
Female guardian	1	2

V19 24

V20 25



2.7 How would you describe your relationship with your parents/ guardians during your childhood?

Guardian	Very poor	Unsatisfactory	Satisfactory	Very good
Male guardian	1	2	3	4
Female guardian	1	2	3	4

V21 26

V22 27

2.8 How would you describe the following components of your relationships with your family of origin?

Components of family relationships	Very poor	Unsatisfactory	Satisfactory	Very good
Experiencing security	1	2	3	4
Experiencing acceptance	1	2	3	4
Open and meaningful communication	1	2	3	4
Consistent discipline	1	2	3	4
Support and encouragement	1	2	3	4
Experiencing acknowledgement	1	2	3	4
Positive and constructive problem solving	1	2	3	4
Openness to express emotions	1	2	3	4
Atmosphere conducive to development of positive, self-image, selfconfidence	1	2	3	4

V23 28

V24 29

V25 30

V26 31

V27 32

V28 33

V29 34

V30 35

V31 36



2.9 Please indicate which of the following aspects relating to your childhood and school career are applicable to you?

	Yes	No	Specify			
Emotional problems (e.g. depression, anxiety, problems with self-image, etc.)	1	2		V32	<input type="checkbox"/> <input type="checkbox"/>	37
				V33	<input type="checkbox"/> <input type="checkbox"/>	38-39
Experimenting with drugs	1	2		V34	<input type="checkbox"/> <input type="checkbox"/>	40
				V35	<input type="checkbox"/> <input type="checkbox"/>	41-42
Experimenting with alcohol	1	2		V36	<input type="checkbox"/> <input type="checkbox"/>	43
				V37	<input type="checkbox"/> <input type="checkbox"/>	44-45
Adaption problems at school (e.g. having difficulty socialising)	1	2		V38	<input type="checkbox"/> <input type="checkbox"/>	46
				V39	<input type="checkbox"/> <input type="checkbox"/>	47-48
Family problems	1	2		V40	<input type="checkbox"/> <input type="checkbox"/>	49
				V41	<input type="checkbox"/> <input type="checkbox"/>	50-51
Easily influenced by friends (yielding to group pressure)	1	2		V42	<input type="checkbox"/> <input type="checkbox"/>	52
				V43	<input type="checkbox"/> <input type="checkbox"/>	53-54
Outstanding achievement at school	1	2		V44	<input type="checkbox"/> <input type="checkbox"/>	55
				V45	<input type="checkbox"/> <input type="checkbox"/>	56-57
Filling leader positions	1	2		V46	<input type="checkbox"/> <input type="checkbox"/>	58
				V47	<input type="checkbox"/> <input type="checkbox"/>	59-60
Childhood and school career were satisfying and positive	1	2		V48	<input type="checkbox"/> <input type="checkbox"/>	61
				V49	<input type="checkbox"/> <input type="checkbox"/>	62-63

SECTION 3
HISTORY OF DEPENDENCY

3.1 For how long have you been using the substance on which you became dependent?

Years

V50

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 64-65

3.2 On which of the following substances did you become dependent?

SUBSTANCE	Yes	No	Specify
Alcohol	1	2	
Over the counter medication	1	2	
Drugs	1	2	
Pharmaceutical medication	1	2	

V51

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 66

V52

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 67
V53

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 68-69

V54

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 70
V55

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 71-72

V56

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 73
V57

--	--

 74-75

3.3 During your university career, did you show any symptoms of dependency on a substance?

Yes	1	No	2
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V58

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 76

3.4 If the answer to question 3.3 is Yes, what substance(s) did you over-use/abuse during your university career?

Alcohol	1	Medication	2	Drugs	3
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V59

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 77



3.5 With reference to question 3.4, which of the following factors were contributory to the over-use/abuse of the substance(s) during your university career?

Way of relaxation as a result of a demanding field of study	1	V60	<input type="checkbox"/>	78
Relief from depression	2	V61	<input type="checkbox"/>	79
Way of escaping from stress related to your field of study	3	V62	<input type="checkbox"/>	80
Relief from sleeping problems	4	V63	<input type="checkbox"/>	81
Irregular and long working hours	5	V64	<input type="checkbox"/>	82
Way of getting relief from emotional experiences related to training	6	V65	<input type="checkbox"/>	83
It only became a way of socialising	7	V66	<input type="checkbox"/>	84
Other (specify)		V67	<input type="checkbox"/>	85

3.6 If you have become dependent on medication, how did you usually obtain such medication?

Not applicable	1	V68	<input type="checkbox"/>	86
Pharmaceutical representative	2	V69	<input type="checkbox"/>	87
Self-prescribed	3	V70	<input type="checkbox"/>	88
Bought over the counter	4	V71	<input type="checkbox"/>	89
Prescription from a psychiatrist	5	V72	<input type="checkbox"/>	90
Prescription from a medical practitioner	6	V73	<input type="checkbox"/>	91
Hospital stock	7	V74	<input type="checkbox"/>	92
Prescriptions from various practitioners	8	V75	<input type="checkbox"/>	93
Self-dispensed	9	V76	<input type="checkbox"/>	94
Illegal ways (eg. dealers)	10	V77	<input type="checkbox"/>	95-96
Other (specify)		V78	<input type="checkbox"/>	97-98

3.7 What positive emotional effect did the substance that was abused have on you? Indicate all applicable aspects.

Relaxing	1	V79	<input type="checkbox"/>	99
Calming	2	V80	<input type="checkbox"/>	100
Relieving depression	3	V81	<input type="checkbox"/>	101
Relieving frustration	4	V82	<input type="checkbox"/>	102
Relieving total exhaustion	5	V83	<input type="checkbox"/>	103
Relieving grief/emotional pain	6	V84	<input type="checkbox"/>	104
Relieving loneliness	7	V85	<input type="checkbox"/>	105
Relieving anxiety	8	V86	<input type="checkbox"/>	106
Giving self-confidence	9	V87	<input type="checkbox"/>	107
Escaping from daily work stress	10	V88	<input type="checkbox"/>	108
Relieving sleep problems resulting from irregular working hours	11	V89	<input type="checkbox"/>	109-110
Relieving emotional stress as resulting from demands of occupation	12	V90	<input type="checkbox"/>	111-112
Relieving physical pain/health problems	13	V91	<input type="checkbox"/>	113-114
Other (specify)		V92	<input type="checkbox"/>	115-116

3.8 Do you think that your colleagues, family, spouse, friends or patients suspected/knew that you had a dependency problem?

	Yes	No		
Colleagues	1	2	V93	117
Family	1	2	V94	118
Spouse	1	2	V95	119
Friends	1	2	V96	120
Patients	1	2	V97	121

3.9 Did your colleagues, family, spouse, friends or patients at any stage discuss your substance problem with you?

	Yes	No		
Colleagues	1	2	V98	122
Family	1	2	V99	123
Spouse	1	2	V100	124
Friends	1	2	V101	125
Patients	1	2	V102	126



3.10 Do you think that in the profession that you are pursuing it was more difficult to admit that you had a substance problem than would have been the case in other professions?

Yes	1	No	2
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V103 127

3.11 If you found it difficult to admit that you had a dependency problem, which of the following reasons, in your opinion, played a part in making it difficult for you to admit your dependency?

	Yes	No
Identity as a medical practitioner	1	2
Fear that it would be reported to the Health Professions Council	1	2
Not admissible (unwritten rule) in medical profession to experience problems yourself	1	2
Fear to lose respect of colleagues	1	2
Unacceptable idea that the helper cannot handle a problem himself/herself	1	2
The role of being a "patient" is unacceptable	1	2
Must always be in control and emanate an image of competence and efficiency	1	2
Fear of financial loss	1	2
Cannot afford to show emotional vulnerability in the profession	1	2
Fear of losing patients	1	2
Other (specify)		

V104 128

V105 129

V106 130

V107 131

V108 132

V109 133

V110 134

V111 135

V112 136

V113 137

V114 138-139

3.12 Have you received treatment for your substance dependency?

Yes	1	No	2
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V115 140



3.13 If you have received treatment for your substance dependency, what type of treatment did you receive?

Psychological sessions	1
Inpatient treatment at a clinic/centre for dependency	2
Inpatient treatment at a psychiatric facility/clinic	3
Psychiatric sessions	4
Outpatient treatment at a psychiatric clinic/centre/facility	5
Outpatient treatment at a treatment centre for dependency	6
Help from a support group (e.g. CAD, AA, etc.)	7
Other (specify)	

V116	<input type="checkbox"/>	141
V117	<input type="checkbox"/>	142
V118	<input type="checkbox"/>	143
V119	<input type="checkbox"/>	144
V120	<input type="checkbox"/>	145
V121	<input type="checkbox"/>	146
V122	<input type="checkbox"/>	147
V123	<input type="checkbox"/>	148-149

3.14 Did you receive any psychiatric treatment for problems other than substance dependency?

Yes	1	No	2
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V124	<input type="checkbox"/>	150
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3.15 If you have answered Yes, for what problem did you receive psychiatric treatment? (e.g. depression, emotional disturbances, personality problems, etc.)

V125	<input type="checkbox"/>	151-152
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3.16 For how long have you maintained sobriety?

0 - 6 months	1	6 - 24 months	2	2 - 5 year	3	5 year +	4
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V126	<input type="checkbox"/>	153
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3.17 Do you think that the particular demands of your profession played a role in your substance dependency?

Yes	1	No	2
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V127	<input type="checkbox"/>	154
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3.18 If your answer to question 3.17 was Yes, which factors, in your opinion, played a part in your substance dependency?

	Yes	No
Irregular and long working hours	1	2
Demands and expectations of patients	1	2
Handling of dying patients	1	2
Management and business demands of a practice	1	2
Emotional stress to balance professional and family life	1	2
Emotional and physical exhaustion	1	2
Minimum time for personal and family recreation because of profession	1	2
No built-in support systems in profession	1	2
Risk of HIV infection	1	2
Easy access to drugs	1	2
Enhancing capacity for work and stamina	1	2
Other (specify)		

V128	<input type="checkbox"/>	155
V129	<input type="checkbox"/>	156
V130	<input type="checkbox"/>	157
V131	<input type="checkbox"/>	158
V132	<input type="checkbox"/>	159
V133	<input type="checkbox"/>	160
V134	<input type="checkbox"/>	161
V135	<input type="checkbox"/>	162
V136	<input type="checkbox"/>	163
V137	<input type="checkbox"/>	164
V138	<input type="checkbox"/>	165
V139	<input type="checkbox"/>	166-167

SECTION 4 PERSONALITY PROFILE

4.1 How would you describe yourself as a person in general?
Use the the following scale to indicate the frequency of each of the following behaviour patterns.

- 1 = Seldom
- 2 = Sometimes
- 3 = Frequently

	Seldom	Sometimes	Frequently
Verbally explosively accentuate key words	1	2	3
Increase the speed of the last few words of a sentence	1	2	3
Move, walk and eat rapidly	1	2	3
Try to hurry speech of others	1	2	3
Finish sentences for others	1	2	3

V140	<input type="checkbox"/>	168
V141	<input type="checkbox"/>	169
V142	<input type="checkbox"/>	170
V143	<input type="checkbox"/>	171
V144	<input type="checkbox"/>	172



	Seldom	Sometimes	Frequently			
Get unduly irritated in slow traffic	1	2	3	V145	<input type="checkbox"/>	173
Become unnerved by having to wait in line	1	2	3	V146	<input type="checkbox"/>	174
Get impatient when watching others work too slowly	1	2	3	V147	<input type="checkbox"/>	175
Become impatient with routine tasks	1	2	3	V148	<input type="checkbox"/>	176
Hurry reading (skip to summaries)	1	2	3	V149	<input type="checkbox"/>	177
Think about or do two things simultaneously	1	2	3	V150	<input type="checkbox"/>	178
Think about one thing while doing another	1	2	3	V151	<input type="checkbox"/>	179
Steer conversations around own interests	1	2	3	V152	<input type="checkbox"/>	180
Pretend to listen but remain pre-occupied	1	2	3	V153	<input type="checkbox"/>	181
Feel guilty when relaxing	1	2	3	V154	<input type="checkbox"/>	182
Move too quickly to see/enjoy flowers, rainbows, etc.	1	2	3	V155	<input type="checkbox"/>	183
Can't remember seeing trees, flowers, etc.	1	2	3	V156	<input type="checkbox"/>	184
Strive for material possessions	1	2	3	V157	<input type="checkbox"/>	185
Go about daily activities without reflection	1	2	3	V158	<input type="checkbox"/>	186
Feel constant need for more time in schedule	1	2	3	V159	<input type="checkbox"/>	187
Rush from place to place	1	2	3	V160	<input type="checkbox"/>	188
Argue frequently	1	2	3	V161	<input type="checkbox"/>	189
Seldom feel compassion for others	1	2	3	V162	<input type="checkbox"/>	190
Try to dominate conversation, activities, etc.	1	2	3	V163	<input type="checkbox"/>	191
Clench fists or fiddle with hands	1	2	3	V164	<input type="checkbox"/>	192



	Seldom	Sometimes	Frequently		
Clench jaw, grind teeth or have tic	1	2	3	V165	<input type="checkbox"/>
Must always compete and do things faster than others	1	2	3	V166	<input type="checkbox"/>
Unable to slow down; must be first	1	2	3	V167	<input type="checkbox"/>
Translate everything into how many, how much	1	2	3	V168	<input type="checkbox"/>
Emphasize quantity rather quality	1	2	3	V169	<input type="checkbox"/>

4.2 To what degree do you experience occupational satisfaction?

Never	1	Seldom	2	Often	3	Always	4	V170	<input type="checkbox"/>	198
-------	---	--------	---	-------	---	--------	---	------	--------------------------	-----

4.3 Was your dependency problem known to the Health Professions Council?

Yes	1	No	2	V171	<input type="checkbox"/>	199
-----	---	----	---	------	--------------------------	-----

4.4 If you have answered Yes to 4.3, how did the Health Professions Council get to know about your dependency problem?

Self-reporting	1	V172	<input type="checkbox"/>	200
Patients	2			
Colleagues	3			
Family	4			
Friends	5			
Unknown	6			
Other (specify)				

4.5 Did the Health Professions Council propose any restrictions to practise?

Yes	1	No	2	V173	<input type="checkbox"/>	201
-----	---	----	---	------	--------------------------	-----



4.6 How did you feel about the fact that your dependency problem was reported to the Health Professions Council?

	V174		202
	V175		203
	V176		204

END OF QUESTIONNAIRE
THANK YOU FOR YOUR CO-OPERATION



BYLAE 2



Bylae 2

SEMI-GESTRUKTUREERDE ONDERHOUDSKEDULE:

1. Naam van persoon of nommer van respondent indien anoniem:

Vir Kantoorgebruik

V1

1-2

2. Datum en tyd van die onderhoud:



3. Die respondent voldoen aan die volgende kriteria:
- * die respondent is 'n geneesheer;
 - * die respondent het 'n substansafhanklikheidsprobleem gehad;
 - * die respondent het aan die kwantitatiewe ondersoek deelgeneem;
 - * die respondent is bereid om vrywillig aan die navorsing deel te neem;
 - * die respondent is maklik bereikbaar vir 'n onderhoud.
4. Die respondent is bereid om 'n onderhoud van ongeveer 60 minute toe te staan ten einde sy/haar belewenisse meer in diepte te eksploreer na aanleiding van die kantitatiewe navorsingsondersoek.
5. Die respondent word verseker van vertroulikheid en anonimiteit met aanvang van die onderhoud.

ONDERHOUD

AFDELING 1: BIOGRAFIESE GEGEWENS EN AGTERGRONDSGESKIEDENIS

1. Geslag

Manlik	1
Vrolik	2

2. Huidige ouderdom

<input type="text"/>	jaar
----------------------	------

V2 3

V3 4-5



3. In watter provinsie in die RSA is u tans woonagtig?

Noord-Kaap	1	Gauteng	4	Kwa Zulu Natal	7
Oos-Kaap	2	Noorwes Provinsie	5	Mpumalanga	8
Vrystaat	3	Noordelike Provinsie	6	Wes-Kaap	9

V4 6

1.4 Aan watter bevolkingsgroep behoort u?

Afrikaans	1	Zoeloe	2	Tswana	3
Engels	4	Xhosa	5		
Ander (spesifiseer)					

V5 7

1.5 Praktiseer u tans as 'n geregistreerde geneesheer?

Ja	1	Nee	2
----	---	-----	---

V6 8

1.6 Indien u ja geantwoord het op vraag 1.5, dui asseblief aan in watter hoedanigheid u tans as geneesheer praktiseer?

Algemene Praktisyn	1	Spesialis	2
Tipe spesialiteit			

V7 9

V8 10-11

1.7 Indien u ouers/versorgers enigsins 'n alkoholprobleem gehad het, hoe het dit u beïnvloed?

V9 12-13

1.8 Wat was vir u uitstaande aspekte in u verhouding met u ouers/versorgers tydens u kinderjare?

V10			14-15
V11			16-17
V12			18-19

1.9 Watter emosionele belewenisse wat verband gehou het met u studierigting was vir u uitstaande tydens u universiteitsopleiding?

V13			20-21
V14			22-23
V15			24-25

1.10. Hoe het u u stres en spanning verbonde aan u studierigting hanteer?

V16			26-27
V17			28-29
V18			30-31

1.11 Is daar gedurende u studietydperk enigsins gefokus op die hantering van u eie emosionele belewenisse van al die stresfaktore van u beroepskeuse?

V19			32-33
V20			34-35
V21			36-37



1.12 Wat sal u reaksie wees op 'n stelling dat daar binne u beroepsrigting tydens opleiding slegs klem gelê word op akademiese prestasie en dat daar nie aandag gegee word aan enige vaardigheidsontwikkeling om emosionele problematiek aan te spreek nie?

V22	<table border="1"><tr><td> </td><td> </td></tr></table>			38-39
V23	<table border="1"><tr><td> </td><td> </td></tr></table>			40-41
V24	<table border="1"><tr><td> </td><td> </td></tr></table>			42-43

AFDELING 2: AFHANKLIKHEIDSGESKIEDENIS

2.1 Watter positiewe gevoel het die substans waarvan u van afhanklik was aan u verskaf?

--

2.2 Tot watter mate het u beroep en die eise van u beroep verband gehou met u substansafhanklikheid?

--

V25	<table border="1"><tr><td> </td><td> </td></tr></table>			44-45
V26	<table border="1"><tr><td> </td><td> </td></tr></table>			46-47
V27	<table border="1"><tr><td> </td><td> </td></tr></table>			48-49

V28	<table border="1"><tr><td> </td><td> </td></tr></table>			50-51
V29	<table border="1"><tr><td> </td><td> </td></tr></table>			52-53
V30	<table border="1"><tr><td> </td><td> </td></tr></table>			54-55

2.3 Watter faktore dra daartoe by dat kollegas nie betrokke raak wanneer hulle beseft of vermoed 'n kollega het 'n substansafhanklikheid nie?

--	--

V31	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			56-57
V32	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			58-59
V33	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			60-61

2.4 Wat was u vrese toe u beseft het u het 'n substansafhanklikheidsprobleem?

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V34	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			62-63
V35	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			64-65
V36	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			66-67

2.5 Is u van mening dat 'n geneesheer wat 'n afhanklikheidsprobleem het (steeds substans misbruik) en praktiseer 'n risiko kan inhou vir pasiënte? (motiveer).

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V37	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			68-69
V38	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			70-71
V39	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			72-73

2.6 Hoe het u gevoel om self in die rol van pasiënt geplaas te word?

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V40	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			74-75
V41	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			76-77
V42	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			78-79

2.7 Kon u u rol as geneesheer skei van ander rolle soos vader, eggenoot, vriend wat u in u lewe vervul?

V43	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			80
V44	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			81-82
V45	<table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>			83-84

2.8 Skep die verwagting en eise wat deur die gemeenskap, kollegas en pasiënte aan geneeshere gestel word 'n onrealistiese beeld van wie die geneesheer moet wees?

Ja	1	Nee	2
----	---	-----	---

V46	<table border="1" style="width: 40px; height: 20px;"><tr><td></td></tr></table>		85



2.9 Indien ja, motiveer.

 Ja

 Nee

V47	<input type="checkbox"/>	<input type="checkbox"/>	86-87
V48	<input type="checkbox"/>	<input type="checkbox"/>	88-89
V49	<input type="checkbox"/>	<input type="checkbox"/>	90-91

2.10 Watter aspekte wat eie is aan u beroepsgroepering sou volgens u mening uiters belangrik wees om in terapie aan te spreek?

V50	<input type="checkbox"/>	<input type="checkbox"/>	92-93
V51	<input type="checkbox"/>	<input type="checkbox"/>	94-95
V52	<input type="checkbox"/>	<input type="checkbox"/>	96-97

2.11 Enige verdere opmerkings?

V53	<input type="checkbox"/>	<input type="checkbox"/>	89-99
V54	<input type="checkbox"/>	<input type="checkbox"/>	100-101

U samewerking word waardeer.

ELCA ERLANK



SEMI-STRUCTURED SCHEDULE FOR INTERVIEW

1. Name of person or number of respondent if anonymous.

For office use

V1

1-2

2. Date and time of interview

3. The respondent meets the following criteria:

- * the respondent is a medical practitioner;
- * The respondent had a substance dependency problem;
- * the respondent participated in a quantitative investigation;
- * the respondent is willing to participate voluntarily in the research;
- * the respondent is available for an interview.

4. The respondent is willing to grant an interview of approximately 60 minutes to explore his/her experiences in depth prompted by the quantitative research investigation.

5. At the start of the interview the respondent is assured of confidentiality and anonymity.

INTERVIEW

SECTION 1: BIOGRAPHICAL DETAILS AND BACKGROUND HISTORY

1.1 Gender

Male	1
Female	2

1.2 Current age

Year

	V2	<input style="width: 40px; height: 20px;" type="text"/>	3
	V3	<input style="width: 80px; height: 20px;" type="text"/>	4-5



1.3 In which province in the RSA are you currently residing?

Northern Cape	1	Gauteng	4	Kwa Zulu Natal Natal	7
Eastern Cape	2	North-West Province	5	Mpumalanga	8
Free State	3	Northern Province	6	Western Cape	9

V4 6

1.4 To which population group do you belong?

Afrikaans	1	Zulu	2	Tswana	3
English	4	Xhosa	5		
Other (specify)					

V5 7

1.5 Are you currently practising as a registered medical practitioner?

Yes	1	No	2
-----	---	----	---

V6 8

1.6 If you have answered yes to question 1.5, please indicate in which capacity you are currently practising as a medical practitioner?

General practitioner	1	Physician	2
Type of speciality			

V7 9

V8 10-11

1.7 If your parents/guardians had an alcohol problem in any way, how did it influence you?

V9 12-13



1.8 What was the outstanding aspects in your relationship with your parents/guardians during your childhood?

V10	<table border="1"><tr><td> </td><td> </td></tr></table>			14-15
V11	<table border="1"><tr><td> </td><td> </td></tr></table>			16-17
V12	<table border="1"><tr><td> </td><td> </td></tr></table>			18-19

1.9 During your university career, what emotional experiences were outstanding with relevance to your field of study?

V13	<table border="1"><tr><td> </td><td> </td></tr></table>			20-21
V14	<table border="1"><tr><td> </td><td> </td></tr></table>			22-23
V15	<table border="1"><tr><td> </td><td> </td></tr></table>			24-25

1.10 How did you cope with stress and tension related to your field of study?

V16	<table border="1"><tr><td> </td><td> </td></tr></table>			26-27
V17	<table border="1"><tr><td> </td><td> </td></tr></table>			28-29
V18	<table border="1"><tr><td> </td><td> </td></tr></table>			30-31

1.11 During your period of study, was there in any way focussed on the handling of your own emotional experiences of all the stress factors of your choice of career?

V19	<table border="1"><tr><td> </td><td> </td></tr></table>			32-33
V20	<table border="1"><tr><td> </td><td> </td></tr></table>			34-35
V21	<table border="1"><tr><td> </td><td> </td></tr></table>			36-37



1.12 What would your reaction be on a statement that, in your vocational direction, emphasis is placed on academy and achievement only and that no attention is given to any development of skills to address the emotional problems of students?

V22	<input type="checkbox"/>	<input type="checkbox"/>	38-39
V23	<input type="checkbox"/>	<input type="checkbox"/>	40-41
V24	<input type="checkbox"/>	<input type="checkbox"/>	42-43

SECTION 2: HISTORY OF DEPENDENCY

2.1 What positive emotion did the substance on which you were dependent give you?

V25	<input type="checkbox"/>	<input type="checkbox"/>	44-45
V26	<input type="checkbox"/>	<input type="checkbox"/>	46-47
V27	<input type="checkbox"/>	<input type="checkbox"/>	48-49

2.2 To what degree did your occupation and the demands of your occupation have relevance to your substance dependency?

V28	<input type="checkbox"/>	<input type="checkbox"/>	50-51
V29	<input type="checkbox"/>	<input type="checkbox"/>	52-53
V30	<input type="checkbox"/>	<input type="checkbox"/>	54-55



2.3 Which factors contribute to the non-involvement of colleagues when they realise or suspect that a colleague is substance dependent?

V31	<table border="1"><tr><td> </td><td> </td></tr></table>			56-57
V32	<table border="1"><tr><td> </td><td> </td></tr></table>			58-59
V33	<table border="1"><tr><td> </td><td> </td></tr></table>			60-61

2.4 What were your fears when you realised that you have a substance dependency problem?

V34	<table border="1"><tr><td> </td><td> </td></tr></table>			62-63
V35	<table border="1"><tr><td> </td><td> </td></tr></table>			64-65
V36	<table border="1"><tr><td> </td><td> </td></tr></table>			66-67

2.5 Are you of the opinion that a medical practitioner what has a substance dependency problem (is currently abusing substances) and is practising can pose a risk to patients? Motivate.

V37	<table border="1"><tr><td> </td><td> </td></tr></table>			68-69
V38	<table border="1"><tr><td> </td><td> </td></tr></table>			70-71
V39	<table border="1"><tr><td> </td><td> </td></tr></table>			72-73

2.6 How did you feel in the role of patient?

V40	<table border="1"><tr><td> </td><td> </td></tr></table>			74-75
V41	<table border="1"><tr><td> </td><td> </td></tr></table>			76-77
V42	<table border="1"><tr><td> </td><td> </td></tr></table>			78-79



2.7 Could you separate your role as medical practitioner from the other roles like father, husband, friend that you perform in your life?

V43	<table border="1"><tr><td> </td><td> </td></tr></table>			80
V44	<table border="1"><tr><td> </td><td> </td></tr></table>			81-82
V45	<table border="1"><tr><td> </td><td> </td></tr></table>			83-84

2.8 Do the expectations and demands from the community, colleagues and patients create a false image of who the medical practitioner should be?

Yes	1	No	2
-----	---	----	---

V46	<table border="1"><tr><td> </td></tr></table>		85

2.9 If yes, motivate why.

V47	<table border="1"><tr><td> </td><td> </td></tr></table>			86-87
V48	<table border="1"><tr><td> </td><td> </td></tr></table>			88-89
V49	<table border="1"><tr><td> </td><td> </td></tr></table>			90-91

2.10 Which aspects inherent to your occupational grouping are, in your opinion extremely important to address?

V50	<table border="1"><tr><td> </td><td> </td></tr></table>			92-93
V51	<table border="1"><tr><td> </td><td> </td></tr></table>			94-95
V52	<table border="1"><tr><td> </td><td> </td></tr></table>			96-97



2.11 Any further remarks?

V53	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					98-99
V54	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					100-101

Your co-operation is appreciated.

ELCA ERLANK



BYLAE 3



Posbus 32797
GLENSTANTIA
0010

Navorsers: Elca Erlank

Geagte Respondent

INGELIGTE TOESTEMMING VIR NAVORSINGDOELEINDES

Ek is 'n geregistreerde maatskaplike werker wat werksaam is by Staanvas Sentrum, Pretoria. Staanvas Sentrum is 'n sentrum vir die behandeling van substansafhanklikheid en is by COHSASA (The Council for Health Services Accreditation of Southern Africa) geakkrediteer. Ek is ook 'n geregistreerde D. Phil. (Maatskaplike Werk) student by die Universiteit van Pretoria, onder leiding van Prof. M.S.W. du Preez, hoof van die Departement Maatskaplike Werk. Die navorsingsprojek wat onderneem word se titel is: **"Die substansafhanklike geneesheer – 'n maatskaplikewerkperspektief"**.

Die **doel** van die studie is om 'n profiel van die substansafhanklike geneesheer saam te stel ten einde aanbevelings vir behandeling en voorkomingstrategieë te maak.

Die **prosedure** van die navorsing is die voer van 'n gestruktureerde onderhoud met 'n semi-gestruktureerde onderhoudskedule. U **anonimiteit** word verseker en alle inligting word **vertroulik** hanteer. Die onderhoud sal ongeveer 40 minute van u tyd in beslag neem. U is ook welkom om die kopie van die onderhoudskedule deur te blaai. As u toestem tot die onderhoud kan u my enige tyd stop om 'n verduideliking van 'n vraag te vra of om te weier om 'n vraag te antwoord. Om volledige besonderhede van u antwoorde te bekom sal 'n bandopnamemasjien gebruik word. Alleenlik die navorsers sal na die bandopname luister.

Daar word gaan **mediese risiko's** of ongemak, geassosieer met die navorsing nie. U as respondent wat deelneem aan die studie sal ook geen **persoonlike voordeel** uit die studie verkry nie, behalwe dat die **resultate** van die studie ander navorsers en terapeute 'n beter begrip van die behoeftes en behandeling van die substansafhanklike geneesheer kan gee.

U kan ter eniger tyd van die studie onttrek. **Geen finansiële** uitgawes sal van u verwag word met die projek nie.

Die **resultate** van studie mag moontlik gepubliseer word in professionele tydskrifte en op professionele konferensies voorgelê word. **Geen dokumente of identiteite** van die respondente sal egter bekend gemaak word nie, alleenlik as deur wetgewing versoek. Indien u enige navrae het kan u die volgende telefoonnommer 012-3337702 gedurende die dag kontak.

Ek verstaan my regte as 'n respondent in hierdie navorsingsstudie en gee vrywillig toestemming om deel te neem aan die studie. Ek verstaan die doel van die studie en waarom dit gedoen word. Ek sal 'n getekende kopie van die ingeligte toestemmingsvorm ontvang.

_____ (Respondent se handtekening) _____ (Datum)

_____ (Navorsers se handtekening)



P O Box 32797
GLENSTANTIA
0010

Principal Investigator: Elca Erlank

Dear Respondent

INFORMED CONSENT FOR RESEARCH PURPOSES

I am a registered social worker employed by Staanvas Centre, Pretoria, and a centre for the treatment of substance dependency and accredited at COHSASA (Council for Health Services Accreditation of Southern Africa). I am also registered as a D.Phil. (Social Work) student at the University of Pretoria and the research is undertaken under the guidance of Prof. M.S.E. du Preez, head of the Department of Social Work. The title of the study undertaken is “**Die substansafhanklike geneesheer – ‘n maatskaplikewerkperspektief**”.

The **purpose** of the research is to compile a profile of the substance dependent medical practitioner with the aim to recommend treatment and preventative strategies.

The **procedures** of the research is the completion of a questionnaire. The questionnaire is completed **anonymously** and all information will be treated as **confidential**. The completion of the questionnaire will take approximately 20 minutes.

There are no known medical **risks or discomforts** associated with this research. There are also no known personal **benefits** to you for participating in this study, but the results of the study may help researchers and counselors gain a better understanding of the needs and treatment of the medical practitioner with substance dependency. You may **withdraw** from participating in the study at any time by not completing the questionnaire. **No financial expenses** will be expected from you. A prepaid envelope will be enclosed with the questionnaire.

The **results** of this study may be published in professional journals or presented at professional conferences but the records or identity will not be revealed unless required by law. If you have any questions or concerns you can call Tel.: 012-3337702 any time during the day.

I understand my rights as a research subject, and I voluntarily consent to participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

_____ (Subject's signature) _____ (Date)

_____ (Signature of Investigator)