**INSTRUCTIVO:** DIAGNOSTICO INICIAL PROGRAMA INTEGRAL DE REDUCCION Y PREVENCION DEL USO Y CONSUMO DE DROGAS EN EMPRESAS E INSTITUCIONES PÚBLICAS Y PRIVADAS.

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|  | COLUMNA | DESCRIPCION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | OPCIONES DE RESPUESTA | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | FECHA DEL DIAGNOSTICO |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | NOMBRE DE LA EMPRESA/INSTITUCION | **ESCUELA SUPERIOR POLITECNICA DE CHIMBORAZO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1 | RUC | **0660001250001** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.2 | CARGO O PUESTO DEL TRABAJADOR |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | CEDULA/PASAPORTE DEL EMPLEADO |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1 | AÑO DE NACIMIENTO |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 3.2 | TIPO DE AFILIACION DEL SEGURO SOCIAL | **PRIVADA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **PUBLICA** | | | | | | | | | | | | | | | | | | | | | | | |
| 3.3 | ESTADO CIVIL | **SOLTERO** | | | | | | **CASADO** | | | | | | | | | | | | | **DIVORCIADO** | | | | | | | | | | | | | | | | | | **VIUDA/O** | | | | | | | | | | | | **UNION LIBRE** | | | | | |
| 3.4 | GENERO | **MASCULINO** | | | | | | | | | | | | | | | **FEMENINO** | | | | | | | | | | | | | | | | | | | | | | | | **GLBTI** | | | | | | | | | | | | | | | |
| 3.5 | NIVEL DE INSTRUCCION | **EDUCACION BASICA** | | | | | | | | | | | **BACHILLER** | | | | | | | | | | | | | | | | | **TERCER NIVEL** | | | | | | | | | | | | | | | | **CUARTO NIVEL** | | | | | | | | | | |
| 3.6 | NUMERO DE HIJOS | **0** | **1** | | **2** | | | | | | **3** | | | | | **4** | | | | **5** | | | | **6** | | | **7** | | **8** | | | | | | | **9** | | | | **10** | | | | **11** | | | | | **12** | | | | | **13** | | **14** |
| 3.7 | AUTOIDENTIFICACION ÉTNICA | **MESTIZO** | | | | | **INDÍGENA** | | | | | | | | | | | **AFRO-ECUATORIANO** | | | | | | | | | | | | | **BLANCO** | | | | | | | | | | | **MONTUBIO** | | | | | | | | | | **OTRO** | | | | |
| 3.8 | DISCAPACIDAD | **AUDITIVA** | | | | **FÍSICA** | | | | | | | | | **INTELECTUAL** | | | | | | | | | | | **LENGUAJE** | | | | | | | | | | | **PSICO-SOCIAL** | | | | | | **VISUAL** | | | | | | | | | | **NO APLICA** | | | |
| 3.9 | PORCENTAJE DE DISCAPACIDAD | **30%** | | **40%** | | | | | | | | | | **50%** | | | | | | | **60%** | | | | | | | **70%** | | | | | | | | | | **805** | | | | | | | **90%** | | | | | | | | | | **100%** | |
| 3.10 | EL EMPLEADO ES TRABAJADOR SUSTITUTO | **SI** | | | | | | | | | | | | | | | | | | | | | | | | | | **NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.11 | ENFERMEDADES PRE-EXISTENTES | **CATASTRÓFICA** | | | | | | | **CRÓNICA NO TRANSMISIBLE** | | | | | | | | | | | | | **CRÓNICA TRANSMISIBLE** | | | | | | | | | | | | | **AGUDA** | | | | | | | | | | | | | **NO DIAGNOSTICADA** | | | | | | | | |
| 4 | PRINCIPAL DROGA QUE CONSUME | **ALCOHOL** | | | | | | | | **ANFETAMINAS** | | | | | | | | | | | | | **BASE DE COCAINA** | | | | | | | | | | | **CANNABIS(HACHÍS,**  **MARIHUANA, THC)** | | | | | | | | | | | | | | | | **COCAINA** | | | | | | |
| **DROGAS DE SINTESIS(EXTASIS, MDMA, KETAMINA** | | | | | | | | **HONGOS** | | | | | | | | | | | | | **INHALANTES/**  **AEROSOLES, PEGAMENTOS**  **,DISOLVENTES, ETER** | | | | | | | | | | | **LSD** | | | | | | | | | | | | | | | | **MEZCALINA** | | | | | | |
| **OPIÁCEOS(OPIO, HEROÍNA, MORFINA, METADONA)** | | | | | | | | **PSILOCIBINA** | | | | | | | | | | | | | **TABACO** | | | | | | | | | | | **OTRO** | | | | | | | | | | | | | | | | **NO CONSUME** | | | | | | |
| 4.1 | EN CASO DE SELECCIONAR “OTRA” ESPECIFIQUE CUAL |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.2 | OTRAS DROGAS QUE CONSUME | **ALCOHOL** | | | | | | | | | | **ANFETAMINAS** | | | | | | | | | | | **BASE DE COCAINA** | | | | | | | | | | | **CANNABIS(HACHÍS,**  **MARIHUANA, THC)** | | | | | | | | | | | | | **COCAINA** | | | | | | | | | |
| **DROGAS DE SINTESIS(EXTASIS, MDMA**  **, KETAMINA** | | | | | | | | | | **HONGOS** | | | | | | | | | | | **INHALANTES/**  **AEROSOLES, PEGAMENTOS**  **,DISOLVENTES, ETER** | | | | | | | | | | | **LSD** | | | | | | | | | | | | | **MEZCALINA** | | | | | | | | | |
| **OPIÁCEOS(OPIO, HEROÍNA, MORFINA, METADONA)** | | | | | | | | | | **PSILOCIBINA** | | | | | | | | | | | **TABACO** | | | | | | | | | | | **OTRO** | | | | | | | | | | | | | **NO CONSUME** | | | | | | | | | |
| 4.3 | FRECUENCIA DE CONSUMO | **5-7D/SM** | | | | | **2-4V/SM** | | | | | | | | | | | | **2-7V/SM** | | | | | | **1 V/SM** | | | | | | | **2-12V/AÑO** | | | | | | | | | | | **1V7AÑO** | | | | | | | | | **NO CONSUME** | | | | |

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| 4.4 | EL EMPLEADO RECONOCE TENER UN PROBLEMA DE CONSUMO | **NO APLICA** | | | **SI** | | **NO** | | |
| 4.5 | FACTORES SOCIALES RELACIONADOS AL CONSUMO | **NO APLICA** | **AGOBIO Y TENSION EN EL TRABAJO** | | | **ACOSO LABORAL** | | | **CANSANCIO INTENSO**  **AGOBIO** |
| **COMPAÑEROS**  **CONSUMIDORES** | **CONTRATOS PRECARIOS** | | | **CURIOSIDAD SOBRE LOS EFECTOS DE LAS DROGAS** | | | **DIFICULTAD EN LA RESOLUCION DE PROBLEMAS** |
| **ELEVADOS NIVEL DE TENSIÓN Y ESTRÉS LABORAL** | **EXISTENCIADE EXPENDIO DE DROGAS EN EL LUGAR DE TRABAJO** | | | **FAMILIARES CONSUMIDORES** | | | **INSATISFACCION CON EL TIPO DE TRABAJOQUE SE REALIZA Y DEL TRATO DE SUS SUPERIORES COMPAÑEROS** |
| **INSEGURIDAD EN CUANTO AL FUTURO LABORAL** | **LARGAS AUSENCIAS DEL HOGAR POR MOTIVOS LABORALES** | | | **MALA SITUACIÓN ECONÓMICA EN LA FAMILIA** | | | **PELIGROSIDAD EN EL DESEMPEÑO DE LA TAREA** |
| **PROBLEMAS DE CONCILIACIÓN ENTRE EL TRABAJO Y LAS TAREAS DOMESTICAS** | **SENTIMIENTO DE ESTAR POCO CAPACITADO O SIN FORMACION PARA EL DESEMPEÑO DEL PUESTO DE TRABAJO** | | | **-SINDROME DE BURNOUT ………**  **-TAREA RUTINARIA……**  **-TRABAJOS NOCTURNOS………**  **-SOMETIDOS A OBJETIVOS DE ALTO RENDIMIENTO………** | | | **TURNOS ROTATORIOS O CAMBIANTES……**  **OTROS……….** |
| 5 | TRATAMIENTO | **DESEA RECIBIR TRATAMIENTO** | | **NO DESEA RECIBIR TRATAMIENTO** | | | | **NO CONSUME** | |
| 6 | PERSONAL HA RECIBIDO SENSIBILIZACION, CAPACITACION, CHARLAS | **CHARLAS** | **TALLERES** | | | **CAPACITACION** | | | **OTROS** |
| 7 | EMPLEADO CUENTA CON EXAMENES PREOCUPACIONALES | **SI** | | | | **NO** | | | |

Fecha:……………………………………

Dra. Mónica Herrera Z

**Medico Ocupacional**