

National Return to Work Survey 2018

Questionnaire

April 2018



Social
Research
Centre

An ANU Enterprise business

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GENERAL PROGRAMING INSTRUCTIONS

Display COHORT, INJMTH and INJCODE for interviewer reference throughout INTRODUCTION

USE STANDARD CALL OUTCOMES AND RR1

SUMMARY OF KEY SAMPLE VARIABLES

| SAMPLE VARIABLE LABEL | VARIABLE NAME | DESCRIPTION | VALUE |
|-----------------------|--------------------------|--|---------------------------------------|
| Fname | FIRST NAME | First name of respondent | |
| Sname | SURNAME | Last name of respondent | |
| Jurisdiction | Jurisdiction | Name of Jurisdiction (for Intro) | |
| SelfIns | SELF INSURER | Name of Self Insurer (Employer) (Where applicable-contact org) | |
| InsurCom | INSURANCE COMPANY | Name of Insurance Company (Where applicable-contact org) | |
| PremPay | PREMIUM PAYER | Name of Premium Payer (Jurisdiction) (Where applicable-contact org) | |
| ClaimType | SURVEY TYPE | Premium Payer or Licensee / Self-Insurer | 1 = PREMIUM PAYER 2 = SELF INSURER |
| DaysComp | DAYS COMPENSATED | Number of days compensation paid | |
| InjDay | INJURY DATE – DAY | To be displayed on Interviewer Screen | |
| InjMth | INJURY DATE – MONTH | To be displayed on Interviewer Screen | |
| InjYear | INJURY DATE – YEAR | To be displayed on Interviewer Screen | |
| ClaimDay | CLAIM DATE – DAY | To be displayed on Interviewer Screen | |
| ClaimMth | CLAIM DATE – MONTH | To be displayed on Interviewer Screen | |
| ClaimYear | CLAIM DATE – YEAR | To be displayed on Interviewer Screen | |
| InjCode | TYPE OF INJURY / ILLNESS | Broad categories of injury / illness | |
| Rehab | OCC REHAB SAMPLE | Received Occupational Rehabilitation | 1 = YES |
| State | STATE | Respondent state | |
| Cohort | COHORT | Historical or balance cohort | 1 =HISTORIC 2= BALANCE |

DERIVED VARIABLES FOR QUESTIONNAIRE SEQUENCING

| | | |
|---------|---|--|
| OCCREHA | 1 | OCCREHA |
| | 2 | NOT OCC REHAB |
| JURCODE | 1 | Queensland Workers' Compensation Regulator |
| | 2 | Workcover Tasmania |
| | 3 | Workcover WA |
| | 4 | WorkSafe Victoria |
| | 5 | Seacare |
| | 6 | NSW SIRA |
| | 7 | WorkSafe ACT |
| | 8 | Comcare |
| | 9 | NT WorkSafe |

| Jurisdiction from master sample file | Name of Jurisdiction (for intro) |
|---|---|
| Queensland | Queensland Government, Office of Industrial Relations |
| ACT | The Workplace Safety and Industrial Relations Division of the ACT Government (WSIR) |
| Comcare | Comcare |
| NT Worksafe | NT WorkSafe |
| Seacare | The Seafarers Safety, Rehabilitation and Compensation Authority |
| SIRA NSW | NSW Government State Insurance Regulatory Authority (SIRA) |
| WorkCover TAS | WorkSafe Tasmania |
| WorkCover WA | WorkCover WA |
| WorkSafe VIC | WorkSafe Victoria |

WELCOME SCREEN

Good morning/afternoon/evening. My name is (...) from the Social Research Centre. I'm calling to follow up on 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>.

INTRODUCTION

*(ALL)

*PROGRAMMER NOTE: INSERT <Jurisdiction> FROM SAMPLE

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

Good morning / afternoon / evening. My name is (...) from the Social Research Centre calling on behalf of <Jurisdiction>.

<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 <Jurisdiction>, your employer, as well as questions about your health and rehabilitation.

Participation in this survey is voluntary and you can withdraw at any time.

You should have recently received a letter about this research being conducted by <Name of Jurisdiction>.

Can I please confirm, have you received this letter? If not, would you like me to arrange for a copy to be sent to you?

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

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
9. HARD REFUSAL – NOT THIS TIME (GO TO NR1)
10. SOFT REFUSAL – NOT THIS TIME (GO TO NR1)
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)
14. Household refusal (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)

*(IF INTRO = 9 or 10)

NR1. No problem, can I just ask you three very quick questions?

1. Yes *PROGRAMMER NOTE: SKIP TO RTW1, RTW2
2. No (TERM3)
3. (Don't know / not sure) (TERM3)

4. (Refused to answer this question) (TERM3)
5. (Refused to answer any more questions) (TERM3)

*(IF INTRO = 9 or 10)

RR1. OK, that's fine, but could you just tell me the main reason you don't want to do the survey, because that's important information for us?

(DO NOT READ OUT)

- 1 No comment / just hung up
- 2 Too busy
- 3 Not interested
- 4 Too personal / intrusive
- 5 Don't trust surveys / government
- 6 Don't like subject matter
- 7 Don't believe surveys are confidential / privacy concerns
- 8 Silent (unlisted) number
- 9 Never do surveys
- 10 Survey is too long
- 11 Get too many calls for surveys / telemarketing
- 13 Objected to being called on mobile phone
- 14 Other (SPECIFY)

*(ALL)

PRESAFE. INTERVIEWER CHECK: ARE YOU CALLING A MOBILE?

1. Yes
2. No (GO TO INTRO3)

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)

*(IF 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. Refusal (GO TO RR1)

*(ALL)

INTRO3. The interview should take about 25 minutes. Any information you provide is completely confidential and will be used for research purposes only. <Jurisdiction> will not see your individual responses to this survey.

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.

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

1. CONTINUE

*(ALL)

MON 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

*(IF INTRO = 12. RESPONDENT WANTS TO RECEIVE A COPY OF THE LETTER:

COPYPAL. Would you like us to mail or e-mail you a copy of the letter? Alternatively, you can view the letter online at <URL>

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

*(IF COPYPAL = 1, 2, or 3)

*PROGRAMMER NOTE: INSERT TITLE, FNAME AND SNAME FROM SAMPLE

PALNAME1. Firstly, I have your name down as: <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, MAILOUT)

*PROGRAMMER NOTE: INSERT ADDR, SUBURB, STATE, PCODE FROM SAMPLE

PALADDRESS. The address I have is: <ADDR, SUBURB, STATE, PCODE>
Is this correct?

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

*(IF COPYPAL = 3. EMAIL

PALEMAIL. What is your email address?

[INTERVIEWER NOTE: READ BACK EMAIL ADDRESS BEFORE PROCEEDNG]

1. RECORD EMAIL ADDRESS
2. (REFUSED)

*(IF COPYPAL = 1, 2, OR 3)

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

1. Arrange Callback (GO TO END)

(TIME STAMP 1)

SCREENING

*(ALL)

S1a. Which organisation have you dealt with in relation to your workers' compensation claim?

(DO NOT READ OUT)

INTERVIEWER NOTE: If unsure, ask QR to think of the **main organisation** they have dealt with, or prompt with the first organisation listed. Record first mention. **Do not** probe for more than one organisation.

(MULTIPLE RESPONSE)

1. *IF INSURANCE COMPANY AVAILABLE ON SAMPLE DISPLAY: InsurCom
2. *IF SELF INSURER, AND NAME AVAILABLE ON SAMPLE DISPLAY: SelfIns
3. *IF PREMPAY AVAILABLE ON SAMPLE DISPLAY: PremPay
4. Employer's workers' compensation unit
4. Another organisation (SPECIFY)
5. (someone else handles this for me, for example friend or lawyer)
6. (Don't Know/Can't say) *(EXCLUSIVE)
7. (Refused) *(EXCLUSIVE)

*(ALL EXCEPT S1A = ONLY 5)

*PROGRAMMER NOTE: IF S1a = 1, 2, 3, 8, OR 4 INSERT< Do you personally have ANY dealings directly with <S1a response(s) separated by 'or'> or does someone else handle ALL dealings on your behalf?>. IF S1a = 6 OR 7 INSERT: Are you the person who deals with your workers compensation claim, or does someone else handle all dealings on your behalf?

S1b. <Do you personally have ANY dealings directly with <S1a response(s)> or does someone else handle ALL dealings on your behalf?>

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

(DO NOT READ OUT)

1. Any dealings with <S1a = 1, 2, 3, 8 OR 4 DISPLAY RESPONSES FROM S1a, ELSE IF CODES 6 OR 7 DISPLAY "your workers compensation claim">
2. Someone else handles all dealings on your behalf.

*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"

*(IF S1B=2 OR S1A = ONLY 5, SOMEONE ELSE HANDLES ALL DEALINGS)

S1c. Who handles these dealings?

(MULTIPLE RESPONSE)

(READ OUT)

1. Family member / Friend
2. Employer
3. Solicitor / Lawyer
4. Someone else (SPECIFY)
5. (Don't Know / Can't Say) *(EXCLUSIVE)
6. (REFUSED) *(EXCLUSIVE)

*(ALL)

*PROGRAMMER NOTE: INSERT <DaysComp> FROM SAMPLE

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

INTERVIEWER NOTE: Time off could include a reduction in hours to assist with recovery.

NOTE: SAMPLE RECORD INDICATES RESPONDENT WAS COMPENSATED FOR <DaysComp> 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)

*(IF S2 = 1)

*PROGRAMMER NOTE: INSERT INJURY MONTH

OUTTEXT. We're going to be talking about your work-related 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

(TIME STAMP 2)

WORKPLACE DOMAIN: Job position

*(ALL)

JPINTRO. 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 work-related injury or illness.

1. CONTINUE

*(ALL)

JP1. At the time of your work-related injury or illness, were you employed on a full-time, part-time or 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. Full-time employment is 35 hours or more of work per week; part-time employment is under 35 hours. Full-time and part-time employees both receive leave entitlements.

1. Full time
2. Part time
3. Casual
4. Other (SPECIFY)
5. (Don't know)
6. (Refused)

*(ALL)

JP2 At the time of your injury or illness, how long had you been with your employer?

(ALLOW RANGE 0-99 years; 0-51 weeks, 0- 24 months)

1. ____years *(PROGRAMMER NOTE: ALLOW DECIMALS)
2. ____weeks
3. ____months
4. (Don't know)
5. (Refused)

(TIME STAMP 3)

RETURN TO WORK OUTCOMES

*(ALL)

RTWINTRO. 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

[PREVIOUSLY C7 - NRTW]

*(ALL)

RTW1. Have you returned to work at any time since your work-related 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.

ONLY INCLUDE RETURN TO WORK SINCE THE INJURY/ILLNESS ASSOCIATED WITH MOST RECENT CLAIM.

IF CURRENTLY RETIRED, THIS IS RETURN TO WORK AT ANY TIME PRIOR TO RETIRING.

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

PREVIOUSLY C1- NRTW

*(ALL)

*PROGRAMMER NOTE: IF NR1 = 1 SKIP BACK TO RR1 AFTER RTW2

RTW2. Are you currently working in a paid job?

INTERVIEWER NOTE: Any job with any employer, not necessarily their job at the time of the injury / illness. Can be temporarily absent but must still have that job. If currently retired select 'no'

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

PREVIOUSLY C2- NRTW]

*(IF RTW2 =2)

RTW3. Just to double check . . . which of these BEST describes your current MAIN activity? Are you...

(READ OUT)

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

*PROGRAMMER NOTE: CALCULATE RTWDUM1. MAIN ACTIVITY

1. CURRENTLY WORKING AND RTW AT ANY TIME (RTW2=1) AND (RTW1=1 OR 3 OR 4)
2. NOT WORKING OR HAVEN'T RETURNED TO WORK SINCE INJURY (((RTW2=2) AND (RTW3= 2 OR 3 OR 4 OR 6 OR 7 OR 8 OR 9))) OR (RTW2=1 AND RTW1=2)
3. RETIRED (RTW2=2 AND RTW3=5)
4. DON'T KNOW/CAN'T SAY (RTW2=3)
5. REFUSED (RTW2=4)

[PREVIOUSLY C8 – NRTW 2016]

*(ASK IF RTWDUM1 = 2, 4, 5. NOT CURRENTLY WORKING/DK/RF AND NOT RETIRED)

RTW4. Just to double check . . . what is the main reason you are not currently working?

INTERVIEWER NOTE: IF RESPONSE IS INJURY OR ILLNESS, REAFFIRM IF ANYTHING OTHER THAN INJURY OR ILLNESS.

(DO NOT READ OUT)

1. Work-related injury or illness
2. Have a new injury or illness
3. Old injury or illness got worse/aggravated
4. Decided to retire/I retired
5. Decided to resign
6. Decided to study
7. Dismissed by employer
8. Was made redundant / Retrenched
9. No suitable job available / Employer unable to find a suitable job for me
10. Other (SPECIFY: FULL VERBATIM)
11. (Don't know / Can't say)
12. (REFUSED)

*PROGRAMMER NOTE: CREATE DUMMY VARIABLE WORK STATUS

1. IF RTWDUM1=1, WORK STATUS=1 "Currently working AND RTW at any time"
2. IF RTWDUM1≠1 AND RTW1=1, WORK STATUS=2 "Not currently working (may be currently retired), previously RTW"
3. IF RTWDUM1≠1 AND RTW1≠1, WORK STATUS=3 "Not currently working (may be currently retired), never tried to RTW"

[PREVIOUSLY H15 – NRTW 2016]

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

RTW5 When you FIRST went back to work, was this with the same employer as at the time of your work-related injury or illness?

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

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

RTW6 When you FIRST went back to work, were the hours you returned to the same, more or less than what you were doing at the time of your work-related injury or illness?

1. Same
2. More
3. Less
4. (Don't know / Can't say)
6. (Refused)

[PREVIOUSLY H9 – NRTW 2016]

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

RTW7 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 work-related injury or illness.

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

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

(TIME STAMP 4)

WORKPLACE DOMAIN: Job position

*(ALL)

JP3. Thinking about your job at the time of your injury or illness, do you agree or disagree that...

(ROTATE) (STATEMENTS)

- a. Your job was physically demanding
- b. Your job was psychologically or mentally demanding
- c. You had a lot of freedom to decide how you did your own work

(RESPONSE FRAME)

INTERVIEWER NOTE: If respondent says "Agree" probe whether "Strongly Agree" or "Agree". If respondent says "Disagree" probe whether "Strongly Disagree" or "Disagree". Read out full scale as necessary.

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

*(ALL)

JP4. (IF RTWDUM1=1 OR 2, HAS RTW, INSERT <Thinking back to the time you FIRST returned to work, do you agree or disagree with the following statements?>
(IF RTWDUM1=3 OR 4 OR 5, NEVER RTW, INSERT <If you were to return to work fully tomorrow, do you agree or disagree with the following statements?>

(ROTATE FACTORS AND STATEMENTS WITHIN EACH FACTOR)
(STATEMENTS)

*PROGRAMMER NOTE: IF RTWDUM1=1 OR 2 (HAS RTW) <I was> OR <I had>; IF RTWDUM1=3 (HAS NOT RTW) <I would be> OR <I would have>

INTERVIEWER NOTE: If respondent says "Agree" probe whether "Strongly Agree" or "Agree". If respondent says "Disagree" probe whether "Strongly Disagree" or "Disagree". Read out full scale as necessary.

*PROGRAMMER NOTE: DISPLAY WITH STATEMENT B <INTERVIEWER NOTE: This means whether you would be able to remain at work indefinitely.> DISPLAY WITH STATEMENT H <INTERVIEWER NOTE: This means setbacks that may occur at work.>

(STATEMENT)

Factor 1 – Work Completion Beliefs

- a) <I was / I would be> able to perform/complete my work tasks.
- b) <I was / I would be> able to remain at work.
- c) I could deal with the physical demands of my work.

Factor 2 – Affective Work Beliefs

- d) <I was / I would be> able to cope with work pressure.
- e) <I was / I would be> able to deal with emotionally demanding situation.
- f) <I had / I would have> no energy left to do anything.
- g) <I was / I would be> able to handle potential problems if they arose.
- h) I could cope with setbacks that may occur.

Factor 3 – Work Social Support Beliefs

- i) I could explain to my supervisor about things I can and cannot do.
- j) I could discuss any limitations I have to my co-workers.
- k) I could get my co-workers to help me if I needed to.

(RESPONSE FRAME)

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

[ARC Linkage grant study - Peter Smith]

*(ALL)

JP5. Since the time of your injury or illness, has your workplace OFFERED you modified or alternative duties in order to help you get back to work?

- 1. Yes
- 2. No
- 3. (Not applicable)
- 4. (Don't Know)
- 5. (Refused)

[ARC Linkage grant study [Peter Smith]

*(IF JP5 = 1, OFFERED ALTERNATE DUTIES)

JP6. And did you accept the offer for modified or alternative duties?

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

[ARC Linkage grant study [Peter Smith]

*(IF, JP6 = 2, DID NOT ACCEPT ALTERNATE DUTIES)

JP7. Why did you not accept the offer for modified or alternative duties?

(DO NOT READ OUT) (MULTIPLE RESPONSE)

- 1. Modified/ alternative duties were not different enough
- 2. Modified/ alternative duties were not meaningful or challenging
- 3. Felt I could perform my pre-injury duties (Did not need modified or alternative duties)
- 4. Modified/ alternative duties did not match my physical/psychological capabilities
- 5. It would have meant moving to a different workplace location
- 6. It would have meant working different times/shifts
- 7. It would have meant a change in wages
- 8. I would have been unable to perform the modified duties due to doctor's restrictions
- 9. Felt I would be a burden on my employer/manager or colleagues.
- 10. Other reason (SPECIFY)
- 11. (Don't know / Can't say)
- 12. (REFUSED)

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

JP8. In your opinion, has returning to work helped, hindered or not affected your recovery from your injury / illness?

(READ OUT)

1. Helped
2. Hindered (Delayed)
3. Not affected
4. (Don't know / Can't say)
5. (REFUSED)

[Work Role Functioning Questionnaire 2.0]

*(IF WORK STATUS=1, CURRENTLY WORKING)

JP9. Thinking about the last four weeks, how often have you found it difficult to do the following...

IF NECESSARY: Is it difficult all of the time, most, half, some or none of the time?

*(PROGRAMMER NOTE: AT FIRST STATEMENT DISPLAY (READ OUT))

(STATEMENT)

- a. Concentrate on your work
- b. Work without mistakes
- c. Start as soon as you arrive
- d. Repeat the same motions
- e. Perform multiple tasks

(RESPONSE FRAME)

1. all the time
2. most of the time
3. half of the time
4. some of the time
5. none of the time
6. (Don't know)
7. (REFUSED)

[Work Ability Index (first item)]

*(ALL)

JP10. Assuming your work ability 'at its best' has a value of 10 points. How many points would you give your ability to work **today**? From 0 completely unable to work, to 10 your work ability at its best?

0. 0, completely unable to work
1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. 10, work ability at its best.
11. (Don't know)
12. (Refused)

(TIME STAMP 5)

RETURN TO WORK OUTCOMES (EXTENDED)

[PREVIOUSLY H29]

*(IF WORK STATUS=1: CURRENTLY WORKING)

RTW8. Since you FIRST returned to work, have you had to have any additional time off because of your work-related 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 work-related injury or illness, not the odd half-day here and there

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

[PREVIOUSLY H30]

*(IF WORK STATUS=1: CURRENTLY WORKING)

PROGRAMMER NOTE: IF RTW8=1 INSERT <SINCE YOUR LAST TIME OFF>

RTW9. 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)

*PROGRAMMER NOTE: CALCULATE RTWDUM2.

1. Not currently working has RTW (WORK STATUS=2) AND Not dismissed/made redundant (RTW4#7 OR 8) AND Not currently Retired (RTWDUM1#3)
2. WORK STATUS = 2 AND RTWDUM2 #1
3. WORK STATUS=1 OR 3

*PROGRAMMER NOTE: CALCULATE RTWDUM3.

1. NOT CURRENTLY WORKING, NO RTW (WORK STATUS=3) AND NOT RETIRED (RTWDUM1#3)
2. WORK STATUS=3 and retired (RTWDUM1=3)
3. WORK STATUS=1 OR 2

*PROGRAMMER NOTE: CALCULATE RTWDUM4.

1. NOT WORKING AND NOT RETIRED ((WORKSTATUS=2 OR 3) AND (RTWDUM1#3))
2. NOT WORKING AND RETIRED ((WORKSTATUS=2 OR 3) AND (RTWDUM1=3))

(TIMESTAMP 6)

WORKPLACE DOMAIN: Employer

[PREVIOUSLY J3aa- Return to Work Survey]

*(ALL)

*PROGRAMMER NOTE IF RTW2=1 CURRENTLY WORKING INSERT <Did>, OTHERWISE <Do>

EMP1. A **return to work plan** is an agreement setting out the steps to get back to work. It is usually developed with your employer or insurer. It can be written or verbal, formal or informal.

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

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

[PREVIOUSLY J4bN- Return to Work Survey]

*(ASK IF EMP1=1: HAVE A PLAN)

*PROGRAMMER NOTE IF RTW2=1 (CURRENTLY WORKING) INSERT: <Was>, OTHERWISE <Is>

EMP2. <Was / Is> this a written plan?

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

[J3b and J4c- Return to Work Survey]

*(IF EMP1=1. HAVE A PLAN)

EMP3. Do you agree or disagree with the following statements about your return to work plan?

INTERVIEWER NOTE: If respondent says "Agree" probe whether "Strongly Agree" or "Agree". If respondent says "Disagree" probe whether "Strongly Disagree" or "Disagree". Read out full scale as necessary.

*(ROTATE)

(STATEMENTS)

- a. I was involved in the development of the return to work plan
- b. I found the return to work plan helpful

(RESPONSE FRAME)

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

[Interactions with RTW Coordinator]

*(ALL)

EMP4. Did you have a designated person to coordinate your return to work process?

INTERVIEWER NOTE: IF 'Yes' ask whether the person was someone from their workplace, or someone external.

INTERVIEWER NOTE: If more than one person, think about most recent designated person

IF NECESSARY: This person could be called a case manager, Return to work Coordinator, WorkCover Queensland Customer Advisor, Rehabilitation and Return to Work Coordinator, or Injury Management Coordinator.

1. Yes (someone from workplace)
2. Yes (someone external)
3. No
4. (Don't Know)
5. (Refused)

[Interactions with RTW Coordinator]

*(IF EMP4 =1 or 2, HAS RTW COORDINATOR)

EMP5. Has this person been in contact with you since your injury or illness?

INTERVIEWER NOTE: If more than one person, think about most recent designated person

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

[Interactions with RTW Coordinator]

*(IF EMP5 = 1, COORDINATOR HAS BEEN IN CONTACT)

EMP6. Thinking about all your dealings with this person, to what extent have your interactions been stressful or not stressful? Would you say ...?

INTERVIEWER NOTE: If more than one person, think about most recent designated person

(READ OUT)

1. Extremely stressful
2. Quite a bit stressful
3. A bit stressful
4. Not very stressful
5. Not at all stressful
6. (Don't know)
7. (Refused)

(TIME STAMP 7)

WORKPLACE DOMAIN: Employer

[PREVIOUSLY L3 – NRTW SURVEY]

*(ALL)

EMP7 Thinking about the role of your employer following your work-related injury or illness, do you agree or disagree with the following statements?

INTERVIEWER NOTE: THIS MEANS YOUR EMPLOYER AT THE TIME OF THE INJURY OR ILLNESS. IF CHANGED EMPLOYER THEN ANSWER QUESTIONS FOR EMPLOYER AT THE TIME OF THE INJURY OR ILLNESS.

*(DISPLAY FOR STATEMENT C <INTERVIEWER NOTE: SUITABLE EMPLOYMENT CAN INCLUDE WORK EXTERNAL TO EMPLOYER>)

INTERVIEWER NOTE: If respondent says "Agree" probe whether "Strongly Agree" or "Agree". If respondent says "Disagree" probe whether "Strongly Disagree" or "Disagree". Read out full scale as necessary.

(STATEMENTS)

- a) Your employer did what they could to support you
- b) Your employer provided enough information on 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 agree
2. Agree
3. (Neither agree nor disagree)
4. Disagree
5. Strongly disagree
6. (Don't know)
7. (Refused)

[PREVIOUSLY L5 – NRTW SURVEY]

*(ALL)

EMP8. Did your supervisor or someone else from work contact you about recovering from your work-related injury or illness?

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

[PREVIOUSLY L6 – NRTW SURVEY]

*(IF EMP8 = 1)

EMP9. How many days after your work-related injury / illness occurred were you FIRST contacted?

INTERVIEWER NOTE: IF RESPONDENT IS UNSURE – Your best estimate is okay.

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)

[PREVIOUSLY M2 – NRTW SURVEY]

*(ALL)

EMP10. Did your employer help you manage your injury or illness before you lodged your workers' compensation claim?

INTERVIEWER NOTE: Help could include changes to duties or hours worked, special equipment, work place adjustments, counselling or mediation.

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

WORKPLACE DOMAIN: Supervisor / colleagues

[PREVIOUSLY M5 – NRTW SURVEY]

*(ALL)

EMP11. Thinking back to when you were considering putting in a workers' compensation claim, do you agree or disagree that...

IF NECESSARY: You can skip past any question you would prefer not to answer.

INTERVIEWER NOTE: If respondent says "Agree" probe whether "Strongly Agree" or "Agree". If respondent says "Disagree" probe whether "Strongly Disagree" or "Disagree". Read out full scale as necessary.

(ROTATE)

(STATEMENT)

- 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 or illness
- c. You were concerned that you would be fired if you submitted a claim
- d. You felt your employer discouraged you from putting in a claim

(RESPONSE FRAME)

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

(TIME STAMP 8)

WORKERS COMPENSATION SCHEME DOMAIN

[PREVIOUSLY XINTRO – NRTW SURVEY]

*(IF S1a = 1, 2, 3, 8, 4, DEALT WITH ORGANISATION IN RELATION TO CLAIM)

WCINTRO. Now I have some questions about the SERVICE YOU RECEIVED in relation to your workers' compensation claim from <RESPONSE FROM S1A>.

WORKERS COMPENSATION SCHEME DOMAIN: Claim managers / insurers

[PREVIOUSLY P1 – NRTW SURVEY]

*(IF S1a = 1, 2, 3, 8, 4, DEALT WITH ORGANISATION IN RELATION TO CLAIM)

WC1. Including letters, emails, phone calls and face to face meetings, how much contact have you had with <RESPONSE FROM S1A>?

(READ OUT)

1. A lot
2. A little
3. None at all
4. (Don't know)
5. (Refused)

[Perceived Justice of the Compensation Process]

*(ALL)

*(PROGRAMMER NOTE: IF S1a= 5, 6 or 7 SKIP STATEMENTS 2a, 2b, 2d, 2e, 2f, 2g, 3a, 3c, 3d, 4a, 4b)

WC5. The next questions ask about your experience with obtaining compensation for your work-related injury or illness. There are no right or wrong answers; I am interested only in your opinion. I will read you a number of statements. For each statement, please tell me whether you agree or disagree that...?

*(ROTATE EACH SECTION AND STATEMENTS WITHIN EACH SECTION)

PROGRAMMER NOTE: INSERT A SCREEN AFTER 2 SECTIONS ANSWERED:

Thank you for your answers. I will now read you some more statements about your experience with obtaining compensation for your work-related injury or illness. Again, for each statement, please tell me whether you agree or disagree.

INTERVIEWER NOTE: If respondent says "Agree" probe whether "Strongly Agree" or "Agree". If respondent says "Disagree" probe whether "Strongly Disagree" or "Disagree". Read out full scale as necessary.

INTERVIEWER NOTE: If QR has had dealings with more than one person, direct QR to think about their dealings in general

IF NECESSARY: Workers' compensation refers to financial benefits an injured worker is entitled to receive once their claim has been accepted. Types of benefits include income replacement payments, reimbursement for medical and hospital treatment and permanent impairment entitlements

(STATEMENTS)

Distributive Justice

- 1a Overall, your compensation benefits have been fair and acceptable
- 1b Considering the nature of your injury, the AMOUNT OF COMPENSATION you have been receiving has been fair and acceptable
- 1c Considering the nature of your injury, the LENGTH OF TIME that you have been receiving compensation benefits has been fair and acceptable
- 1d Considering your previous level of pay, the AMOUNT OF COMPENSATION has been fair and acceptable

Procedural Justice

- 2a You have been able to express your views and feelings when <RESPONSE FROM S1A> has made decisions about your compensation benefits
- 2b You have had influence over your compensation benefits
- 2d The way that <RESPONSE FROM S1A> has been making decisions has not been prejudiced or biased against you
- 2e <RESPONSE FROM S1A> has been collecting accurate information to make decisions
- 2f The way that <RESPONSE FROM S1A> has been making decisions has been honest
- 2g The way that <RESPONSE FROM S1A> has been making decisions has been fair to you

Informational Justice

- 3a The person from <RESPONSE FROM S1A> has provided you with the information you needed
- 3c The person from <RESPONSE FROM S1A> has carefully and completely explained the way decisions are made
- 3d The person from <RESPONSE FROM S1A> has communicated details at the appropriate times

Interpersonal Justice

- 4a The person from <RESPONSE FROM S1A> has treated you in a polite manner
- 4b The person from <RESPONSE FROM S1A> has treated you with dignity and respect

(RESPONSE FRAME)

- 1. Strongly agree
- 2. Agree
- 3. (Neither agree nor disagree)
- 4. Disagree
- 5. Strongly disagree
- 6. (Don't know)
- 7. (Refused)
- 8. (Not applicable)

WORKERS COMPENSATION SCHEME DOMAIN: Regulators

*(IF S1a = 1, 2, 3, 8, 4, DEALT WITH ORGANISATION IN RELATION TO CLAIM)

WC2. 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 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, or any other issue about the claim

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

*(IF WC2 = 1, YES HAD DIFFERENCE OF OPINION)

WC3. Did you require assistance, either formal or informal, to resolve this?

INTERVIEWER NOTE: Formal assistance may include an advisory service or other telephone hotline, mediation, legal advice or representation, etc. Informal assistance may include advice from friends, family or colleagues, information you sought out yourself, etc.

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

*(IF WC3=1)

WC4. **Who** helped you to resolve this difference of opinion?

INTERVIEWER NOTE: Probe – anyone else?

- 1.(SPECIFY: FULL VERBATIM)
2. (Don't know)
3. (Refused)

(TIME STAMP 9)

WORKERS COMPENSATION SCHEME DOMAIN: System as a whole

*(ALL)

WC6. Have you needed someone to help you navigate the workers compensation claim process?

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

*(IF WC6 = 1, Yes needed help)

WC7a. And who helped you?

INTERVIEWER PROMPT...Anyone else?

(DO NOT READ OUT)
(MULTIPLE RESPONSE)

1. Family member
2. Lawyer
3. Advice organisation
4. Union representative
5. Colleague
6. Employer
7. Insurer
8. Telephone hotline
9. Legal advice
10. Mediation
11. Friends
12. Another injured worker
13. Other (SPECIFY)
14. (Don't know / Can't say)
15. (Refused)

(IF WC7a = 1 TO 13)

WC7b. Of those just mentioned, who helped you the MOST?

*PROGRAMMER NOTE: DISPLAY SELECTIONS FROM WC7a. IF ONLY ONE SELECTION AT WC7a PRECODE THIS SELECTION AT WC7b.

1. Family member
2. Lawyer
3. Advice organisation
4. Union representative
5. Colleague
6. Employer
7. Insurer
8. Telephone hotline
9. Legal advice
10. Mediation

11. Friends
12. Another injured worker
13. Other (SPECIFY)
14. (Don't know / Can't say)
15. (Refused)

(TIME STAMP 10)

HEALTHCARE DOMAIN: Healthcare Providers

*(ALL)

HL1. Now I would like to ask you about the medical treatment or services you may have received which were paid for or reimbursed under your workers' compensation claim.

Do you agree or disagree that you were **able to easily access the medical treatment or services that you needed** for your work-related injury or illness?

INTERVIEWER NOTE: Medical services include treatment you may have received from doctors, physiotherapists, psychologists, specialists etc.

INTERVIEWER NOTE: If respondent says "Agree" probe whether "Strongly Agree" or "Agree". If respondent says "Disagree" probe whether "Strongly Disagree" or "Disagree". Read out full scale as necessary.

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

*(ALL)

HL2a. Which of the following healthcare providers have you seen for treatment of your work-related injury or illness?

IF NECESSARY: Just a yes or a no for each is fine

(READ OUT)
(MULTIPLE RESPONSE)

1. GP
2. Psychologist
3. Psychiatrist
4. Physiotherapist
5. Occupational therapist
6. Chiropractor
7. Surgeon
8. Someone else (SPECIFY)
9. Someone else (SPECIFY)
10. Someone else (SPECIFY)
11. No-one
12. (Don't know)
13. (Refused)

*(HL2a = 1, RESPONDENT HAS SEEN A GP)

HL3a. Has your GP...?

IF NECESSARY: Just a yes or a no for each is fine

(ROTATE)
(STATEMENTS)

- a. Discussed workplace demands with you
- b. Discussed with you the types of activities or things you could do, including activities that are not part of your pre-injury job
- c. Given you a date that you are likely to return to work
- d. Regularly discussed your progress for returning to work
- e. Discussed potential barriers to returning to work
- f. Recommended activity as part of your recovery

(RESPONSE FRAME)

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

*(IF HL2a = 1 TO 10, HAVE SEEN HEALTHCARE PROVIDER)

HL2b. Who was your MAIN healthcare provider?

*PROGRAMMER NOTE: DISPLAY RESPONSES SELECTED AT HL2a ONLY

*PROGRAMMER NOTE: AUTOCODE IF ONLY ONE RESPONSE SELECTED AT HL2a

INTERVIEWER NOTE: QR'S PERCEPTION OF WHO IS MAIN PROVIDER

1. GP
2. Psychologist
3. Psychiatrist
4. Physiotherapist
5. Occupational therapist
6. Chiropractor
7. Surgeon
8. Someone else (SPECIFY)
9. No-one
10. (Don't know)
11. (Refused)

*(IF HL2b = 1 AND HL2a = 2 TO 10, MAIN PROVIDER IS GP AND HAVE SEEN OTHER PROVIDER)

HL2c. Apart from your GP, who was your main healthcare provider?

*PROGRAMMER NOTE: DISPLAY RESPONSES SELECTED AT HL2a (CODES 2 TO 8) ONLY

1. Psychologist
2. Psychiatrist
3. Physiotherapist
4. Occupational therapist
5. Chiropractor
6. Surgeon
7. Someone else (SPECIFY)
8. No-one
9. (Don't know)
10. (Refused)

[Lane study on healthcare provider communications]

*(HL2b = 2 TO 8 OR HL2c = 1 TO 6)

*PROGRAMMER NOTE: INSERT MAIN HEALTHCARE PROVIDER FROM HL2b. IF HL2b = 1 INSERT **HL2c**.

HL3b. Thinking about your <MAIN healthcare provider>. Has your <MAIN healthcare provider>...?

IF NECESSARY: Just a yes or a no for each is fine

(ROTATE)

(STATEMENT)

- a. Discussed workplace demands with you?
- b. Discussed with you the types of activities or things you could do, including activities that are not part of your pre-injury job?
- c. Given you a date that you are likely to return to work?
- d. Regularly discussed your progress for returning to work
- e. Discussed potential barriers to returning to work?
- f. Recommended activity as part of your recovery?

(RESPONSE FRAME)

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

*(HL2a = 1 TO 8, RESPONDENT HAS A HEALTHCARE PROVIDER)

HL4. Thinking about **all** the healthcare providers you have seen, to what extent have your interactions with your healthcare provider(s) been stressful or not stressful? Would you say...?

(READ OUT)

1. Extremely stressful
2. Quite a bit stressful
3. A bit stressful
4. Not very stressful
5. Not at all stressful
6. (Don't know)
7. (Refused)

(TIME STAMP 11)

PERSONAL DOMAIN: Physical

*(ALL)

PPINTRO. The next few questions are about your health. If you feel uncomfortable with any question, just tell me and I'll move on to the next one.

*(ALL)

PP1 In general, would you say your health NOW is...?

(READ OUT)

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

[Charlson Comorbidity Index - top ten from the GBD in Australia]

*(ALL)

PP2. In addition to your work-related injury or illness, have you been diagnosed with any of the following conditions prior to your work-related injury or illness?

IF NECESSARY: Just a yes or no for each is fine

(READ OUT)

(MULTIPLE RESPONSE)

1. Cardiovascular disease
2. Diabetes
3. Liver disease
4. Cancer
5. Musculoskeletal disorder
6. Other injury (SPECIFY)
7. Depression
8. Anxiety
9. Kidney disease
10. Dementia/cognitive disorder
11. Other (SPECIFY)
12. (None of the above)*
13. (Don't know)*
14. (Refused)*

*(ALL)

PP3. Next are some questions that relate to pain you may have experienced. Have you experienced any physical pain in the **last week**?

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

[Numeric Pain Scale]

*(PP3 = 1)

PP4 Using a scale of 0 to 10, with 0 being 'no pain at all' and 10 the 'worst possible pain', which best describes the pain you have felt during the **past week**?

(DO NOT READ OUT)

0. 0, no pain at all
1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. 10, worst possible pain
11. (Don't know)
12. (Refused)

[Örebro Musculoskeletal Pain Screening Questionnaire]

*(PP3 = 1)

PP5. How long have you had your current pain problem?

INTERVIEWER NOTE: PROBE TO FRAME AS NECESSARY

(DO NOT READ OUT)

1. Less than one week
2. 1 - 2 weeks
3. 3 - 4 weeks
4. 4 - 5 weeks
5. 6 - 8 weeks
6. 9 - 11 weeks
7. 3 - 6 months
8. 6-9 months
9. 9-12 months
10. Over 1 year
11. (Don't know)
12. (Refused)

(TIME STAMP 12)

PERSONAL DOMAIN: Affective

*(ALL)

KESINTRO The next questions ask about how you have been feeling IN THE LAST 4 WEEKS, that is, since about this time last month. Again, if you're uncomfortable with any question, just let me know and I'll skip past it.

IF NECESSARY: These questions are specifically about your mental health and wellbeing. Remember, all your answers are kept completely confidential. If you'd prefer not to answer any question, just tell me and I'll move on to the next question.

1. Continue

[Kessler 6]

*(ALL)

KES1. In the last 4 weeks, about how often did you feel nervous? Would you say...?

(READ OUT)

1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
6. (Don't know)
7. (Refused)

[Kessler 6]

*(ALL)

KES2. (In the last 4 weeks,) about how often did you feel hopeless? Would you say...?

(READ OUT)

1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
6. (Don't know)
7. (Refused)

[Kessler 6]

*(ALL)

KES3. (In the last 4 weeks) about how often did you feel restless or fidgety? Would you say...?

(READ OUT)

1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
6. (Don't know)
7. (Refused)

[Kessler 6]

*(ALL)

KES4. (In the last four weeks) about how often did you feel so depressed that nothing could cheer you up? Would you say...?

(READ OUT)

1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
6. (Don't know)
7. (Refused)

[Kessler 6]

*(ALL)

KES5. (In the last four weeks) about how often did you feel everything was an effort? Would you say...?

(READ OUT)

1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
6. (Don't know)
7. (Refused)

[Kessler 6]

*(ALL)

KES6. (In the last four weeks) about how often did you feel worthless? Would you say...?

(READ OUT)

1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
6. (Don't know)
7. (Refused)

(TIME STAMP 13)

*(IF JURCODE = 8, Jurisdiction is COMCARE)

K1. Was a workplace rehabilitation provider engaged to help you return to work?

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

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

*(IF K1=1)
K2.

Thinking about the six months to the end of January this year, would you say your workplace rehabilitation provider was good or poor in relation to...?

INTERVIEWER NOTE: PROBE: VERY POOR / GOOD OR POOR / GOOD

(STATEMENTS)

- a) Listening to your point of view
- b) Responding promptly to your requests or queries
- c) Explaining their role to you
- d) Providing you with the support you needed to return to 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 / Not applicable)
7. (REFUSED)

*(IF K1=1)

K3. In the six months to the end of January, taking into consideration all of your dealings with your rehabilitation provider, would you say you were satisfied or dissatisfied with the service you received?

INTERVIEWER NOTE: PROBE: VERY SATISFIED / DISSATISFIED OR SATISFIED / DISSATISFIED

1. Very dissatisfied
2. Dissatisfied
3. (Neither)
4. Satisfied
5. Very satisfied
6. (Don't know / Can't say / Not applicable)
7. (REFUSED)

*(IF JURCODE = 8 AND S1a = 1, 2, 3, 8, 4, Jurisdiction is COMCARE and DEALT WITH ORGANISATION IN RELATION TO CLAIM)

E1. Thinking just 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.

(STATEMENTS)

- a) Being courteous and polite
- b) Listening to your point of view
- c) Treating you with dignity and respect
- d) Responding promptly to your requests or queries
- e) Providing a clear explanation to your queries
- f) Having knowledgeable staff
- g) Being able to get hold of the right person
- h) Advising you of your rights
- i) Keeping you informed about your claim

(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)

*(IF JURCODE = 8 AND S1a = 1, 2, 3, 8, 4, Jurisdiction is COMCARE and DEALT WITH ORGANISATION IN RELATION TO CLAIM)

E3. In the six months to the end of January, overall would you say <RESPONSE FROM S1A> has exceeded, met or not met your expectations of service?

1. Exceeded
2. Met
3. Not met
4. (Don't know / Can't say)
5. (REFUSED)

PERSONAL DOMAIN: Household and Financial Status

*(ALL)

SRINTRO. The last section of the survey asks about your current financial situation and some demographic questions. Please remember that all your answers remain confidential.

IF NECESSARY: These questions will help to improve understanding of how workers compensation schemes interact with other support systems. If you feel uncomfortable with any question, just tell me and I'll move on to the next question.

[InCharge Financial Distress/Financial Well-Being [IFDFW] Scale]

*(ALL)

SR1. What do you feel is the **level** of your **financial stress today**, on a scale of 1 to 10 where 1 is not at all stressed and 10 is as stressed as can be?

(DO NOT READ OUT)

1. 1 not at all stressed
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. 10, as stressed as can be
11. (Don't know)
12. (Refused)

[Household Expenses Survey]

*(ALL)

SR2. What are your current sources of income?

(DO NOT READ OUT)

(MULTIPLE RESPONSE)

1. Workers' compensation
2. Wages and salaries
3. Profits from own business
4. Investments, including interest, rent, dividends, and royalties
5. Overseas pensions
6. Superannuation
7. Annuities
8. Centrelink benefits
9. Financial support from family members not living in same household
10. Other forms of social assistance
11. Income protection insurance
12. Temporary or Permanent Disability (TPD) insurance
13. Other source of income (SPECIFY)
14. (Don't know)
15. (Refused)

[Household Expenses Survey]

*(IF ANY OF CODES 1-13 SELECTED AT SR2. AUTOFILL IF ONLY ONE OF CODES 1-13 SELECTED AT SR2)

SR3. Which is your **main** source of income?

*PROGRAMMER NOTE: DISPLAY CODES SELECTED AT SR2 ONLY

1. Workers' compensation
2. Wages and salaries

3. Profits from own business
4. Investments, including interest, rent, dividends, and royalties
5. Overseas pensions
6. Superannuation
7. Annuities
8. Centrelink benefits
9. Financial support from family members not living in same household
10. Other forms of social assistance
11. Income protection insurance
12. Temporary or Permanent Disability (TPD) insurance
13. Other source of income (SPECIFY)
14. (Don't know)
15. (Refused)

*(ALL)

SR4. Do you currently live with a domestic partner?

INTERVIEWER NOTE: A domestic partner would be someone of the opposite or same sex with whom you usually live in the same dwelling. This includes both registered and de facto marriages.

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

*(IF SR4=1, CURRENTLY LIVES WITH DOMESTIC PARTNER)

SR5. Does your domestic partner currently work in a paid job?

INTERVIEWER NOTE: PROBE TO SCALE 'Would that be full time or part time?'

1. Yes, full time
2. Yes, part time
3. No
4. (Don't know)
5. (Refused)

*(ALL)

SR6. Before your injury or illness, were you the primary earner in the home?

INTERVIEWER NOTE: A primary earner is either a sole parent, or member of a couple, who had the higher income over the course of a year

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

*(ALL)

SR7. How many financially dependent children are there in your household?

INTERVIEWER NOTE: A dependent child is either under 15 years of age, or a natural, adopted, step, or foster child aged 15-24 years attending secondary or tertiary education as a full-time student and for whom there is no identified partner or child of their own usually resident in the same household

1. _____
2. (Don't know)
3. (Refused)

*(ALL)

SR8. And how many financially dependent adults are there in your household?

INTERVIEWER NOTE: Include any adults in the household that are financially dependent on the QR. Do not include the QR if they are financially dependent on someone else in the household.

1. _____
2. (Don't know)
3. (Refused)

[State of Service Reports Employee Survey]

*(ALL)

SR9. What is your highest level of education you have completed?

1. Less than Year 12 or equivalent
2. Year 12 or equivalent (HSC/leaving certificate)
3. Vocational Qualification
4. Associate diploma
5. Undergraduate diploma
6. Bachelor degree (including honours)
7. Postgraduate diploma (includes graduate)
8. Master's degree
9. Doctorate
10. (Don't know)
11. (Refused)

(TIME STAMP 14)

CLOSE

*(ALL)

CLOSE1. Thinking about the survey you have answered today, is there anything you would like to add about your experience of workers compensation or the survey itself?

1. <Record verbatim>
2. No, no further comment
3. (Don't know)
4. (Refused)

*(ALL)

PERMISSION1. Thank you for taking part in the study, your story and experiences are important to <JURISDICTION>.

Can we recontact you about other research that <JURISDICTION> may be undertaking in the future?

1. Agree to be recontacted
2. Otherwise

*(IF PERMISSION1 = 1, AGREE TO BE RECONTACTED)

PERMISSION2. Can I confirm that you consent to the Social Research Centre passing on your contact details to <JURISDICTION> for the purposes of future research? They will be kept separate from your survey responses.

1. Yes
2. No

*(IF PERMISSION2 = 1, AGREE TO BE RECONTACTED)

Y2. The preferred telephone number I have for you is: <DISPLAY No. >

Is this correct?

1. Yes
2. No – ENTER NEW Telephone No. (INCLUDE AREA CODE)

*(ALL)

PERMISSION3. We would like to analyse the results from this survey with some administrative information about your claim, which will be collected from <RESPONSE FROM S1A>, with your permission.

If you agree, <RESPONSE FROM S1A>-will provide the relevant claim information to us. [CLAIM ORGANISATION] will not see any of your answers to the survey.

Do you give permission for <RESPONSE FROM S1A> to provide the Social Research Centre with information about your claim for the purpose of this study?

INTERVIEWER NOTE: CODE DON'T KNOW/REFUSED TO 'NO'.

IF NECESSARY: Administrative information about your claim refers to information about a workers compensation claim that <claim organisation> collects, such as type of injury / illness and time on compensation

1. Yes
2. No

*(ALL)

*PROGRAMMER NOTE: INSERT JURISDICTION NAME AND PHONE NUMBER FROM TABLE

END. That's the end of survey. Thanks very much for your time. Just in case you missed it my name is (...) from the Social Research Centre 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 023 040

<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 | ACT Government | (02) 6205 0861 |
| 8 | Comcare | 1300 366 979 |
| 9 | NT WorkSafe | 1800 250 713 |

[INTERVIEWER NOTE: REFERAL 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 14]

(TIMESTAMP 15)

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

| TERMINATION | DETAILED OUTCOME | SUMMARY OUTCOME |
|--------------|---------------------------------|-----------------|
| INTRO = 3 | WRONG NUMBER / PERSON NOT KNOWN | UNUSABLE |
| INTRO = 4 | DENIES CLAIM | OUT OF SCOPE |
| INTRO = 6 | LOTE - no follow up | OUT OF SCOPE |
| INTRO =8 | Hard refusal – never contact) | REFUSAL |
| INTRO =9 | Hard refusal – not this time | REFUSAL |
| INTRO =10 | Soft refusal – not this time | REFUSAL |
| INTRO =11 | Away for duration | OUT OF SCOPE |
| INTRO =13 | Named respondent deceased | OUT OF SCOPE |
| S2 = 3, 4, 5 | DIDN'T TAKE TIME OFF WORK | OUT OF SCOPE |
| INTRO =14 | Household refusal | REFUSAL |