

National Return to Work Survey 2014

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Summary of key sample variables

FULL NAME	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 May 2013)
2. AGE OF CLAIM <= 12 MONTHS

*(ALL)

AOCG6M.

1. AGE OF CLAIM > 6 MONTHS (Calculated from 1 May 2013)
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. Workcover NSW
7. Workcover SA
8. Comcare

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.

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 do you deal 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 DAYS<COMP 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 some questions to give us more background about the work you were doing at the time of your workplace injury or illness.

1. CONTINUE

*(ALL)

A2 Approximately how long had you been with your employer at that time of your injury or illness?

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 100)
5. (Don't know)
6. (Refused)

*(ALL)

A1 Approximately how long had you been doing this type of work for prior to your injury or illness, both with your employer at that time and/or with previous employers?

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 100)
5. (Don't know)
6. (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)

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

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)

PRE B4 IF B3=2 CONTINUE, ELSE GO TO B5

*(WILL CONTINUE TO RECOVER, B3=2)

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)

PREC2 IF C1=2 CONTINUE, ELSE GO TO C1DUM

*(C1=2)

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

PREC8 C1DUM=2,4,5 CONTINUE, ELSE GO TO C9

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

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)

PREC9 IF C8=CODE 4 THRU 19 CONTINUE, ELSE GOTO C10

*(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 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)

PREWAC1. WAC1DUM=1 CONTINUE, ELSE GO TO NEXT TIMESTAMP

*(WORKCOVER WA RESPONDENTS AND CURRENTLY GETTING LOST INCOME PAYMENTS (C10=1)

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 G: IN THE WORKPLACE (CORE)

PREF2 IF CURRENTLY WORKING (C1DUM=1) CONTINUE, OTHERWISE GO TO NEXT
TIMESTAMP

*(CURRENTLY WORKING AND RTW AT ANY TIME, C1DUM=1) (PERSONAL WELLBEING)

- G1 Now I have some questions about how you feel about what you are currently doing at work. Thinking about the work you are doing NOW, 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) The work you are doing is important to you
- b) The work you are doing satisfies you
- c) You have a say in how you organise your work
- d) Your opinions and suggestions are considered at work
- e) The work you are doing is valued by others at work
- f) You enjoy 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)

*(CURRENTLY WORKING AND RTW AT ANY TIME, C1DUM=1) (FUNCTIONAL CAPACITY)

- G2 Next a few questions about how work is going for you. (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) The amount of work you are currently doing is reasonable
- b) Given your recovery, your skills and abilities are used appropriately
- c) Given your circumstances, the hours you are working are about right for you
- d) You are physically capable of doing your job
- e) You feel emotionally capable of doing 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)

*(CURRENTLY WORKING AND RTW AT ANY TIME, C1DUM=1) (WORK ENVIRONMENT)

- G3 Next some questions about your workplace. Do you agree or disagree that
PROBE FOR AGREE/DISAGREE OR STRONGLY AGREE/DISAGREE

PROGRAMMER NOTE: ROTATE STATEMENTS A TO D

STATEMENTS

- a) You feel you are part of a community at work
- b) Employees and management are generally supportive of each other
- c) Your immediate supervisor or manager is committed to workplace safety
- d) The other people you work with are 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)

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"

PREH1 IF WORK STATUS=1 OR 2 CONTINUE, ELSE GO TO PREH22

*(HAS RTW AT SOME STAGE, WORK STATUS=1 OR 2)

H1 The next few questions are about the time you have had off work and your experience of returning to work. How much time off did you have before you FIRST went back to work? (DO NOT READ OUT)

INTERVIEWER NOTE: THIS QUESTION IS REFERRING TO TAKING A 'DAY OR MORE' OFF WORK RATHER THAN A COUPLE OF HOURS FOR TREATMENT. IT'S ABOUT BEING ABSENT FROM THE WORKPLACE.

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)
6. (Don't Know / Can't say)
7. (Refused)

*(HAS RTW AT SOME STAGE, WORK STATUS=1 OR 2)

H2 People sometimes encounter problems or issues, either at work or at home, that prevent or delay them from returning to work. Apart from your injury or illness, what was the MAIN issue, if any, you encountered in trying to get back to work?

(SINGLE RESPONSE)

(DO NOT READ OUT)

INTERVIEWER NOTE: Keep focus on MAIN issue

1. No problems or difficulties
2. Still injured/In pain/Had not recovered
3. No support/encouragement from my supervisor
5. Nature / type of injured workers' injury
6. Employer attitude (e.g. management, supervisor or other staff)
7. Difficulties in identifying or providing suitable employment for the worker
15. Psychological issues (stress, anxiety, motivation, depression, confidence)
23. Travel/ driving to work/ transport
25. Retired/ dismissed/ no longer working
32. Mentally / Emotionally not ready to go back to work
34. No support / encouragement from my employer
96. Other (Specify) *(PROGRAMMER NOTE: Set up as full verbatim)
97. (Don't know / Can't say)
98. (Refused)

*(HAS RTW AT SOME STAGE, WORK STATUS=1 OR 2)

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)

PREH15 IF (WORK STATUS=1 OR 2) CONTINUE, ELSE GO TO PREH16)

*(HAS RTW AT SOME STAGE, WORK STATUS=1 OR 2)

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)

PREH16 IF H15=2 CONTINUE, ELSE GO TO PREH17

*(CHANGED EMPLOYER, H15=2)

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)

PREH17 IF H15=1 CONTINUE, ELSE GO TO PREH22

*(SAME EMPLOYER, H15=1)

H17 And are you still working for the same employer?

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

PREH22 IF WORK STATUS=1 OR 2 CONTINUE, ELSE GO TO PREH29

*(HAS RTW AT SOME STAGE, WORK STATUS=1 OR 2)

H22 Thinking about what motivates people to return to work after an injury; can you tell me what factor motivated YOU THE MOST (to return to work)?

(INTERVIEWER NOTE: Do not read options, but indicate as appropriate)

(ACCEPT MULTIPLES)

1. Not motivated/interested in returning to work
2. Physical benefits of returning to work
3. Financial considerations (e.g. getting back to full pre-injury pay)
4. Social aspects of work (co-workers or friends at work)
5. Psychological or mental health reasons (to feel better about myself)
6. Bored at home/structure that work provides (having somewhere to go in the morning)
7. To get off workers' compensation (stigma associated with being a workers' compensation claimant)
8. Any other reason (Specify: _____)
9. (Don't know / Can't say)
10. (Refused)

*(HAS RTW AT SOME STAGE, WORK STATUS=1 OR 2)

H23 Did you feel PHYSICALLY ready to (return to work at that time?

(INTERVIEWER NOTE: DO NOT READ OUT)

(INTERVIEWER NOTE: This is about how the respondent felt JUST BEFORE they actually started back at work)

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

*(HAS RTW AT SOME STAGE, WORK STATUS=1 OR 2)

H24 Did you feel EMOTIONALLY ready to return to work at that time?

(INTERVIEWER NOTE: DO NOT READ OUT)

(INTERVIEWER NOTE: This is about how the respondent felt JUST BEFORE they actually started back at work)

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

*(HAS RTW AT SOME STAGE, WORK STATUS=1 OR 2)

H25DUM.

1. Not ready/maybe ready to return to work physically or emotionally (H23=2 OR 3 OR H24=2 OR 3)
2. Other

PREH25 IF H25DUM=1 CONTINUE, ELSE GO TO PREH26

*(RTW BUT FELT NOT/MAYBE READY PHYSICALLY/EMOTIONALLY AT TIME, H25DUM=1)

H25 What was the MAIN reason you did not feel ready to return to work ?

(INTERVIEWER NOTE: DO NOT READ OUT)

1. Still injured / In pain / Had not recovered
5. Mentally / Emotionally not ready to go back to work
7. No support / encouragement from my employer
14. Fear of re-injury
15. Other Response Given (Specify) *(PROGRAMMER NOTE: Set up as full verbatim)
16. (Don't know / Can't say)
17. (Refused)

PREH26 IF WORK STATUS=1 OR 2 CONTINUE, ELSE GO TO PREH29

*(HAS RTW AT SOME STAGE, WORK STATUS= 1 OR 2)

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)

PREH27 IF H26=1 CONTINUE, ELSE GO TO PREH28

*(FELT RTW HELPED RECOVERY, H26=1)

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)

PREH28 IF H26=2 CONTINUE, ELSE GO TO PREH29

*(FELT RTW HINDERED RECOVERY, H26=2)

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)

CURRENTLY WORKING

PREH29 IF WORK STATUS=1 CONTINUE, ELSE GO TO H32DUM.

*(CURRENTLY WORKING, WORK STATUS=1)

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

*(CURRENTLY WORKING, WORK STATUS=1)

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

*(NOT CURRENTLY WORKING HAS RTW AND NOT DISMISSED/MADE REDUNDANT AND NOT CURRENTLY RETIRED, H32DUM=1)

H33 You mentioned before that you have tried to return to work. Apart from your injury or illness, what is the MAIN issue, if any, you are encountering in trying to get back to work? (SINGLE RESPONSE)

(INTERVIEWER NOTE: Keep focus on MAIN issue)

INTERVIEWER NOTE: DO NOT READ OUT)

1. No problems or difficulties
2. Still injured/In pain/Had not recovered
3. No support/encouragement from my supervisor
5. Nature / type of injured workers' injury
6. Employer attitude (e.g. management, supervisor or other staff)
7. Difficulties in identifying or providing suitable employment for the worker
15. Psychological issues (stress, anxiety, motivation, depression, confidence)
23. Travel/ driving to work/ transport
25. Retired/ dismissed/ no longer working
32. Mentally / Emotionally not ready to go back to work
34. No support / encouragement from my employer
96. Other (Specify) *(PROGRAMMER NOTE: Set up as full verbatim)
97. (Don't know / Can't say)
98. (Refused)

*(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

PREH35 IF H34DUM=1CONTINUE, ELSE GO TO PREH36DUM

*(NO RTW AND NOT RETIRED, H34DUM=1)

H35 People sometimes encounter problems or issues, either at work or at home, that prevent or delay them from returning to work. Apart from your injury or illness, what is the MAIN issue, if any, you are encountering in trying to get back to work?

(DO NOT READ OUT)

(SINGLE RESPONSE)

(INTERVIEWER NOTE: Keep focus on MAIN issue)

1. No problems or difficulties
2. Still injured/In pain/Had not recovered
3. No support/encouragement from my supervisor
5. Nature / type of injured workers' injury
6. Employer attitude (e.g. management, supervisor or other staff)
7. Difficulties in identifying or providing suitable employment for the worker
15. Psychological issues (stress, anxiety, motivation, depression, confidence)
23. Travel/ driving to work/ transport
25. Retired/ dismissed/ no longer working
32. Mentally / Emotionally not ready to go back to work
34. No support / encouragement from my employer
96. Other (Specify) *(PROGRAMMER NOTE: Set up as full verbatim)
97. (Don't know / Can't say)
98. (Refused)

PREH36DUM IF WORK STATUS=2 OR 3 CONTINUE, ELSE GO TO PREH41

*(NOT WORKING, WORK STATUS=2 OR 3)

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))

PREH36 IF H36DUM=1 CONTINUE, ELSE GO TO PREH41

*(NOT CURRENTLY WORKING AND NOT RETIRED, H36DUM=1)

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)

PREH41 IF WORK STATUS=2 OR 3 CONTINUE, ELSE GO TO NEXT TIMESTAMP

*(NOT CURRENTLY WORKING, WORK STATUS=2 OR 3)

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)

*(ALL)

PREJ1 IF AOCG12M=2 CONTINUE, ELSE GO TO J9

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

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
3. A Psychologist, Psychiatrist or other mental health care professional
4. Physiotherapist
5. Your rehabilitation provider (DISPLAY ONLY IF SAMPLE OCC REHAB=1)
6. <CONTACT ORGANISATION/S>
7. Another type of specialist
15. Someone from work (other than your workers' compensation unit)
10. Union representative
16. Or anyone else (Specify)
12. (None of the above)
13. (Don't know / Can't say)
14. (Refused)

PREJ2. IF J1=15 CONTINUE, ELSE GO TO J4

*(DISCUSSED WITH PEOPLE FROM WORK , J1 = 15)

J2 With whom from work did you discuss returning to work

INTERVIEWER NOTE: ACCEPT MULTIPLES

1. Your manager
2. Your teamleader
3. Your co-worker
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)

*(AGE OF CLAIM LESS THAN OR EQUAL TO 12 MONTHS AND NOT RETIRED, AOCG12M=2 AND C1DUM#3)

(PROGRAMMER NOTE RE PHRASING: IF C1DUM=1 CURRENTLY WORKING - SAY 'was' and 'return to work', OTHERWISE SAY 'is' and 'prepare to return to work')

J4 Who (was / is) the most important person in helping you (return to work / prepare for a return to work)?

(INTERVIEWER NOTE: CAPTURE REASON WHY ONLY IF GIVEN)

(INTERVIEWER NOTE: MULTIPLE RESPONSE)

(INTERVIEWER NOTE: RECORD ONE PERSON OTHER THAN MYSELF)

1. Myself (PROBE Apart from yourself, who has been the most important person?)
2. Response Given (Specify) (PROGRAMMER NOTE: Set up as full verbatim)
3. (Don't Know / Can't Say) (GO TO J6)
4. (Refused) (GO TO J6)
5. No-one (GO TO J6)

PREJ5 IF J4 = 2 – MOST IMPORTANT PERSON IN HELPING TO RTW CONTINUE, ELSE GO TO J8

(PROGRAMMER NOTE: IF C1DUM=1 – CURRENTLY WORKING – ‘return to work’, OTHERWISE ‘prepare to return to work’)

*(MENTIONED MOST IMPORTANT PERSON APART FROM MYSELF, J4=2)

J5 In what ways did <PROGRAMMER: INSERT TEXT FROM J4 CODE 2> help you (return to work / prepare to return to work)?

(INTERVIEWER NOTE: DO NOT READ OUT)

(INTERVIEWER NOTE: ACCEPT MULTPLES)

1. Discussed RTW options with me
2. Discussed my RTW with my employer
3. Followed up/ made regular contact/ made sure I was ok
4. Helped with my recovery
5. Did a worksite assessment for me
6. Prepared a RTW plan for me
7. Provided treatment / services
8. Helped me manage my condition
9. Didn't do anything
10. Other (Specify _____)
11. (Don't know / Can't say)
12. (Refused)

*(AGE OF CLAIM LESS THAN OR EQUAL TO 12 MONTHS AND NOT RETIRED, AOCG12M=2 AND C1DUM≠3)

(PROGRAMMER NOTE: IF C1DUM=1 CURRENTLY WORKING - SAY ‘returning to work’, OTHERWISE SAY ‘preparing to return to work’)

J8 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)

*(AGE OF CLAIM LESS THAN OR EQUAL TO 12 MONTHS AND NOT RETIRED, AOCG12M=2 AND C1DUM≠3)

(PROGRAMMER NOTE RE PHASING: IF C1DUM=1 OR 3, RETIRED OR CURRENTLY WORKING – SAY ‘did’, OTHERWISE SAY ‘do’)

J6 Did / Do you have to return to work plan? A return to work plan is an agreement setting out the steps to achieve a return to work. It is usually developed with your employer or insurer.

1. Yes (GO TO J7)
2. No (Go TO PREJ9)
3. (Don't know / Can't say)) (Go TO PREJ9)
4. (Refused) (Go TO PREJ9)

*(IF HAVE A PLAN, J6=1)

J7 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)

PREJ9 J6=1 – Have a RTW plan CONTINUE, ELSE GO TO PREJ10

*(HAVE A RTW PLAN, J6=1)

J9 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
3. A Psychologist, Psychiatrist or other mental health care professional
4. Physiotherapist
5. Your rehabilitation provider (DISPLAY ONLY IF SAMPLE OCC REBAB=1)
6. <<CONTACT ORGANISATIONS>
7. Another type of specialist
15. Someone from your work (other than your workers' compensation unit)
10. Union representative
16. Or anyone else (Specify)
12. (None of the above)
13. (Don't know / Can't say)
14. (Refused)

PREJ10. IF J9=15 CONTINUE, ELSE GO TO PREJ12

*(IF MENTION IMMEDIATE WORK COLLEAGUES, J9 = 15)

J10 Who from work was involved in the development of your return to work plan?

INTERVIEWER NOTE: ACCEPT MULTIPLES

1. Your manager
2. Your teamleader
3. Your co-worker / 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)

PREJ12 IF HAVE A RTW PLAN, J6=1 CONTINUE, ELSE GO TO PREJ14

*(HAVE A RTW PLAN, J6=1)

(PROGRAMMER NOTE RE PHASING: IF C1DUM=1 – CURRENTLY WORKING – SAY 'was', OTHERWISE SAY 'is')

J12 Was / Is this a written plan?

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

*(HAVE A RTW PLAN, J6=1)

J13 How helpful was / is your return to work plan?

(READ OUT)

(PROGRAMMER NOTE RE PHASING: IF C1DUM=1 OR 3, RETIRED OR CURRENTLY WORKING

– SAY 'was', OTHERWISE SAY 'is')

1. Very helpful
2. Helpful
3. Not particularly helpful (GO TO PREJ15)
4. Not at all helpful (GO TO PREJ15)
5. (Don't Know) (GO TO PREJ15)
6. (Refused) (GO TO PREJ15)

(PROGRAMMER NOTE RE PHASING: IF C1DUM=1 – CURRENTLY WORKING – SAY 'was', OTHERWISE SAY 'is')

PREJ14 IF J13=1 OR 2 CONTINUE, ELSE GO TO PREJ15

*(RTW PLAN HELPFUL, J13=1 OR 2)

J14 Why (is/was) your return to work plan helpful?

1. Response Given (Specify) (PROGRAMMER NOTE: Set up as full verbatim)
2. (Don't Know / Can't Say)
3. (Refused)

PREJ15 IF J13=3 OR 4 CONTINUE, ELSE GO TO PREJ16

*(RTW PLAN NOT HELPFUL, J13=3 OR 4)

J15 Why (was/is)n't your return to work plan helpful?

(PROGRAMMER NOTE RE PHASING: IF C1DUM=1 OR 3, RETIRED OR CURRENTLY WORKING

– SAY 'wasn't', OTHERWISE SAY 'isn't')

1. Response Given (Specify) (PROGRAMMER NOTE: Set up as full verbatim)
2. (Don't Know / Can't Say)
3. (Refused)

PREJ16. IF HAVE A RTW PLAN J6=1 CONTINUE, ELSE GO TO NEXT TIMESTAMP

*(HAVE A RTW PLAN, J6=1)

(PROGRAMMER NOTE RE PHASING: IF C1DUM=1 OR 3, RETIRED OR CURRENTLY WORKING – SAY 'Did you' and 'is', OTHERWISE SAY 'Do you' and 'was')

J16 (Do you / Did you) need any help to do what (is / was) recommended in your plan?

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

*(NEED HELP WITH RECOMMENDATIONS AND NOT RETIRED, J16 =1 AND C1DUM#3)

(PROGRAMMER NOTE RE PHASING: IF C1DUM=1 CURRENTLY WORKING – SAY 'were you given', OTHERWISE SAY 'are you receiving')

J17 (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)

*(ALL)

TIMESTAMP 8 – END OF SECTION J

SECTION K: WORKPLACE REHABILITATION (CORE)

*(ASK IF OCC REHAB SAMPLE, ELSE GO TO NEXT TIMESTAMP)

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 Did you receive any rehabilitation services in the last six months?

(INTERVIEWER NOTE: EXPLAIN IF NECESSARY: Rehabilitation providers 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)

*(RECEIVED OCC REHAB SERVICES IN REFERENCE PERIOD, K1=1)

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

K2 Thinking about these 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
- b) Treating you with dignity and respect
- 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)

*(RECEIVED OCC REHAB SERVICES IN REFERENCE PERIOD, K1=1)

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 N: MEDICAL CARE (CORE)

*(ALL)

INTRON1 Now I would like to ask you about the medical services you may have received in relation to your workplace injury or illness. Medical services includes treatment you may have received from General Practitioners, physiotherapists, psychologists, specialists, etc

*(ALL)

N1. After your initial treatment, did you require additional medical treatment?

INTERVIEWER NOTE: THIS INCLUDES BOTH **REGULAR / ONGOING** PLUS AD HOC TREATMENT REQUIRED

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

PREN2 IF N1=1 CONTINUE, ELSE GO TO N5

*(REFERRED FOR ADDITIONAL TREATMENT, N1=1)

N2 Did you have a choice about who you saw for your additional treatment?

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

*(REFERRED FOR ADDITIONAL TREATMENT, N1=1)

N3 At any time during your treatment, did you want to change your medical professional?

1. Yes
2. No (GO TO N5)
3. (Don't know) (GO TO N5)
4. (Refused) (GO TO N5)

*(ASK ALL)

N5 In the last six months, did you have trouble getting the medical treatment or services that you needed for your workplace injury or illness?

1. Yes
2. No (GO TO N7)
3. (Don't know / Can't say) (GO TO N7)
4. (Refused) (GO TO N7)

*(TROUBLE IN GETTING TREATMENT OR SERVICE, N5=1)

N6 Can you please tell me a bit about the MAIN difficulty you have experienced in trying to get medical treatment or services?

(INTERVIEWER NOTE: KEEP FOCUS ON MAIN DIFFICULTY)

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 me from using a particular medical/allied health provider
6. Other (please specify)
7. (Don't know)
8. (Refused)

*(ASK ALL)

PROGRAMMER NOTE: IF C1DUM=1 – CURRENTLY WORKING - SAY 'received' and 'assisted', OTHERWISE SAY 'are receiving' and 'is assisting'

N7 Do you think the medical treatment you ('received' 'assisted'/'are receiving' 'is assisting') you in your return to work?

INTERVIEWER NOTE: TREATMENT DIRECTLY ASSISTED WITH THEIR RETURN TO WORK RATHER THAN JUST THE INJURY ITSELF.

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

*(ALL)

N8 Thinking about your treating GP, did your GP...

(STATEMENTS)

- a. Clearly communicate your options for staying at or returning to work?
- b. Issue medical certificates that clearly stated your capacity/fitness for work?
- c. Work with others to assist your recovery and work participation?
- d. Explain the role that work could play in your recovery?

(RESPONSE FRAME)

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

TIMESTAMP 10 – END OF SECTION N

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

PREL1. AGE OF CLAIM LESS THAN OR EQUAL TO 12 MONTHS CONTINUE, ELSE GO TO L2.

*(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)

PREL4. AGE OF CLAIM GREATER THAN 6 MONTHS AND HAS NOT CHANGED EMPLOYER (AOCG6M=1 AND H15≠2) CONTINUE, ELSE GO TO PREL5.

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

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)

PREL5 IF CLAIM LESS THAN OR EQUAL TO 12MONTHS (AOCG12M=2) CONTINUE, ELSE GO TO PREL7

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

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 CONTACTED BY WORK, L5=1)

L5a Who contacted you?
(PROGRAMMER NOTE:- ALLOW FOR MULTIPLES)

1. General Manager / Boss / Owner
2. Supervisor / Team Leader
3. Team Member(s)
4. Human Resources
6. Rehabilitation Provider
7. Other (Specify)
8. (Don't know / Can't say)
9. (REFUSED)

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

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)

PREL7. IF DAYS COMPENSATED IS 10 DAYS OR MORE (TMLSTG10=1) CONTINUE, ELSE GO TO Timestamp

*(ASK IF DAYS COMPENSATED IS 10 DAYS OR MORE, TMLSTG10=1)

L7 I would now like you to think about your workplace and the work you did just before your workplace injury or illness. Do you agree or disagree that ...
INTERVIEWER NOTE: READ FULL QUESTION THE FIRST TIME AND THEN REPEAT IF NECESSARY. THE FOCUS OF THIS QUESTION IS ON THE WORKPLACE AT THE TIME OF THE INJURY/ILLNESS

INTERVIEWER NOTE: PROBE: STRONGLY OR AGREE / DISAGREE
PROGRAMMER NOTE: ROTATE STATEMENTS A TO F

STATEMENTS

- a) The work you were doing was important to you
- b) The work you were doing was valued by others at work
- c) Employees and management were generally supportive of each other
- d) Your immediate supervisor or manager was committed to workplace safety
- e) The people you worked with were committed to workplace safety
- f) All things considered you were satisfied with 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)

*(ALL)

L8 Next 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)

*(DISCUSSED INJURY WITH EMPLOYER, M2=1)

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

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

*(ASK 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)

*(HAD DIFFERENCE OF OPINION, M6 = 1)

M7 Did you need assistance to resolve this?

INTERVIEWER NOTE: Assistance refers to formal assistance such as through 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 361 235
2	WorkCover Tasmania	1300 776 572
3	Workcover WA	(08) 9388 5586
4	WorkSafe Victoria	(03) 9940 4032
5	Seacare	(02) 6275 0070
6	Workcover NSW	131 050
7	Workcover SA	13 18 55
8	Comcare	1300 366 979

*(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