

**National Return to Work Survey 2016 Questionnaire
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Summary of key sample variables

VARIABLE	SAMPLE VARIABLE NAME	DESCRIPTION
FIRST NAME	FNAME	First name of respondent
LAST NAME	SNAME	Last name of respondent
JURISDICTION	JURISDICTION	Name of Jurisdiction (for Intro)
SELF INSURER	SELFINS	Name of Self Insurer (Employer) (Where applicable-contact org)
INSURANCE COMPANY	INSURCOM	Name of Insurance Company (Where applicable-contact org)
PREMIUM PAYER	PREMPAY	Name of Premium Payer (Jurisdiction) (Where applicable-contact org)
SURVEY TYPE	CLAIMTYPE	Premium Payer (1) or Licensee / Self-Insurer (2)
DAYS COMPENSATED	DAYSCOMP	Number of days compensation paid
INJURY DATE	INJDAY/INJMTH/INJYEAR	To be displayed on Interviewer Screen
CLAIM DATE	CLAIMDAY/CLAIMMTH/CLAIMYEAR	To be displayed on Interviewer Screen
TYPE OF INJURY / ILLNESS	INJCODE	Broad categories of injury / illness
OCC REHAB SAMPLE	REHAB	Received Occupational Rehabilitation (1=YES)
STATE	STATE	Respondent state
COHORT	COHORT	Historical or balance cohort



Derived variables for questionnaire sequencing

*(ALL)

AOCG12M.

1. AGE OF CLAIM > 12 MONTHS (Calculated from 1 April 2016)
2. AGE OF CLAIM <= 12 MONTHS

*(ALL)

AOCG6M.

1. AGE OF CLAIM > 6 MONTHS (Calculated from 1 April 2016)
2. AGE OF CLAIM <= 6 MONTHS

TMLSTG10.

1. DAYSCOMP >= 10 DAYS
2. DAYSCOMP < 10 DAYS

*(ALL)

OCCREHAB

1. OCC REHAB (REHAB FLAG=Y)
2. NOT OCC REHAB

*(ALL)

JURCODE

1. Q-Comp
2. Workcover Tasmania
3. Workcover WA
4. WorkSafe Victoria
5. Seacare
6. NSW SIRA
7. ReturnToWorkSA
8. Comcare
9. NT WorkSafe



INTRODUCTION

Call outcome codes (SMS screen)

- No answer
- Answering machine
- Fax machine / Modem
- Engaged
- Telstra message / Disconnected
- Appointment
- Wrong number / Person not known
- Claims to have done survey
- Away for duration
- Stopped interview
- Terminated during screening / Midway (HIDDEN CODE)
- Not a household number
- (SUPERVISOR USE ONLY) Refused Prior (eg. phoned 1800 number to refuse participation after receiving PAL)
- Too ill / unwell to participate

(PROGRAMMER NOTE: throughout INTRODUCTION display COHORT, INJMTH and INJCODE for interviewer reference)

*(ALL)

INTRO1 Good morning/afternoon/evening. My name is (...) from the <Name of Research Company>. I'm calling to follow up a letter sent to <say name>. May I please speak with <first name>?

IF TALKING TO SOMEONE OTHER THAN RESPONDENT EXPLAIN AS REQUIRED:
We're calling to ask <first name> to help us with some research being undertaken by the Australian Government in conjunction with the State and Territory Governments

IF NECESSARY: Due to the strict privacy laws we operate under I'm not allowed to discuss the nature of the research with anyone other than <first name>.

1. Respondent available (CONTINUE)
2. Respondent not available now (Arrange callback)
3. Wrong number / Person not known (TERM 3)
4. Denies <Jurisdiction> Claim (TERM 1)
5. LOTE – (eg., Mandarin / Cantonese / Vietnamese / Italian / Greek / Macedonian / Arabic / Turkish / Spanish / Māori / Tongan) (LANGUAGE FOLLOW UP) (GO TO <R-LOTE>)
6. LOTE – Other language identified (NO LANGUAGE FOLLOW UP) (RECORD)
7. Respondent LOTE – Language not identified (make appointment) (RECORD)
8. HARD REFUSAL – NEVER CALL AGAIN (TERM 3)
9. HARD REFUSAL – NOT THIS TIME (TERM 3)
10. SOFT REFUSAL – NOT THIS TIME (TERM 3)
11. Respondent away for duration of survey (TERM 3)
12. Wants a copy of letter before proceeding (GO TO <PAL>)
13. Respondent deceased (TERM 3)



R-LOTE RECORD LANGUAGE

1. Mandarin (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
2. Cantonese (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
3. Vietnamese (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
4. Italian (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
5. Greek (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
6. Macedonian (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
7. Arabic (incl. Lebanese) (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
8. Turkish (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
9. Spanish (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
10. Māori (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
11. Tongan (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)

WHEN TALKING DIRECTLY TO RESPONDENT, RE-INTRODUCE IF NECESSARY:

INTRO2 Good morning / afternoon / evening. My name is (...) from the <Name of Research Company>. I am calling on behalf of < SAMPLE:Jurisdiction>. You should have recently received a letter about some research being conducted by <Name of SAMPLE:Jurisdiction>.

< SAMPLE:Jurisdiction > is conducting a survey to find out about your experiences of being on workers' compensation. The survey includes questions about the services you receive from < SAMPLE:Jurisdiction >, your employer, as well as questions about your health and rehabilitation.

IF NECESSARY: The information is being collected to help < SAMPLE:Jurisdiction > improve the services and support they provide, as well as the performance of the < SAMPLE:Jurisdiction > workers' compensation scheme.

(PROGRAMMER NOTE: DISPLAY IF WESFLAG=1: I understand that we **may have** contacted you recently about an engagement survey commissioned by Wesfarmers,. This current <SAMPLE: Jurisdiction> study is completely separate and while it does cover some similar questions it is broader (in asking about your experiences of returning to work).

1. CONTINUE

*(ALL)

PRESAFE INTERVIEWER CHECK: ARE YOU CALLING A MOBILE?

1. Yes
2. No (GO TO INTRO3)

PRESAFE1 IF PRESAFE=1 CONTINUE, ELSE GO TO NEXT TIMESTAMP
(MOBILE SAMPLE)

SAFE1 May I just check whether or not it is safe for you to take the call at the moment. If not I am happy to call you back when it is more convenient for you.

1. Safe to take call (GO TO INTRO3)
2. Not safe to take call (GO TO MOB_APPT1)
3. HARD REFUSAL – NEVER CALL AGAIN (TERM 3)
4. HARD REFUSAL – NOT THIS TIME (TERM 3)
5. SOFT REFUSAL – NOT THIS TIME (TERM 3)

*(SAFE1=2) (NOT SAFE TO TAKE CALL)

MOB_APPT Do you want me to call you back on this number or would you prefer I call back on another number?

1. This number (ARRANGE CALL BACK)
2. Alternative number (RECORD ALTERNATE NUMBER AND ARRANGE CALL BACK)
3. HARD REFUSAL – NEVER CALL AGAIN (TERM 3)
4. HARD REFUSAL – NOT THIS TIME (TERM 3)
5. SOFT REFUSAL – NOT THIS TIME (TERM 3)

INTRO3 If you are willing to help us, this interview should take about 20 minutes and any information you provide will be totally confidential and used for research purposes only.

IF NECESSARY: The information is being collected to help < SAMPLE:Jurisdiction > improve the services and support they provide, as well as the performance of the < SAMPLE:Jurisdiction > workers' compensation scheme.

1. CONTINUE

INTRO3bIs now a convenient time to talk to you?

1. Respondent available (CONTINUE)
2. Respondent not available now (Arrange callback)
3. Wrong number / Person not known (TERM 3)
4. Denies <Jurisdiction> Claim (TERM 1)
5. HARD REFUSAL – NEVER CALL AGAIN (TERM 3)
6. HARD REFUSAL – NOT THIS TIME (TERM 3)
7. SOFT REFUSAL – NOT THIS TIME (TERM 3)
8. Wants a copy of letter before proceeding (GO TO <COPYPAL>)

IF RESPONDENT WANTS TO RECEIVE A COPY OF THE LETTER:

COPYPAL Would you like us to mail, fax or e-mail you a copy of the letter?

1. Mail (Record name and verify address details from sample / collect address details) (GO TO <PALNAME1>)
2. Fax (Collect name and fax number) (GO TO <PALNAME1>)
3. E-mail (Collect name and email address / check e-mail address) (GO TO <PALNAME1>)

PALNAME1 Firstly, I have your name down as: <DISPLAY TITLE, FNAME & SNAME>
Is this correct?

1. Yes GO TO PALADDRESS
2. No Display and edit name, one field at a time where necessary including TITLE, FNAME and SNAME

IF COPYPAL = 1 CONTINUE, ELSE GO TO PALFAX

PALADDRESS The address I have is:<DISPLAY STREET, SUBURB, PCODE>
Is this correct?

1. Yes
2. No – DISPLAY AND EDIT ADDRESS ONE FIELD AT A TIME WHERE NECESSARY



IF COPYPAL = 2 CONTINUE, ELSE GO TO PEMAIL
PALFAX What is your fax number?

1. RECORD FAX NUMBER
2. (REFUSED)

PALEMAIL What is your email address?

1. RECORD EMAIL ADDRESS
2. (REFUSED)

PALLET2 You should receive that within the next week. Can I arrange to call you back in a week's time?

1. Arrange Callback (GO TO END)

INTRO4 This survey is being conducted in accordance with the requirements of the Commonwealth Privacy Act. If there are any questions you don't want to answer just tell me so I can skip over them.

1. CONTINUE

*(ALL)

MON Before we begin I need to point out that this call may be monitored and recorded for training and quality purposes. If you don't wish this to happen please let me know?

1. Monitor and recording
2. Do not monitor/record

*(ALL)

S1a. Which organisation have you dealt with in relation to your workers' compensation claim?
(DO NOT READ OUT) (PROMPT IF NECESSARY)
(MULTIPLE RESPONSE)

1. <IF INSURANCE COMPANY AVAILABLE ON SAMPLE> DISPLAY INSURANCE COMPANY
2. <IF SELF INSURER, AND NAME AVAILABLE ON SAMPLE> DISPLAY SELF INSURER
3. <IF PREMPAY AVAILABLE ON SAMPLE> DISPLAY PREMPAY
8. Employer's workers' compensation unit
4. another organisation (SPECIFY AS FULL VERBATIM)
5. (someone else handles this for me, for example friend or lawyer)
6. (Don't Know/Can't say)
7. (Refused)

PRES1B. IF SELECT ANY OF (CODES 1 THRU 4 OR 6 OR 7 OR 8) CONTINUE, ELSE GO TO S1C

*(IF NOT HANDLED ONLY BY SOMEONE ELSE)

S1B.

<IF SELECT ANY OF CODES 1 THRU 4 OR 8 ON S1A>

Do you personally have ANY dealings directly with <IF S1a IS ANY OF CODES 1 TO 4 OR 8, INSERT EACH SELECTED RESPONSE SEPARATED BY "OR", RESPONSE FROM S1a> or does someone else handle ALL dealings on your behalf?

<IF SELECT CODE 6 OR 7 ON S1A">

Are you the person who deals with your workers compensation claim, or does someone else handle all dealings on your behalf?

(DO NOT READ)

1. Any dealings with <S1a IS ANY OF CODES 1 THRU 4 OR 8 DISPLAY RESPONSES FROM S1a, ELSE IF CODES 5 OR 6 DISPLAY "your workers compensation claim"> (GO TO S2)
2. Someone else handles all dealings on your behalf. (GO TO S1C)

PROGRAMMER NOTE:

<CONTACT ORGANISATIONS>

CONTACT ORGANISATIONS ARE ALL THE RESPONSES SELECTED IN S1A, CODES 1 TO 4, SEPARATED BY AN "OR". IF NONE OF CODES 1 TO 4 OR 8 ARE SELECTED ON S1A, THEN CONTACT ORGANISATIONS ARE ALL OF THOSE AVAILABLE IN SAMPLE (I.E INSURANCE COMPANY, INSURER, PREMPAY). SEPARATE EACH WITH "OR"

PRES1C IF S1B=2 OR IF ONLY RESPONSE ON S1A IS 5 CONTINUE, ELSE GO TO S2

S1c.

Who handles these dealings?

(MULTIPLE RESPONSE)

1. Family member / Friend
2. Employer
3. Solicitor / Lawyer
4. Other (Specify)
5. (Don't Know / Can't Say)
6. (REFUSED)

*(ALL)

S2 Did you take a day or more off work as a result of your workplace injury or illness?

INTERVIEWER NOTE: This is a day or more off work taken following injury or illness. Time off could include a reduction in hours to assist with recovery.

SAMPLE RECORD INDICATES RESPONDENT WAS COMPENSATED FOR <INSERT DAYSCOMP FROM SAMPLE> DAYS

(READ OUT)

1. Yes
2. No (TERM 4)
3. (Retired, without first taking a day or more off work) (GO TO TERM 4)
4. (Don't know / Can't say) (GO TO TERM 4)
5. (REFUSED) (GO TO TERM 4)

PREOUTTEXT IF S2=1 CONTINUE, ELSE GO TO TERM 4

*(ALL)

OUTTEXT We're going to be talking about your workplace injury or illness today. Sometimes people have more than one workers' compensation claim. If this is the case for you, then it is important for you to remember that today, we will only be talking about your most recent claim and that injury or illness.

INTERVIEWER NOTE: IF RESPONDENT HAS DIFFICULTY WITH RECALL: PROMPT WITH "7 to 9 MONTHS AGO FOR 'HIST' COHORT, OTHERWISE PROMPT WITH INJURY MONTH

1. Continue

*(ALL)

TIMESTAMP 1 – END OF SCREENER SECTION

SECTION A: WORK AT TIME OF INJURY (RECOMMENDED)

*(ALL)

INTROA: To start with, I would like to ask you a question to give us more background about the work you were doing at the time of your workplace injury or illness.

1. CONTINUE

*(ALL)

A3. At the time of your workplace injury or illness, were you employed on a casual basis?
(INTERVIEWER NOTE: EXPLAIN IF NECESSARY: Casual employees are usually defined as employees (excluding owner managers of incorporated enterprises) who are not entitled to paid sick or holiday leave)

1. Yes
2. No
3. (Don't know)
4. (Refused)

*(ALL)

TIMESTAMP 2 – END OF SECTION A



SECTION B: GENERAL HEALTH STATUS

*(ALL)

B1 This next question is about how you feel about your health . (PAUSE)
In general would you say your health NOW is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair, or
5. Poor
6. (Don't know/Can't say)
7. (Refused)

*(ALL)

B2 In your opinion, to what extent do you think you have recovered from your workplace injury or illness? Would you say... READ OUT)

1. Fully (GO TO B5)
2. Almost fully
3. Only partially
4. Not at all
5. (Don't know / Can't say) (GO TO B5)
6. (REFUSED) (GO TO B5)

*(ASK IF B2=2, 3 OR 4: NOT FULLY RECOVERED)

B3 Do you think you have recovered as much as you are going to or do you think you will continue to recover?

- 1 Recovered as much as going to (GO TO B5)
- 2 Will continue to recover
- 3 (Don't know / Can't say) (GO TO B5)
- 4 (REFUSED) (GO TO B5)

*(ASK IF B3=2: WILL CONTINUE TO RECOVER)

B4 (And just to check) To what extent do you EXPECT to recover from your workplace injury or illness? Would you say...(READ OUT)

1. Fully
2. Almost fully (PROGRAMMER NOTE: DISPLAY IF B2>1)
3. Only partially (PROGRAMMER NOTE: DISPLAY IF B2>2)
4. Not at all (PROGRAMMER NOTE: DISPLAY IF B2>3) (GO TO B5)
5. (Don't know / Can't say) (GO TO B5)
6. (REFUSED) (GO TO B5)

TIMESTAMP 3 – END OF SECTION B

SECTION C: GENERAL WORK AND CLAIM STATUS (CORE)

*(ALL)

INTROC I am now going to ask you a few questions about work and any leave you may have taken as a result of your injury or illness. Please bear with me if these questions don't necessarily apply in your situation.

1. CONTINUE

*(ALL)

C1 Are you currently working in a paid job?

INTERVIEWER NOTE: ANY JOB NOT NECESSARILY THEIR JOB AT THE TIME OF THE INJURY

INTERVIEWER NOTE: CAN BE TEMPORARILY ABSENT BUT MUST STILL HAVE THAT JOB

INTERVIEWER NOTE: IF MENTIONS CURRENTLY RETIRED SELECT "NO"

1. Yes
2. No
3. (Don't know / Can't say)
4. (REFUSED)

*(ALL)

C7 <IF C1=1: You've just mentioned that you're in a paid job. Some people may not have returned to work since their injury or illness. Can I just confirm, have> <C1 NOT 1:Have> you returned to work at any time since your workplace injury or illness?

INTERVIEWER NOTE: MUST HAVE RETURNED TO WORK FOR THE PURPOSE OF WORKING, NOT MERELY VISITING.

CAN INCLUDE RETURN TO ANY JOB AFTER INJURY DOES NOT HAVE TO BE THE SAME EMPLOYER OR ROLE

IF CURRENTLY RETIRED, THIS IS RETURN TO WORK PRIOR TO RETIRING

1. Yes
2. No
- . <REMOVED>
3. (Don't know / Can't say)
4. (REFUSED)

*(ASK IF C1=2: NOT CURRENTLY IN A PAID JOB)

C2 Just to double check . . . which of these BEST describes your current MAIN activity? Are you...

(READ OUT)

1. Unemployed
2. Engaged in home duties or carer
3. A student
4. Retired
5. Engaged in volunteer work
6. Unable to work
7. (Don't know/Can't say)
8. (Refused)

*(ALL)

C1DUM MAIN ACTIVITY

1. CURRENTLY WORKING AND RTW AT ANY TIME (C1=1) AND (C7=1 OR 3 OR 4)
2. NOT WORKING OR HAVEN'T RETURNED TO WORK SINCE INJURY (((C1=2) AND (C2=1 OR 2 OR 3 OR 5 OR 6 OR 7 OR 8))) OR (C1=1 AND C7=2)
3. RETIRED (C1=2 AND C2=4)
4. DON'T KNOW/CAN'T SAY (C1=3)
5. REFUSED (C1=4)

*(ALL)

C3 Can I just check, did you take any OTHER paid or unpaid leave in addition to workers' compensation? For example sick leave or annual leave.

INTERVIEW NOTE: IF "YES" ASK, WAS THAT PAID OR UNPAID LEAVE OR BOTH

(ALLOW MULTIPLES)

1. Yes, PAID leave
6. Yes, UNPAID leave
2. No ^s
4. (Don't know / Can't say) ^s
5. (REFUSED) ^s

*(ASK IF C1DUM = 2, 4, 5: NOT CURRENTLY WORKING/DK/RF)

C8 Just to double check . . . what is the main reason you are not currently working?

INTERVIEWER NOTE: DO NOT READ OUT

1. Work-related injury or illness (GO TO C10)
2. Have a new injury or illness (GO TO C10)
3. Old injury or illness got worse/aggravated (GO TO C10)
6. Decided to retire/I retired
7. Decided to resign
8. Decided to study
9. Dismissed by employer
10. Was made redundant / Retrenched
17. Other, please specify (PROGRAMMER NOTE: Set up as full verbatim)
18. (Don't know / Can't say)
19. (REFUSED)

*(ASK IF REASON (C8 IS CODE 4 THRU 19)

C9 Is this reason associated with your workplace injury or illness?

INTERVIEWER NOTE: If required, clarify with injured worker ~~caller~~ that "workplace injury or illness" includes psychological injury.

1. Yes
2. No
3. (Don't know / Can't say)
4. (REFUSED)

*(ALL)

C10 Are you **currently** getting any workers' compensation payments to replace lost income?

INTERVIEWER NOTE: This includes partial payments

1. Yes
2. No
3. (Don't know / Can't say)
4. (REFUSED)

*(ALL)

WAC1DUM

1. WA RESPONDENTS CURRENTLY GETTING LOST INCOME PAYMENTS (SAMPLE JURISDICTION=3 AND C10=1)
2. WA RESPONDENTS NOT GETTING LOST INCOME PAYMENTS (JURISDICTION=3 AND C10 NOT 1)
3. SAMPLE JURISDICTION IS NOT 3 (GO TO NEXT TIMESTAMP)

*(ASK IF WAC1DUM=1: WORKCOVER WA RESPONDENTS CURRENTLY GETTING LOST INCOME PAYMENTS)

WAC1. Do you agree or disagree that the workers' compensation payments you received assisted you in meeting normal day-to-day living expenses?

(PROBE: Is that agree/disagree or strongly agree/disagree)

RESPONSE FRAME

1. Strongly disagree
2. Disagree
3. Neither nor
4. Agree
5. Strongly agree
6. (Don't know/Can't say)
7. (Refused)

*(ALL)

TIMESTAMP 4 – END OF SECTION C

SECTION P: OVERALL SATISFACTION AND SERVICE (CORE)

*(ASK IF S1A ≠ 5-7: DEALT WITH ORGANISATION IN RELATION TO CLAIM)

XINTRO. Now I have some questions about the SERVICE YOU RECEIVED in relation to your workers' compensation claim from <RESPONSE FROM S1A> in the six months from 1 August 2015 to 31 January this year.

*(ASK IF S1A ≠ 5-7: DEALT WITH ORGANISATION IN RELATION TO CLAIM)

P1. In the six months to the end of January, including letters, emails, phone calls and face to face meetings, have you had any contact with <RESPONSE FROM S1A>?

1. Yes
2. No
3. (Don't know)
4. (Refused)

*(ASK IF P1=1: DIRECT DEALINGS WITH ORGANISATION)

P2. Thinking about the six months to the end of January, would you say <RESPONSE FROM S1A> was good or poor in relation to...?

(INTERVIEWER NOTE: DON'T READ QUESTION EACH TIME BUT REPEAT IF NECESSARY. PROBE: If 'good': WOULD YOU SAY good or very good: if poor WOULD YOU SAY poor or very poor.)

(INTERVIEWER NOTE: (ONLY IF NECESSARY) We understand that some of these questions may not be relevant to you, but if you could answer them as best you can that would be great. If you feel the question does not apply to you just let me know.)

STATEMENTS

- a) Treating you with dignity and respect
- b) Providing a clear explanation to your queries
- c) Keeping you informed about your claim
- d) Being able to get hold of the right person

RESPONSE FRAME

1. Very poor
2. Poor
3. (Neither good nor poor)
4. Good
5. Very good
6. (Don't know / Can't say / Not applicable)
7. (Refused)

*(ALL)

TIMESTAMP 6 – END OF SECTION P

SECTION G: IN THE WORKPLACE (CORE)

*(ASK IF C1=1 OR C7=1: CURRENTLY WORKING OR RTW AT ANY TIME) (PERSONAL WELLBEING)

G1 Now I have some questions about how you feel about what you <IF C1=1 are currently doing at work><IF NOT C1=1 what you did at work when you first returned to work after your injury>. Thinking about the work <IF C1=1 you are doing NOW<>IF NOT C1=1 you did>, do you agree or disagree that ...

INTERVIEWER NOTE: IF ASKED MENTION THAT THESE QUESTIONS ARE ABOUT THE WORK THEY ARE DOING **NOW**

READ FULL QUESTION THE FIRST TIME AND THEN REPEAT IF NECESSARY.

PROGRAMMER NOTE: ROTATE STATEMENTS A TO F

PROBE FOR AGREE/DISAGREE, STRONGLY AGREE/DISAGREE

STATEMENTS

- a) <IF C1=1 The work you are doing is important to you><IF NOT C1=1 The work you did was important to you>
- b) <IF C1=1 The work you are doing satisfies you><IF NOT C1=1 The work you did satisfied you>
- c) <IF C1=1 You have a say in how you organise your work><IF NOT C1=1 You had a say in how you organised your work>
- d) <IF C1=1 Your opinions and suggestions are considered at work><IF NOT C1=1 Your opinions and suggestions were considered at work>
- e) <IF C1=1 The work you are doing is valued by others at work><IF NOT C1=1 The work you did was valued by others at work>
- f) <IF C1=1 You enjoy work><IF NOT C1=1 You enjoyed work>

RESPONSE FRAME

1. Strongly disagree
2. Disagree
3. (Neither nor)
4. Agree
5. Strongly agree
6. (Don't know / Can't say)
7. (REFUSED)

*(ASK IF C1=1 OR C7=1: CURRENTLY WORKING OR RTW AT ANY TIME) (FUNCTIONAL CAPACITY)

G2 Next a few questions about how <IF C1=1 work is going for you><IF NOT C1=1 work was for you when you first returned to work after your injury>. (PAUSE) Bearing in mind any limits or restrictions you may be encountering due to your workplace injury or illness, do you agree or disagree that

PROBE FOR AGREE/DISAGREE OR STRONGLY AGREE/DISAGREE
PROGRAMMER NOTE: ROTATE STATEMENTS A TO E

STATEMENTS

- a) <IF C1=1 The amount of work you are currently doing is reasonable><IF NOT C1=1 The amount of work you did was reasonable>
- b) Given your recovery, your skills and abilities are used appropriately
- c) <IF C1=1 Given your circumstances, the hours you are working are about right for you><IF NOT C1=1 Given your circumstances, the hours you worked were about right for you>
- d) <IF C1=1 You are physically capable of doing your job><IF NOT C1=1 You were physically capable of doing your job >
- e) <IF C1=1 You feel emotionally capable of doing your job><IF NOT C1=1 You felt emotionally capable to do your job>

RESPONSE FRAME

1. Strongly disagree
2. Disagree
3. (Neither nor)
4. Agree
5. Strongly agree
6. (Don't know / Can't say)
7. (REFUSED)

*(ASK IF C1=1 OR C7=1: CURRENTLY WORKING OR RTW AT ANY TIME)(WORK ENVIRONMENT)

G3 Next some questions about your workplace<IF NOT C1=1 when you first returned to work after your injury>. Do you agree or disagree that ...

PROBE FOR AGREE/DISAGREE OR STRONGLY AGREE/DISAGREE
PROGRAMMER NOTE: ROTATE STATEMENTS A TO D

STATEMENTS

- a) <IF C1=1 You feel you are part of a community at work><IF NOT C1=1 You felt you were part of a community at work>
- b) <IF C1=1 Employees and management are generally supportive of each other><IF NOT C1=1 Employees and management were generally supportive of each other>
- c) <IF C1=1 Your immediate supervisor or manager is committed to workplace safety><IF NOT C1=1 Your immediate supervisor or manager was committed to workplace safety>
- d) <IF C1=1 The other people you work with are committed to workplace safety><IF NOT C1=1 The other people you worked with were committed to workplace safety>

RESPONSE FRAME

1. Strongly disagree
2. Disagree
3. (Neither nor)
4. Agree
5. Strongly agree
6. (Don't know / Can't say)
7. (REFUSED)



*(ALL)

G4 Thinking about your workplace at the time of injury, would you say the risk of someone experiencing the same injury or illness you experienced is...?

1. High
2. Medium
3. Low
4. (Don't know / Can't say)
5. (Refused)

*(ALL)

TIMESTAMP 6 – END OF SECTION G

SECTION H: RETURN TO WORK STATUS (EXTENDED) (RECOMMENDED)

*(ALL)

PROGRAMMER NOTE: CREATE DUMMY VARIABLE "WORK STATUS"

1. IF C1DUM=1, WORK STATUS=1 "Currently working AND RTW at any time"
2. IF C1DUM#1 AND C7=1, WORK STATUS=2 "Not currently working (may be currently retired), previously RTW "
3. IF C1DUM#1 AND C7#1, WORK STATUS=3 "Not currently working (may be currently retired), never tried to RTW"

*(ALL)

H2 People sometimes encounter problems or issues, either at work or at home, that prevent or delay them from returning to work. Thinking back to when you first tried to go back to work, did you encounter any of the following?
(SINGLE RESPONSE)

STATEMENTS

- a) Your supervisor didn't encourage or support you
- b) People at your work had a negative attitude towards those on workers' compensation
- c) Suitable duties were not made available to you
- d) Your work colleagues did not support you
- e) You did not feel mentally or emotionally ready to go back to work
- f) Other (specify)

RESPONSE FRAME

1. Yes
2. No
3. Did not take time off work
4. (Don't know / Can't say)
5. (Refused)

*(ASK IF WORK STATUS=1 OR 2: HAS RTW AT SOME STAGE)

H9 When you FIRST went back to work, were the duties you returned to the same, slightly different or completely different to what you were doing at the time of your workplace injury or illness.

(INTERVIEWER NOTE: 'slightly different' includes 'restricted', or 'alternate' duties)

1. Same duties (GO TO PREH15)
2. Slightly different (modified / light duties)
3. Completely different duties
4. (Don't know / Can't say) (GO TO PREH15)
5. (Refused) (GO TO PREH15)

*(ASK IF WORK STATUS=1 OR 2: HAS RTW AT SOME STAGE)

H15 When you FIRST went back to work, was this with the same employer as at the time of your workplace injury or illness?

1. Yes, same employer (GO TO PREH17)
2. No, changed employer
3. (Don't know / Can't say) (GO TO PREH17)
4. (REFUSED) (GO TO PREH17)

*(ASK IF H15=2: CHANGED EMPLOYER)

H16 Was the reason you changed employer associated with your injury or illness?

1. Yes
2. No
3. (Don't know / Can't say)
4. (Refused)

*(ASK IF H15=1: SAME EMPLOYER)

H17 And are you still working for the same employer?

1. Yes
2. No
3. (Don't know / Can't say)
4. (Refused)

*(ASK IF WORK STATUS= 1 OR 2: HAS RTW AT SOME STAGE)

H26 In your opinion, has returning to work helped, hindered or not affected your recovery from your injury or illness?

1. Helped
2. Hindered (delayed) (GO TO H28)
3. Not affected (GO TO H29)
4. (Don't know / Can't say) (GO TO H29)
5. (Refused) (GO TO H29)

*(ASK IF H26=1: FELT RTW HELPED RECOVERY)

H27 Why do you feel that returning to work helped your recovery?

1. Response Given (Specify) (PROGRAMMER NOTE: Set up as full verbatim)
2. (Don't know / Can't say)
3. (REFUSED)

*(ASK IF H26=2: FELT RTW HINDERED RECOVERY)

H28 Why do you feel that returning to work hindered your recovery?

1. Response Given (Specify) (PROGRAMMER NOTE: Set up as full verbatim)
2. (Don't know / Can't say)
3. (REFUSED)

*(ASK IF WORK STATUS=1: CURRENTLY WORKING)

H29 Since you FIRST returned to work, have you had to have any additional time off because of your workplace injury or illness?

(INTERVIEWER NOTE: This does not include time off for doctors' visits, rehabilitation, therapy, or being ill for any reasons not related to your injury, but does include time off for surgery or long-term treatment)

(INTERVIEWER NOTE: additional time off refers to substantial continuous time off from work as a result of the workplace injury or illness, not the odd half-day here and there)

1. Yes
2. No
3. Don't know/Can't say
4. Refused

*(ASK IF WORK STATUS=1: CURRENTLY WORKING)

PROGRAMMER NOTE: INSERT TEXT IN BRACKETS IF H29=1

H30 So, how long have you been back at work (for since your last additional time off)?

1. Days (Specify) (RANGE 0 TO 300)
2. Weeks (Specify) (RANGE 0 TO 100)
3. Months (Specify) (RANGE 0 TO 100)
4. Years (Specify) (RANGE 0 TO 10)
5. Don't know / Can't say
6. Refused

*(ALL)

H32DUM.

1. Not currently working has RTW (WORK STATUS=2) AND Not dismissed/made redundant (C8#9 OR 10) AND Not currently Retired (C1DUM#3)
2. WORK STATUS = 2 AND H32DUM #1
3. WORK STATUS=1 OR 3

*(ALL)

H34DUM.

1. NOT CURRENTLY WORKING, NO RTW (WORK STATUS=3) AND NOT RETIRED (C1DUM#3)
2. WORK STATUS=3 and retired (C1DUM=3)
3. WORK STATUS=1 OR 2

*(ASK IF WORK STATUS=2 OR 3: NOT WORKING)

H36DUM.

1. NOT WORKING AND NOT RETIRED ((WORKSTATUS=2 OR 3) AND (C1DUM NOT 3))
2. NOT WORKING AND RETIRED ((WORKSTATUS=2 OR 3) AND (C1DUM=3))

*(ASK IF H36DUM=1: NOT CURRENTLY WORKING AND NOT RETIRED)

H36 Do you hope to re-join the workforce in some capacity in the future?

(INTERVIEWER NOTE: If respondent has previously suggested that they want to return to work but will not be able to, code as 3 to avoid unnecessary distress.)

1. Yes
2. No (GO TO PREH41)
3. (Hope to return to work but not able to) (GO TO PREH41)
4. (Don't know / Can't say) (GO TO PREH41)
5. (Refused) (GO TO PREH41)

*(ASK IF WORK STATUS=2 OR 3: NOT CURRENTLY WORKING)

H41 Just to confirm, which one of the following best describes your current situation?

1. Permanently unable to work because of your injury or illness
2. Temporarily unable to work because of your injury or illness
3. Not working for some other reason
4. (Don't know / Can't say)
5. (Refused)

*(ALL)

TIMESTAMP - 7 END OF SECTION H



SECTION J: RTW SUPPORT AND REHABILITATION (CORE)

*(ASK IF AOCG12M=2: AGE OF CLAIM <= 12 MONTHS)

(PROGRAMMER NOTE: IF C1=1 – CURRENTLY WORKING - SAY 'returning to work', OTHERWISE SAY 'preparing to return to work')

J4 In your opinion, to what extent do you think your views were considered during the process of (returning to work / preparing to return to work)? Would you say... READ OUT)

1. Fully
2. Almost fully
3. Only partially
4. Not at all
5. (Don't know / Can't say)
6. (REFUSED)

*(ASK IF AOCG12M=2: AGE OF CLAIM <= 12 MONTHS)

(PROGRAMMER NOTE RE PHASING: IF C1=1 – CURRENTLY WORKING – SAY 'did', OTHERWISE SAY 'do')

INTERVIEWER NOTE: THIS IS LOOKING AT ANY PLAN TO RETURN TO WORK. IT CAN BE WRITTEN OR VERBAL, FORMAL OR INFORMAL,

J3aa Do you/ Did you have a plan in place to get back to work?

1. Yes
2. No
3. (Don't know / Can't say)
4. (Refused)

*(ASK IF J3aa=1: HAVE A PLAN)

J3b How involved were you in the development of this plan? Would you say that you were very involved, somewhat involved or not at all involved?

1. Very involved
2. Somewhat involved
3. Not at all involved
4. (Don't Know)
5. (Refused)

*(ASK IF J3aa=1: HAVE A PLAN)

J4aN Who else was involved in the development of your return to work plan?

INTERVIEWER NOTE: DO NOT READ OUT

INTERVIEWER NOTE: ACCEPT MULTIPLES

1. Your GP / Doctor (GP) at your work
3. A Psychologist, Psychiatrist or other mental health care professional
4. Physiotherapist
5. Your rehabilitation provider
6. < SELF INSURER / INSURANCE COMPANY / PREMIUM PAYER >
7. Another type of specialist
15. Someone from your work
12. None of the above ^s
13. (Don't know / Can't say) ^s
14. (Refused) ^s

*(ASK IF J4aN = 15: SOMEONE FROM YOUR WORK)

J4ai

Who from your work was involved in the development of your return to work plan?

INTERVIEWER NOTE: DO NOT READ OUT

INTERVIEWER NOTE: ACCEPT MULTIPLES

- 1 Your manager
- 2 Your teamleader
- 4 Your colleague
- 8 Your RTW Case Manager
- 9 Your HR Representative
- 10 Your RTW Coordinator
- 5 Other (Specify_____)
- 6 (Don't know / Can't say)
- 7 (Refused)

*(ASK IF J3aa=1: HAVE A PLAN)

(PROGRAMMER NOTE RE PHASING: IF C1=1 – CURRENTLY WORKING – SAY 'was',
OTHERWISE SAY 'is')

J4bN Was / Is this a written plan?

1. Yes
2. No
3. (Don't know / Can't say))
4. (Refused)

*(ASK IF J3aa=1: HAVE A PLAN)

J4c How helpful was/is your return to work plan?

(PROGRAMMER NOTE RE PHASING: IF C1=1 – CURRENTLY WORKING – SAY 'was',
OTHERWISE SAY 'is')

1. Very helpful (GO TO J4F)
2. Helpful (GO TO J4F)
3. Not particularly helpful
4. Not at all helpful
5. (Don't Know) (GO TO J4F)
6. (Refused) (GO TO J4F)

(PROGRAMMER NOTE RE PHASING: IF C1=1 – CURRENTLY WORKING – SAY 'wasn't',etc
OTHERWISE SAY 'isn't', etc)

*(ASK IF J4c=3 OR 4: RTW PLAN NOT PARTICULARLY OR NOT AT ALL HELPFUL)

J4ei Did any of the following contribute to why your return to work plan wasn't/isn't helpful?

STATEMENTS

- a) Your return to work plan (wasn't/isn't) implemented
- b) Your return to work plan (was/has been) implemented but (nothing changed/nothing has changed)
- c) Your return to work plan (wasn't/isn't) really needed
- d) The duties you (were/are) doing (didn't/don't) match your skills
- e) Your return to work plan (didn't/doesn't) properly address your circumstances
- f) Your return to work plan (wasn't/isn't) supported in your workplace

RESPONSE FRAME

1. Yes
2. No
3. (Don't know / Can't say)
4. (REFUSED)

*(ASK IF J3aa=1: HAVE A PLAN)

(PROGRAMMER NOTE RE PHASING: IF C1=1 – CURRENTLY WORKING – SAY ‘Did you’, OTHERWISE SAY ‘Do you’)

J4f (Do you / Did you) need any help to do what was recommended in your plan?

1. Yes
2. No (GO TO PREJ1)
3. (Don't Know) (GO TO PREJ1)
4. (Refused) (GO TO PREJ1)

*(ASK IF J4f =1: NEEDED HELP WITH RECOMMENDATIONS IN PLAN)

(PROGRAMMER NOTE RE PHASING: IF C1=1 – CURRENTLY WORKING – SAY ‘were you given’, OTHERWISE SAY ‘are you receiving’)

J4g (Are you receiving / Were you given) any help to do what was recommended in the plan?

1. Yes
2. No
3. (Don't Know)
4. (Refused)

*(ASK IF J3aa =2,3,4: NO PLAN TO RTW)

J1 You may have had discussions with various people about your workplace injury or illness. In these discussions, did you ever talk with any of the following people specifically about going back to or returning to work?

(INTERVIEWER NOTE: READ OUT)

(INTERVIEWER NOTE: ACCEPT MULTIPLES)

1. Your GP / Doctor (GP) at your work
3. A Psychologist, Psychiatrist or other mental health care professional
4. Physiotherapist
5. Your rehabilitation provider
6. < Comcare / WORKERS COMPENSATION UNIT >
7. Another type of specialist
15. Someone from your work.
12. None of the above ^s
13. (Don't know / Can't say) ^s
14. (Refused) ^s

*(ASK IF J1 = 15: SOMEONE FROM YOUR WORK)

J1a Who from your work did you discuss going back to work with?

(DO NOT READ OUT)

INTERVIEWER NOTE: ACCEPT MULTIPLES

- 1 Your manager
- 2 Your team leader
- 4 Your colleague
- 8 Your RTW Case Manager
- 9 Your HR Representative
- 10 Your RTW Coordinator
- 5 Other (Specify_____)
- 6 (Don't know / Can't say)
- 7 (Refused)

*(ASK IF NOT RETIRED=1 OR H36=2 OR H41=1: NOT CURRENTLY WORKING OR UNABLE TO WORK DUE TO INJURY)

J9 According to your present state of health, how likely or unlikely do you think it is that you would be able to do your current job two years from now?

INTERVIEWER NOTE: Current job means the job at the time of interview whether this is your usual job or modified duties.

1. Very likely
2. Likely
3. (Neither likely or unlikely)
4. Unlikely
5. Very unlikely
6. (Don't know/Can't say)
7. (Refused)

*(ALL)

TIMESTAMP 8 – END OF SECTION

SECTION N: MEDICAL CARE (CORE)

*(ALL)

INTRON2. Now I would like to talk to you about the medical services you may have received for your workplace injury or illness.

*(ALL)

N9 Firstly I would like to ask you about the services you may have received from a General Practitioner, or GP, who you would have seen for your injury or illness. Do you agree or disagree with the following statements?

(INTERVIEWER NOTE: READ FULL QUESTION THE FIRST TIME AND THEN REPEAT IF NECESSARY)

(PROBE FOR AGREE/DISAGREE OR STRONGLY AGREE/DISAGREE)

(ROTATE STATEMENTS)

STATEMENTS

- a. You were able to easily get an appointment with a GP for your workplace injury or illness?
- b. The GP showed respect for what you had to say?
- c. The GP had contact, either verbally or in writing, with your employer about you returning to work
- d. The GP provided access to all the medical services you needed to help you return to work
- e. You had confidence in the GP you were speaking with.
- f. The GP played/is playing an important role in you returning to work
- g. The GP issued medical certificates that stated when you could return to work
- h. The GP issued medical certificates that included information on what you can do at work
- i. The GP explained to you the **physical benefits** of returning to work as soon as safely possible
- j. The GP explained to you the **psychological benefits** of returning to work as soon as safely possible

RESPONSE FRAME

1. Strongly disagree
2. Disagree
3. (Neither nor)
4. Agree
5. Strongly agree
6. (Don't know / Can't say)
7. (Refused)

*(ALL)

N10 Now I would like to ask you about all of the medical treatment or services you may have received which were paid for or reimbursed under your workers' compensation claim. Medical services include treatment you may have received from doctors, physiotherapists, psychologists, specialists etc.

Do you agree or disagree with the following statements?

(INTERVIEWER NOTE: READ FULL QUESTION THE FIRST TIME AND THEN REPEAT IF NECESSARY)

(PROBE FOR AGREE/DISAGREE OR STRONGLY AGREE/DISAGREE)

(ROTATE STATEMENTS)

STATEMENTS

- a. You were able to easily access the medical treatment or services that you needed for your workplace injury or illness
- b. The medical treatment or services you received helped you to recover from your injury or illness
- c. The medical treatment or services you received helped you to actually get back to work

RESPONSE FRAME

1. Strongly disagree
2. Disagree
3. (Neither nor)
4. Agree
5. Strongly agree
6. (Don't know / Can't say)
7. (Refused)

*(ALL)

N11 Thinking about your experiences in getting medical treatment or services, what has been the MAIN difficulty that you faced?

(INTERVIEWER NOTE: KEEP FOCUS ON MAIN DIFFICULTY)

(DO NOT ALLOW MULTIPLES)

1. The medical/allied health provider would not take workers' compensation patients
2. The medical/allied health provider was not taking new patients
3. There were problems scheduling an appointment
4. Travel was difficult to arrange
5. Employer or Insurer discouraged you from using a particular medical/allied health provider
6. Medical treatment or services were not paid for or reimbursed under your workers' compensation claim
7. Other (please specify)
8. No difficulties
9. (Don't know)
10. (Refused)

TIMESTAMP 10 – END OF SECTION N

SECTION K: WORKPLACE REHABILITATION (CORE)

*(ASK IF OCCREHAB=1: OCC REHAB SAMPLE)

INTROK1 Now I'd like to ask you a couple of questions about any rehabilitation services you may have received. These are services you will have received from someone trained to assist injured or unwell workers back to work. It doesn't include medical treatment or services – we will talk about these shortly.

K1 Was a workplace rehabilitation provider engaged to help you return to work?
(INTERVIEWER NOTE: EXPLAIN IF NECESSARY: Rehabilitation providers are usually external from the workplace and offer services from a person specially trained in assisting injured workers to get back to work, sometimes these providers are referred to as occupational therapists)

1. Yes
2. No (GO TO NEXT TIMESTAMP)
3. (Don't Know / Can't Say) (GO NEXT TIMESTAMP)
4. (Refused) (GO TO NEXT TIMESTAMP)

*(ASK IF K1=1: RECEIVED OCC REHAB SERVICES IN REFERENCE PERIOD)

PROGRAMMER NOTE: IF WORK STATUS=1 INSERT "continue at work" ELSE INSERT "return to work"

K2 Thinking about the last six months, would you say your rehabilitation provider was good or poor in relation to ...?
(PROBE: If 'good': WOULD YOU SAY good or very good: If poor WOULD YOU SAY poor, or very poor)
(INTERVIEWER NOTE: DON'T REPEAT QUESTION UNLESS NECESSARY)
(INTERVIEWER NOTE: Can use definition "A rehabilitation provider is a person specially trained in assisting injured workers to get back to work")

STATEMENTS

- a) Listening to your point of view
- c) Responding promptly to your requests or queries
- d) Explaining their role to you
- e) Providing you with the support you needed to return to work/continue at work

RESPONSE FRAME

1. Very poor
2. Poor
3. (Neither good nor poor)
4. Good
5. Very good
6. (Don't know / Can't say)
7. (REFUSED)

*(ASK IF K2e=1 OR 2: RESPONDENT FELT REHAB PROVIDER VERY POOR/POOR IN PROVIDING SUPPORT)

K2a Why do you feel the rehabilitation provider was poor in supporting you to return to work or continue at work?

1. RECORD VERBATIM
2. (Don't know / Can't say)
3. (Refused)



*(ASK IF K1=1: RECEIVED OCC REHAB SERVICES IN REFERENCE PERIOD)

K3 Thinking about all of your dealings with your rehabilitation provider in the last six months, would you say that, overall, you were satisfied or dissatisfied with the service you received.
(INTERVIEWER NOTE: DO NOT READ OUT)
(PROBE: VERY SATISFIED / DISSATISFIED)

1. Very dissatisfied
2. Dissatisfied
3. (Neither nor)
4. Satisfied
5. Very satisfied
6. (Don't know / Can't say)
7. (REFUSED)

*(ALL)

TIMESTAMP 9 – END OF SECTION K



SECTION L: ROLE OF WORK, THE EMPLOYER AND OTHERS (RECOMMENDED)

*(ALL)

INTROL1 I would like to get your opinion about some of the people and organisations you may have had dealings with in relation to your workers compensation claim.

1. CONTINUE

*(ALL)

L1 Thinking about your ENTIRE experience of being on workers compensation, I'd like you to tell me whether you agree or disagree with the following statements.

(INTERVIEWER NOTE: Overall impression, all things considered not tied to reference period)

(INTERVIEWER NOTE: DON'T REPEAT QUESTION UNLESS REMINDER NEEDED)

(PROBE: IS THAT STRONGLY AGREE / DISAGREE)

Overall, in my view...

STATEMENTS

- a) The PROCESS was open and honest
- b) There seemed to be good communication between the various people and organisations I dealt with
- c) I felt like the system was working to protect my best interests
- d) I believe the system treated me fairly
- e) I feel that the system helped me with my recovery

RESPONSE FRAME

1. Strongly disagree
2. Disagree
3. (Neither nor)
4. Agree
5. Strongly agree
6. (Don't know / Can't say)
7. (REFUSED)

*(ALL)

L3 Thinking about the role of your employer <IF CHANGED EMPLOYER H15=2 OR RETIRED C1DUM=3: at the time of > <ALL OTHERS: following> your workplace injury or illness, do you agree or disagree with the following statements?

INTERVIEWER NOTE: THIS MEANS YOUR EMPLOYER AT THE TIME OF THE INJURY. IF CHANGED EMPLOYER OR RETIRED, WE ARE REFERRING TO THE EMPLOYER AT THE TIME OF THE INJURY.

STATEMENTS

- a) Your employer did what they could to support you
- b) Your employer provided enough information on both your rights and responsibilities
- c) Your employer made an effort to find suitable employment for you
- d) Your employer helped you with your recovery
- e) Your employer treated you fairly during the claims process
- f) Your employer treated you fairly after the claims process

RESPONSE FRAME

1. Strongly disagree
2. Disagree
3. (Neither nor)
4. Agree
5. Strongly agree
6. (Don't know / Can't say)
7. (REFUSED)

*(ASK IF AOCG6M=1 AND H15≠2: AGE OF CLAIM > 6 months AND HAS NOT CHANGED EMPLOYER)

L4 To what extent is your employer supporting you now in relation to any needs you may have regarding your injury or illness?

1. To a great extent
2. To a moderate extent
3. Only slightly
4. Not at all
5. (Don't know / Can't say)
6. (REFUSED)

*(ASK IF AOCG12M=2: AGE OF CLAIM ≤12MONTHS AGO)

L5 Did your supervisor or someone else from work contact you about recovering from your workplace injury or illness?

1. Yes
2. No (GO TO L7)
3. (Don't know / Can't say) (GO TO L7)
4. (REFUSED) (GO TO L7)

*(ASK IF L5=1: CONTACTED BY WORK)

L6 How many days after your workplace injury / illness occurred were you FIRST contacted?

1. 0 - 3 days
2. 4 – 10 days
3. 11 – 15 days
4. 16 or more days
5. (Don't know / Can't say)
6. (REFUSED)

*(ALL)

- L8 Next are some questions about how you feel when handling challenging situations either in the workplace or in your personal life. The following questions are about how you respond to these types of situations. To what extent do you agree or disagree with the following statements? (READ OUT)

STATEMENTS

- a) I tend to bounce back quickly after hard times
- b) I have a hard time making it through stressful events
- c) It does not take long for me to recover from a stressful event
- d) It is hard for me to snap back when something bad happens
IF NECESSARY 'SNAP BACK' MEANS 'BOUNCE BACK'
- e) I usually come through difficult times with little trouble
- f) I tend to take a long time to get over setbacks in my life

RESPONSE FRAME

- 1. Strongly disagree
- 2. Disagree
- 3. Neither agree nor disagree
- 4. Agree
- 5. Strongly agree
- 6. (Don't know / Can't say)
- 7. (REFUSED)

*(ALL)

TIMESTAMP 11 – END OF SECTION L



SECTION M: SUBMITTING A CLAIM (CORE)

*(ALL)

INTROM1 Now I would like to ask you some questions about submitting your claim.

*(ALL)

M2 Did your employer help you manage your injury or illness before you lodged your workers' compensation claim?
(INTERVIEWER NOTE: This can include counselling or mediation, work place adjustments, special equipment, changes to duties or hours worked)

1. Yes
2. No
3. (Don't Know)
4. (Refused)

*(ALL)

M3 Did you feel your employer discouraged you from putting in a claim?

1. Yes
2. No
3. (Don't Know)
4. (Refused)

*(ALL)

M5 Thinking back to when you were considering putting in a workers' compensation claim, would you agree or disagree that :

PROBE FOR AGREE/DISAGREE OR STRONGLY AGREE

STATEMENTS

- a) You thought you would be treated differently by people at work
- b) You felt your supervisor thought you were exaggerating or faking your injury
- c) You were concerned that you would be fired if you submitted a claim

RESPONSE FRAME

1. Strongly disagree
2. Disagree
3. (Neither agree nor disagree)
4. Agree
5. Strongly agree
6. (Don't know / Can't say)
7. (REFUSED)

*(ALL)

M6 While you were putting in your workers compensation claim or during the period after your claim was accepted, did you ever have a difference of opinion with either your employer or the organisation who you dealt with for your claim?

INTERVIEWER NOTE: Difference of opinion refers to disagreements about treatment, entitlements or benefits, hours worked, type of work, etc.....

1. Yes
2. No (GO TO NEXT TIMESTAMP)
3. (Don't Know) (GO TO NEXT TIMESTAMP)
4. (Refused) (GO TO NEXT TIMESTAMP)

*(ASK IF M6=1: HAD DIFFERENCE OF OPINION)

M7 Did you need assistance to resolve this?

INTERVIEWER NOTE: Assistance refers to formal assistance such as through an advisory services or other telephone hotline, mediation, legal advice or representation, etc.

1. Yes
2. No
3. (Don't Know)
4. (Refused)

*(ALL)

TIMESTAMP 12 – END OF SECTION M

SECTION X: HOUSEHOLD AND DEMOGRAPHICS (RECOMMENDED)

END That's the end of survey. Thanks very much for your time. Just in case you missed it my name is (...) and this survey was conducted on behalf of <Jurisdiction>.

INTERVIEWER NOTE: IF CONCERNED OR HAVE QUERIES ABOUT INTERVIEW:

If you have any queries or concerns about the survey, I have some numbers I can give you if you like...

The Social Research Centre 1800 836 380
<Display Jurisdiction name> <phone>

Jurcode	Jurisdiction Name	Phone
1	Q-COMP	1300 362 128
2	WorkCover Tasmania	1300 366 322
3	Workcover WA	(08) 9388 5586
4	WorkSafe Victoria	(03) 9641 1659
5	Seacare	(02) 6275 0070
6	NSW SIRA	13 10 50
7	ReturnToWorkSA	13 18 55
8	Comcare	1300 366 979
9	NT WorkSafe	1800 250 713

*(INTERVIEWER NOTE: REFERRAL NUMBER FOR THOSE UPSET BY THE INTERVIEW ETC..)

If you are upset or anxious about anything that has been raised in this survey, you could phone your organisation's employee assistance program or alternatively you could contact

Lifeline on 13 11 44

*(ALL)

TIMESTAMP 14 – END OF SECTION Y

*TERMINATION SCRIPTS

TERM 1

Thanks anyway but we need to speak with people who have had direct dealings with <Jurisdiction>/<Licensee / Insurance Company>.

TERM 2

Thank you but we need to speak with people who have taken a day or more off

TERM 3

Thank you for your time.

TERM 4

Thank you anyway but we need to speak with people who have taken a day or more off work

ALLTERM

(summary of terminations)

PROGRAMMER NOTE – please create summary of all terminations

- Terminated at INTRO 1=3 (Person not known)
- Terminated at INTRO 1=4 (Denies <Jurisdiction> claim)
- Terminated at INTRO 1=6 (LOTE, no follow-up)
- Terminated at INTRO 1=5 (No contact with <Jurisdiction> in reference period)
- Terminated at INTRO 1=8 (Hard refusal – never contact)
- Terminated at INTRO 1=9 (Hard refusal – not this time)
- Terminated at INTRO 1=10 (Soft refusal – not this time)
- Terminated at INTRO 1=11 (Away duration)
- Terminated at INTRO 3=3 (Respondent not known)
- Terminated at INTRO 3=4 (Denies <Jurisdiction> claim)
- Terminated at INTRO 3=5 (Hard refusal – never contact)
- Terminated at INTRO 3=6 (Hard refusal – not this time)
- Terminated at INTRO 3=7 (Soft refusal – not this time)
- SAFE1 = 3 (Hard refusal – never contact)
- SAFE1 = 4 (Hard refusal – not this time)
- SAFE1 = 5 (Soft refusal – not this time)
- SAFE3 = 3 (Hard refusal – never contact)
- SAFE3 = 4 (Hard refusal – not this time)
- SAFE3 = 5 (Soft refusal – not this time)
- Terminated at INTRO1=14 (respondent deceased)
- Terminated at S2 NOT=1 (Did not have 1 or more days off)
- Terminated at S1b=2,3,4 (Not able to answer about compensation claim, CS, R)
- All other terminations