

Safe Work Australia

National Return to Work Survey

Data Dictionary – First Edition

FEBRUARY 2023

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Contact information

Safe Work Australia | <mailto:info@swa.gov.au> | www.swa.gov.au

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Introduction

Purpose

The aim of the National Return to Work Survey (NRTWS) is to monitor and better understand Australian injured workers' experiences of being on workers' compensation, their health status, time off work, their return to work, and the support and rehabilitation received. Specifically, the survey findings assist in:

- reporting key headline return to work measures at national and jurisdiction levels
- tracking attitudes towards, perceptions of, experiences with, outcomes of and the expectations of those on workers' compensation
- identifying areas and specific factors that may positively or negatively impact injury or illness recovery, return to work, and experiences with workers' compensation arrangements, and
- creating an evidence base to inform and evaluate policy and program initiatives.

Background

The NRTWS has been conducted in 2013, 2014, 2016, 2018 and 2021. The 2021 survey was originally scheduled to be completed in 2020 but due to COVID-19 constraints was delayed for 12 months.

There were significant changes to the questionnaire in 2018, with the 2021 survey being similar with the addition of 2 questions relating to COVID-19. The 2021 survey was the first to include all jurisdictions.

Overview

Over time the NRTWS has been significantly redeveloped to capture information about return to work domains. The 2021 NRTWS included measures around:

- **personal factors** (biological characteristics, psychological and behavioural factors, and social relationships)
- **workplace factors** (working environment, work relationships, work design and its ergonomic impacts, support systems)
- **health care factors** (treatment and rehabilitation services provided to workers through the health care system and how these are facilitated and delivered by a range of medical professionals)
- **legislative and insurance scheme factors** (claims agents, insurers, regulatory authorities, and other government and non-government agencies)

The final 2021 questionnaire included the following sections:

1. Introduction and screening
2. Workplace Domain (job position, employer, supervisor / colleagues)
3. Return to Work Outcomes

4. Workers Compensation Scheme Domain (claims managers / insurers, regulators, system as a whole)
5. Healthcare Domain: Healthcare providers
6. Personal Domain (physical, affective, household and financial status)
7. Close and Recontact.

Data summary

Introduction and screening (1 – 42)

Position	Variable	Variable Label
1	year	Year interview completed
2	flag	-
3	uid	Key
4	jurcode	Jurisdiction Code
5	cohort	Cohort
6	claimtype	Claim Type
7	injcode	Injury Code
8	dayscomp	Days Compensated
9	injday	Injury Day
10	injmonth	Injury Month
11	injyear	Injury Year
12	claimday	Claim Day
13	claimmonth	Claim Month
14	claimyear	Claim Year
15	rehabcost	Rehabilitation Cost
16	rehab	Participated in Rehabilitation
17	gender	Gender
18	sector	Sector
19	prevclaim	Had a previous claim
20	prevtimeloss	Had previous time loss
21	claimcost	Claim Cost
22	ageyrs	ageyrs
23	xpayflag	Flag for injured workers who are excluded
24	s1a_1	Organisation dealt with - Insurance Company
25	s1a_2	Organisation dealt with - Self Insurer
26	s1a_3	Organisation dealt with - Premium Payer
27	s1a_4	Organisation dealt with - Employer's workers' compensation unit
28	s1a_5	Organisation dealt with - Other
29	s1a_6	Organisation dealt with - Someone else handles this
30	s1a_7	Organisation dealt with - Don't know / can't say
31	s1a_8	Organisation dealt with - Refused
32	s1b	Any personal dealings with the organisation?
33	s1c_1	Who handles these dealings? - Family member / Friend
34	s1c_2	Who handles these dealings? - Employer
35	s1c_3	Who handles these dealings? - Solicitor / Lawyer
36	s1c_4	Who handles these dealings? - Health professional
37	s1c_5	Who handles these dealings? - Case worker / Manager / Insurer
38	s1c_6	Who handles these dealings? - Rehab provider

39	s1c_7	Who handles these dealings? - Other
40	s1c_8	Who handles these dealings? - Don't know
41	s1c_9	Who handles these dealings? - Refused
42	s2	Did you take a day or more off work as a result of your work-related injury or illness?

Workplace Domain (43 – 98 and 124 – 143)

Position	Variable	Variable Label
43	jp1	At the time of your work-related injury or illness, were you employed on a full-time, part-time or casual basis?
44	jp2	At the time of your injury or illness, how long had you been with your employer?
45	jp2_years	At the time of your injury or illness, how long had you been with your employer? - Years
46	jp2_weeks	At the time of your injury or illness, how long had you been with your employer? - Weeks
47	jp2_months	At the time of your injury or illness, how long had you been with your employer? - Months
48	jp2_num	JP2_num. At the time of your injury or illness, how long had you been with your employer? - Years (derived)
63	jp3a	At the time of your injury or illness, do you agree or disagree - Your job was physically demanding
64	jp3b	At the time of your injury or illness, do you agree or disagree - Your job was psychologically or mentally demanding
65	jp3c	At the time of your injury or illness, do you agree or disagree - You had a lot of freedom to decide how you did your own work
66	jp4a	Do you agree or disagree with the following statements? - I was able to perform/complete my work tasks
67	jp4b	Do you agree or disagree with the following statements? - I was able to remain at work
68	jp4c	Do you agree or disagree with the following statements? - I could deal with the physical demands of my work
69	jp4d	Do you agree or disagree with the following statements? - I was able to cope with work pressure
70	jp4e	Do you agree or disagree with the following statements? - I was able to deal with emotionally demanding situation
71	jp4f	Do you agree or disagree with the following statements? - I had no energy left to do anything
72	jp4g	Do you agree or disagree with the following statements? - I was able to handle potential problems if they arose
73	jp4h	Do you agree or disagree with the following statements? - I could cope with setbacks that may occur
74	jp4i	Do you agree or disagree with the following statements? - I could explain to my supervisor about things I can and cannot do

75	jp4j	Do you agree or disagree with the following statements? - I could discuss any limitations I have to my co-workers
76	jp4k	Do you agree or disagree with the following statements? - I could get my co-workers to help me if I needed to
77	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?
78	jp6	And did you accept the offer for modified or alternative duties?
79	jp7_1	Why did you not accept the offer for modified or alternative duties? - Modified/ alternative duties were not different enough
80	jp7_2	Why did you not accept the offer for modified or alternative duties? - Modified/ alternative duties were not meaningful or challenging
81	jp7_3	Why did you not accept the offer for modified or alternative duties? - Felt I could perform my pre-injury duties
82	jp7_4	Why did you not accept the offer for modified or alternative duties? - Modified/ alternative duties did not match my physical/psychological capabilities
83	jp7_5	Why did you not accept the offer for modified or alternative duties? - It would have meant moving to a different workplace location
84	jp7_6	Why did you not accept the offer for modified or alternative duties? - It would have meant working different times/shifts
85	jp7_7	Why did you not accept the offer for modified or alternative duties? - It would have meant a change in wages
86	jp7_8	Why did you not accept the offer for modified or alternative duties? - I would have been unable to perform the modified duties due to doctor's restrictions
87	jp7_9	Why did you not accept the offer for modified or alternative duties? - Felt I would be a burden on my employer/manager or colleagues
88	jp7_10	Why did you not accept the offer for modified or alternative duties? - I had left or planned to leave job
89	jp7_11	Why did you not accept the offer for modified or alternative duties? - Other
90	jp7_12	Why did you not accept the offer for modified or alternative duties? - Don't know
91	jp7_13	Why did you not accept the offer for modified or alternative duties? - Refused
92	jp8	In your opinion, has returning to work helped, hindered or not affected your recovery from your injury / illness?
93	jp9a	In the last four weeks, how often have you found it difficult to - Concentrate on your work
94	jp9b	In the last four weeks, how often have you found it difficult to - Work without mistakes
95	jp9c	In the last four weeks, how often have you found it difficult to - Start as soon as you arrive
96	jp9d	In the last four weeks, how often have you found it difficult to - Repeat the same motions

97	jp9e	In the last four weeks, how often have you found it difficult to - Perform multiple tasks
98	jp10	How many points would you give your ability to work today?
124	emp1	Did you have a plan in place to get back to work?
125	emp2	Was this a written plan?
126	emp3a	Do you agree or disagree with the following statements about your return to work plan? - I was involved in the development of the return to work plan
127	emp3b	Do you agree or disagree with the following statements about your return to work plan? - I found the return to work plan helpful
128	emp4	Did you have a designated person to coordinate your return to work process?
129	emp5	Has this person been in contact with you since your injury or illness?
130	emp6	Thinking about all your dealings with this person, to what extent have your interactions been stressful or not stressful?
131	emp7a	Your employer did what they could to support you
132	emp7b	Your employer provided enough information on both your rights and responsibilities
133	emp7c	Your employer made an effort to find suitable employment for you
134	emp7d	Your employer helped you with your recovery
135	emp7e	Your employer treated you fairly DURING the claims process
136	emp7f	Your employer treated you fairly AFTER the claims process
137	emp8	Did someone contact you about recovering from your work-related injury or illness?
138	emp9	How many days after your work-related injury / illness occurred were you FIRST contacted?
139	emp10	Did your employer help you manage your injury or illness before you lodged your claim?
140	emp11a	Thought you would be treated differently by people at work
141	emp11b	-Felt your supervisor thought you were exaggerating or faking your injury
142	emp11c	You were concerned that you would be fired if you submitted a claim
143	emp11d	You felt your employer discouraged you from putting in a claim

Return to Work Outcomes 49 – 62 & 99 – 123

Position	Variable	Variable Label
49	rtw1	Have you returned to work at any time?
50	rtw2	Are you currently working in a paid job?
51	rtw3_1	Which of these BEST describes your current MAIN activity? - Unemployed
52	rtw3_2	Which of these BEST describes your current MAIN activity? - Engaged in home duties or carer
53	rtw3_3	Which of these BEST describes your current MAIN activity? - A student
54	rtw3_4	Which of these BEST describes your current MAIN activity? - Retired
55	rtw3_5	Which of these BEST describes your current MAIN activity? - Engaged in volunteer work
56	rtw3_6	Which of these BEST describes your current MAIN activity? - Unable to work
57	rtwdum1	MAIN ACTIVITY
58	rtw4	What is the main reason you are not currently working?
59	workstatus	WORK STATUS
60	rtw5	-Returned to the same employer?
61	rtw6	Were the hours you returned to the same?
62	rtw7	Were the duties you returned to the same?
99	rtw8	RTW8 - Since you FIRST returned to work, have you had to have any additional time off because of your work-related injury or illness?
100	rtw9	How long have you been back at work for?
101	rtw9_days	How long have you been back at work for? - Days
102	rtw9_weeks	-How long have you been back at work for? - Weeks
103	rtw9_months	How long have you been back at work for? - Months
104	rtw9_years	How long have you been back at work for? - Years
105	rtw9_num	How long have you been back at work for? - Days (derived)
106	rtwdum2	Dummy variable
107	rtwdum3	Dummy variable
108	rtwdum4	Dummy variable
109	rtw10	To what extent has the COVID-19 pandemic affected your recovery and return to work?
110	RTW11_1	Ways COVID-19 affected your recovery and return to work? My return to work was delayed because of COVID-19 restrictions at my workplace
111	RTW11_2	Ways COVID-19 affected your recovery and return to work? I was not able to return to work at all because of COVID-19 restrictions at my workplace
112	RTW11_3	Ways COVID-19 affected your recovery and return to work? My employer could not find suitable duties for me during COVID-19
113	RTW11_4	Ways COVID-19 affected your recovery and return to work? My hours were reduced, I was stood down or I lost my job during COVID-19

114	RTW11_5	Ways COVID-19 affected your recovery and return to work? Aspects of my insurance claim process were delayed during COVID-19
115	RTW11_6	Ways COVID-19 affected your recovery and return to work? I found it harder to communicate with my insurer during COVID-19
116	RTW11_7	Ways COVID-19 affected your recovery and return to work? COVID-19 limited my access to treatments
117	RTW11_8	Ways COVID-19 affected your recovery and return to work? COVID-19 limited my access to mental health support
118	RTW11_9	Ways COVID-19 affected your recovery and return to work? COVID-19 limited my access to social and family support
119	RTW11_10	Ways COVID-19 affected your recovery and return to work? COVID-19 restrictions positively influenced my recovery
120	RTW11_11	Ways COVID-19 affected your recovery and return to work? COVID-19 restrictions made my return to work easier
121	RTW11_12	Ways COVID-19 affected your recovery and return to work? Other
122	RTW11_13	Ways COVID-19 affected your recovery and return to work? Don't know / Can't say
123	RTW11_14	Ways COVID-19 affected your recovery and return to work? Refused

Worker Compensation Scheme Domain 144 – 197

Position	Variable	Variable Label
144	wc1	-Including letters, emails, phone calls and face to face meetings, how much contact have you had with organisation?
145	wc51a	Overall, your compensation benefits have been fair and acceptable
146	wc51b	Considering the nature of your injury, the AMOUNT OF COMPENSATION you have been receiving has been fair and acceptable
147	wc51c	Considering the nature of your injury, the LENGTH OF TIME that you have been receiving compensation benefits has been fair and acceptable
148	wc51d	Considering your previous level of pay, the AMOUNT OF COMPENSATION has been fair and acceptable
149	wc52a	You have been able to express your views and feelings when <organisation> has made decisions about your compensation benefits
150	wc52b	You have had influence over your compensation benefits
151	wc52d	The way that organisation has been making decisions has not been prejudiced or biased against you
152	wc52e	Organisation has been collecting accurate information to make decisions
153	wc52f	The way that organisation has been making decisions has been honest
154	wc52g	The way that organisation has been making decisions has been fair to you
155	wc53a	The person from organisation has provided you with the information you needed

156	wc53c	The person from organisation has carefully and completely explained the way decisions are made
157	wc53d	The person from organisation has communicated details at the appropriate times
158	wc54a	The person from organisation has treated you in a polite manner
159	wc54b	The person from organisation has treated you with dignity and respect
160	wc2	Did you ever have a difference of opinion with the organisation who you dealt with for your claim?
161	wc3	Did you require assistance, either formal or informal, to resolve this?
162	WC4	Who helped you to resolve this difference of opinion?
163	wc4_1	Who helped to resolve this difference of opinion? - Union
164	wc4_2	Who helped to resolve this difference of opinion? - Colleague
165	wc4_3	Who helped to resolve this difference of opinion? - Partner/family member/friend
166	wc4_4	Who helped to resolve this difference of opinion? - Rehab provider
167	wc4_5	Who helped to resolve this difference of opinion? - Legal professional
168	wc4_6	Who helped to resolve this difference of opinion? - Counsellor/psychologist
169	wc4_7	Who helped to resolve this difference of opinion? - Government agency
170	wc4_8	Who helped to resolve this difference of opinion? - Health professional
171	wc4_9	Who helped to resolve this difference of opinion? - Judicial body / professional mediator
172	wc4_10	Who helped to resolve this difference of opinion? - Someone from the insurer
173	wc4_11	Who helped to resolve this difference of opinion? - Case manager or coordinator
174	wc4_12	Who helped to resolve this difference of opinion? - Employer / HR
175	wc4_13	Who helped to resolve this difference of opinion? - No one / It wasn't resolved
176	wc4_14	Who helped to resolve this difference of opinion? - Other
177	wc4_15	Who helped to resolve this difference of opinion? - Don't know
178	wc4_16	Who helped to resolve this difference of opinion? - Refused
179	wc6	Have you needed someone to help you navigate the workers compensation claim process?
180	wc7a_1	Who helped you - Family member
181	wc7a_2	Who helped you - Lawyer
182	wc7a_3	Who helped you - Advice organisation
183	wc7a_4	Who helped you - Union representative
184	wc7a_5	Who helped you - Colleague
185	wc7a_6	Who helped you - Employer
186	wc7a_7	Who helped you - Insurer
187	wc7a_8	Who helped you - Telephone hotline

188	wc7a_9	Who helped you - Legal advice
189	wc7a_10	Who helped you - Mediation
190	wc7a_11	Who helped you - Friends
191	wc7a_12	Who helped you - Another injured worker
192	wc7a_13	Who helped you - Health professional / counsellor / psychologist
193	wc7a_14	Who helped you - No one
194	wc7a_15	Who helped you - Other
195	wc7a_16	Who helped you - Don't know
196	wc7a_17	Who helped you - Refused
197	wc7b	Of those just mentioned, who helped you the MOST?

Healthcare Domain 198 – 228

Position	Variable	Variable Label
198	hl1	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?
199	hl2a_1	Which healthcare providers have you seen? - GP
200	hl2a_2	Which healthcare providers have you seen? - Psychologist
201	hl2a_3	Which healthcare providers have you seen? - Psychiatrist
202	hl2a_4	Which healthcare providers have you seen? - Physiotherapist
203	hl2a_5	Which healthcare providers have you seen? - Occupational therapist
204	hl2a_6	Which healthcare providers have you seen? - Chiropractor
205	hl2a_7	Which healthcare providers have you seen? - Surgeon
206	hl2a_8	Which healthcare providers have you seen? - Other medical specialists
207	hl2a_9	Which healthcare providers have you seen? - Alternative medical practitioners
208	hl2a_10	Which healthcare providers have you seen? - Social and welfare professionals
209	hl2a_11	Which healthcare providers have you seen? - General hospital care (includes emergency visits)
210	hl2a_12	Which healthcare providers have you seen? - Someone else
211	hl2a_13	Which healthcare providers have you seen? - No one
212	hl2a_14	Which healthcare providers have you seen? - Don't know
213	hl2a_15	Which healthcare providers have you seen? - Refused
214	hl3aa	Has your GP... Discussed workplace demands with you?
215	hl3ab	Has your GP... Discussed with you the types of activities or things you could do?
216	hl3ac	Has your GP... Given you a date that you are likely to return to work?
217	hl3ad	Has your GP... Regularly discussed your progress for returning to work?
218	hl3ae	Has your GP... Discussed potential barriers to returning to work?

219	hl3af	Has your GP... Recommended activity as part of your recovery?
220	hl2b	Who was your MAIN healthcare provider?
221	hl2c	Apart from your GP, who was your main healthcare provider?
222	hl3ba	Has your main healthcare provider... Discussed workplace demands with you?
223	hl3bb	Has your main healthcare provider... Discussed with you the types of activities or things you could do, including activities that are not part of your pre-injury job?
224	hl3bc	Has your main healthcare provider... Given you a date that you are likely to return to work?
225	hl3bd	Has your main healthcare provider... Regularly discussed your progress for returning to work?
226	hl3be	Has your main healthcare provider... Discussed potential barriers to returning to work?
227	hl3bf	Has your main healthcare provider... Recommended activity as part of your recovery?
228	hl4	To what extent have your interactions with your healthcare provider(s) been stressful or not stressful?

Personal Domain 229 – 277

Position	Variable	Variable Label
229	pp1	In general, would you say your health NOW is...?
230	pp2_1	Have you been diagnosed? - Cardiovascular disease
231	pp2_2	Have you been diagnosed? - Diabetes
232	pp2_3	Have you been diagnosed? - Liver disease
233	pp2_4	Have you been diagnosed? - Cancer
234	pp2_5	Have you been diagnosed? - Musculoskeletal disorder
235	pp2_6	Have you been diagnosed? - Other injury
236	pp2_7	Have you been diagnosed? - Depression
237	pp2_8	Have you been diagnosed? - Anxiety
238	pp2_9	Have you been diagnosed? - Kidney disease
239	pp2_10	Have you been diagnosed? - Dementia/cognitive disorder
240	pp2_11	Have you been diagnosed? - Other
241	pp2_12	Have you been diagnosed? - None of the above
242	pp2_13	Have you been diagnosed? - Don't know
243	pp2_14	Have you been diagnosed? - Refused
244	pp3	Have you experienced any physical pain in the last week?
245	pp4	Which best describes the pain you have felt during the past week?
246	pp5	How long have you had your current pain problem?
247	kes1	In the last 4 weeks, about how often did you feel nervous?
248	kes2	In the last 4 weeks, about how often did you feel hopeless?
249	kes3	In the last 4 weeks about how often did you feel restless or fidgety?

250	kes4	In the last four weeks about how often did you feel so depressed that nothing could cheer you up?
251	kes5	In the last four weeks about how often did you feel everything was an effort?
252	kes6	In the last four weeks about how often did you feel worthless?
253	sr1	What do you feel is the level of your financial stress today?
254	sr2_1	What are your current sources of income? - Workers' compensation
255	sr2_2	What are your current sources of income? - Wages and salaries
256	sr2_3	What are your current sources of income? - Profits from own business
257	sr2_4	What are your current sources of income? - Investments, including interest, rent, dividends, and royalties
258	sr2_5	What are your current sources of income? - Overseas pensions
259	sr2_6	What are your current sources of income? - Superannuation
260	sr2_7	What are your current sources of income? - Annuities
261	sr2_8	What are your current sources of income? - Centrelink benefits
262	sr2_9	What are your current sources of income? - Financial support from family members not living in same household
263	sr2_10	What are your current sources of income? - Other forms of social assistance
264	sr2_11	What are your current sources of income? - Income protection insurance
265	sr2_12	What are your current sources of income? - Temporary or Permanent Disability (TPD) insurance
266	sr2_13	What are your current sources of income? - Pension
267	sr2_14	What are your current sources of income? - Partner / family income
268	sr2_15	What are your current sources of income? - Other
269	sr2_16	What are your current sources of income? - Don't know
270	sr2_17	What are your current sources of income? - Refused
271	sr3	Which is your main source of income?
272	sr4	Do you currently live with a domestic partner?
273	sr5	Does your domestic partner currently work in a paid job?
274	sr6	Before your injury or illness, were you the primary earner in the home?
275	sr7	How many financially dependent children are there in your household?
276	sr8	And how many financially dependent adults are there in your household?
277	sr9	What is your highest level of education you have completed?

Introduction and screening

year

Description: The calendar year the interview was completed.

Format: "YYYY"

flag

Description: Identifies the version of the survey used

Fields:

- 1 NRTW 2018
- 2 NRTW Historic
- 3 Comcare Historic
- 4 NRTW 2021

Notes: NRTW Historic includes survey Years 2013, 2014 and 2016. Comcare Historic refers to Comcare commissioned surveys prior to 2018

uid

Description: Unique key value that identifies the injured worker.

Format: String Length 50

jurcode

Description: Unique key value that identifies the jurisdiction that the injured worker is covered by.

Fields:

- 1 Queensland Workers' Compensation Regulator / Q-COMP
- 2 Workcover Tasmania
- 3 Workcover WA
- 4 WorkSafe Victoria
- 5 Seacare
- 6 NSW SIRA / Workcover NSW
- 7 Return to WorkSA / Workcover SA
- 8 Comcare
- 9 ACC
- 10 NT Worksafe
- 11 ACT

cohort

Description: Unique key value that identifies the cohort the injured worker was sampled under.

Fields:

- 1 Historic
- 2 Balance

Notes: Cohorts refer to the historic sampling method used prior to 2021. Balance refers to the method of sampling which includes:

- Injured workers are selected from claims reported to the claims manager (i.e. insurer or workers' compensation authority) within the period commencing 1 February 2019 to 31 January 2021 (or most recent claim date available for your jurisdiction). That is, the two years prior to the survey commencing.
- Who have had at least one day away from work.
- Whose claim can either be open or closed.
- Who worked in either premium paying or self-insured organisations

claimtype

Description: Identifies the type of payer the employer of the injured worker is categorised under.

Fields:

- 1 Premium Payer
- 2 Self Insurer

Notes: This is used for population stratification

injurycode

Description: The nature of injury or disease is the harm or hurt which the injured worker has suffered.

Format: TOOCS3

dayscomp

Description: The number of days the injured worker was compensated.

Format: Days (rounded to whole day)

Notes: days compensation includes the total number of days compensated for a work-related injury whether the compensation is paid by the employer, the insurer or the compensation authority.

Injday

Format: DD

Injmonth

Format: MM

Injyear

Format: YYYY

Notes: The injury date, or date of occurrence, is the date on which the injury occurred or the occupational disease was first reported to the employer. numeric specified as DD MM YYYY, with separate fields for day, month and year.

claimday

Format: DD

claimmonth

Format: MM

claimyear

Format: YYYY

Notes: Date of notification/lodgement of claim: The earlier of either the date the employer notified the insurer of the claim or the date the claim was lodged with the insurer. Format numeric specified as DD MM YYYY, with separate fields for day, month and year. This is used for population stratification.

rehabcost

Description: the cost of any rehabilitation programs.

Format: AUD (\$)

rehab

Description: Has the injured worker engaged in any rehabilitation program.

Fields:

- 1 Yes
- 2 No

Notes:

1. Yes, injured worker has participated in a rehabilitation program, or total rehab payments > \$0.

No, injured worker has not participated in a rehabilitation program, or total rehab payments = \$0

gender

Description: The gender of the injured worked

Fields:

- 1 Male
- 2 Female

sector

Description: Confirm if the injured worker was working in public or private sector at time of workplace injury or illness.

Fields:

- 1 Private
- 2 Public

prevclaim

Description: has the injured worker previously had a claim.

Fields:

- 1 Has previous claim
- 2 Has no previous claim

prevtimeloss

Description: Has the injured worker previously had a claim that resulted in time lost.

Fields:

- 1 Has previous time lost
- 2 No previous time lost

claimcost

Description: Total cost of current claim including medical, rehabilitation and direct compensation.

Format: AUD (\$)

ageyrs

Description: The current age of the injured worker (in years).

Format: String

xpayflag

Description: Flag for injured workers who are excluded.

Fields:

1 Yes

Notes: Excluded workers are

- Injured workers who are deceased
- Injured workers who are involved in active legal proceedings
- Injured workers identified as being likely to be adversely affected by participating in the survey
- Injured workers who have been surveyed in the last 11 months to the start of fieldwork, i.e. exclude if interviewed after 1 May 2020
- Claims for compensation for fatalities and/or where a date of death is recorded
- Injured workers under the age of 18 at the time of sample extraction
- Injured workers classified as 'risk clients' (e.g. 'violent' or similar indicator) for whom an interview is deemed inappropriate by the jurisdiction

s1a (1-8) – Organisation dealt with

Description: Identifies organisation mainly dealt with

Fields:

S1a_1. Organisation dealt with - Insurance Company

S1a_2. Organisation dealt with - Self Insurer

S1a_3. Organisation dealt with - Premium Payer

S1a_4. Organisation dealt with - Employer's workers' compensation unit

S1a_5. Organisation dealt with - Other

S1a_6. Organisation dealt with - Someone else handles this

S1a_7. Organisation dealt with - Don't know / can't say

S1a_8. Organisation dealt with - Refused

Notes: Refers to the **main** organisation dealt with

s1b – Personal dealings with the organisation

Description: Identifies if the injured worker had any personal dealings with the organisation.

Fields:

- 1 Any dealings with
- 2 Someone else handles all dealings on your behalf.

Notes: Organisation refers to the organisation the worker chose in question s1a.

s1c (1-9) - Who handles these dealings?

Description: Identifies who handles these dealings (is someone else handled the dealings with the organisation on the injured worker's behalf)?

Fields:

- S1c_1. Who handles these dealings? - Family member / Friend
- S1c_2. Who handles these dealings? - Employer
- S1c_3. Who handles these dealings? - Solicitor / Lawyer
- S1c_4. Who handles these dealings? - Health professional
- S1c_5. Who handles these dealings? - Case worker / Manager / Insurer
- S1c_6. Who handles these dealings? - Rehab provider
- S1c_7. Who handles these dealings? - Other
- S1c_8. Who handles these dealings? - Don't know
- S1c_9. Who handles these dealings? - Refused

Notes: This question is only asked to workers who answered s1b with "someone else handles all dealings on your behalf" and the dealings refer to dealings with the organisation selected in question s1a.

s2 - Did you take a day or more off work as a result of your work-related injury or illness?

Description: Identifies if the injured worker took a day or more off work as a result of their work-related injury or illness

Fields:

- 1 Yes
- 2 No
- 3 (Retired, without first taking a day or more off work)
- 98 Don't know
- 99 Refused

Notes: Workers who did not answer (1) Yes to this question are out of scope for the NRTWS and the survey is terminated.

Workplace Domain

jp1 - At the time of your work-related injury or illness, were you employed on a full-time, part-time or casual basis?

Description: Determines the employment status of the injured worker

Fields:

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

jp2 - At the time of your injury or illness, how long had you been with your employer?

Description: Determines the the length of the workers employment before the work-related injury or illness

Fields:

- 1 Years
- 2 Weeks
- 3 Months
- 98 Don't know
- 99 Refused

jp2years

Format: 0-99 years

jp2weeks

Format: 0-51 weeks

jp2months

Format: 0- 24 months

jp2num

Format: Years (derived)

JP3a - At the time of your injury or illness, do you agree or disagree - Your job was physically demanding

Description: This question identifies the physical demand of the injured workers job

Fields:

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

JP3b - At the time of your injury or illness, do you agree or disagree - Your job was psychologically or mentally demanding

Description: This question identifies the mental demand of the injured workers job

Fields:

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

JP3c - At the time of your injury or illness, do you agree or disagree - You had a lot of freedom to decide how you did your own work

Description: This question determines the injured workers perceived freedom in completing their work.

Fields:

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

JP4d - Do you agree or disagree with the following statements? - I was able to cope with work pressure

Description: This question identifies the injured workers ability to cope with work pressure/s

Fields:

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

JP4e - Do you agree or disagree with the following statements? - I was able to deal with emotionally demanding situation

Description: This question identifies the injured workers ability to deal with emotionally demanding situations

Fields:

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

JP4f - Do you agree or disagree with the following statements? - I had no energy left to do anything

Description: This question identifies the physical and mental demand the work had on the injured worker.

Fields:

- 1 Strongly agree
- 2 Agree
- 3 (Neither agree nor disagree)
- 4 Disagree
- 5 Strongly disagree

- 98 Don't know
- 99 Refused

JP4g - Do you agree or disagree with the following statements? - I was able to handle potential problems if they arose

Description: Identifies if the worker felt they were able to handle potential problems

Fields:

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

JP4h - Do you agree or disagree with the following statements? - I could cope with setbacks that may occur

Description: Identifies the workers perceived ability to cope with setbacks.

Fields:

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

JP4i - Do you agree or disagree with the following statements? - I could explain to my supervisor about things I can and cannot do

Description: Identifies the workers ableness to explain their work imitations to their supervisor.

Fields:

- 1 Strongly agree
- 2 Agree
- 3 (Neither agree nor disagree)

- 4 Disagree
- 5 Strongly disagree
- 98 Don't know
- 99 Refused

JP4j - Do you agree or disagree with the following statements? - I could discuss any limitations I have to my co-workers

Description: Identifies the workers ableness to discuss their work imitations with their co-workers.

Fields:

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

JP4 - Do you agree or disagree with the following statements? - I could get my co-workers to help me if I needed to

Description:

Fields:

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

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?

Description: Identify any modified or alternative duties offered to the injured worker by their workplace

Fields:

- 1 Yes
- 2 No
- 3 (Not applicable)
- 98 Don't know
- 99 Refused

JP6 - Did you accept the offer for modified or alternative duties?

Description: Determine if the worker accepted the offer of alternative duties from their workplace

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: This question was only asked to workers who responded (1) Yes to question JP5.

JP7 (1-13) - Why did you not accept the offer for modified or alternative duties?

Description: Identifies why the worker did not accept the offer of alternative duties from their workplace

Fields:

- 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
- 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 I Felt I would be a burden on my employer/manager or colleagues
- 10 I had left or planned to leave job
- 11 Other
- 12 Don't know
- 13 Refused

Notes: This question was only asked to workers who responded (2) No to question JP6

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

Description: Identifies how the injured worker perceived returning to work affected their recovery

Fields:

- 1 Helped
- 2 Hindered (Delayed)
- 3 Not affected
- 98 Don't know
- 99 Refused

JP9a - In the last four weeks, how often have you found it difficult to - Concentrate on your work

Description: Identifies if the injured worker has found it difficult to concentrate on their work over the last 4 weeks

Fields:

- 1 all the time
- 2 most of the time
- 3 half of the time
- 4 some of the time
- 5 none of the time
- 98 Don't know
- 99 Refused

JP9b - In the last four weeks, how often have you found it difficult to - Work without mistakes

Description: Identifies if the worker has found it difficult to work without mistakes over the last 4 weeks

Fields:

- 1 all the time
- 2 most of the time
- 3 half of the time
- 4 some of the time
- 5 none of the time
- 98 Don't know
- 99 Refused

JP9c - In the last four weeks, how often have you found it difficult to - Start as soon as you arrive

Description: Identifies if the worker has found it difficult to arrive on time to their workplace over the last 4 weeks

Fields:

- 1 all the time
- 2 most of the time
- 3 half of the time
- 4 some of the time
- 5 none of the time
- 98 Don't know
- 99 Refused

JP9d - In the last four weeks, how often have you found it difficult to - Repeat the same motions

Description: Identifies if the worker has found it difficult to repeat the same motions over the last 4 weeks

Fields:

- 1 all the time
- 2 most of the time
- 3 half of the time
- 4 some of the time
- 5 none of the time
- 98 Don't know
- 99 Refused

JP9e - how often have you found it difficult to - Perform multiple tasks

Description: Identifies if the worker has found it difficult to multitask

Fields:

- 1 all the time
- 2 most of the time
- 3 half of the time
- 4 some of the time
- 5 none of the time
- 98 Don't know

99 Refused

JP10 - How many points would you give your ability to work today?

Description: Asks injured workers to rank their ability to work today on a scale of (1-10)

Fields:

- 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
- 98 Don't know
- 99 Refused

EMP1 - Did you have a plan in place to get back to work?

Description: Identifies if the injured worker has a return to work plan

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

EMP2 - Was this a written plan?

Description: Identifies if the injured workers return to work plan was written

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: This question was only asked to workers who responded (1) yes to EMP1

EMP3a - Do you agree or disagree with the following statements about your return to work plan? - I was involved in the development of the return to work plan

Description: Gauges how involved the injured worker was in the development of their return to work plan

Fields:

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

Notes: This question was only asked to workers who responded (1) yes to EMP1

EMP3b - Do you agree or disagree with the following statements about your return to work plan? - I found the return to work plan helpful

Description: Gauges how useful the injured worker found the return to work plan

Fields:

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

Notes: This question was only asked to workers who responded (1) yes to EMP1

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

Description: Identifies if the injured workers return to work was coordinated by an individual from their workplace or externally

Fields:

- 1 Yes (someone from workplace)
- 2 Yes (someone external)
- 3 No

- 98 Don't know
- 99 Refused

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

Description: Identifies if the injured worker has been contacted by this individual since their workplace injury or illness

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: This question was only asked to workers who responded (1) Yes (someone from workplace) or (2) Yes (someone external)

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

Description: Gauges the level of stress the injured worker had when interacting he the individual coordinating their return to work

Fields:

- 1 Extremely stressful
- 2 Quite a bit stressful
- 3 A bit stressful
- 4 Not very stressful
- 5 Not at all stressful
- 98 Don't know
- 99 Refused

Notes: This question refers to the individual selected in EMP4

EMP7a - Your employer did what they could to support you

Description: Gauges the injured workers perceived level of support received from their employer

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree

- 5 Strongly disagree
- 98 Don't know
- 99 Refused

EMP7b - Your employer provided enough information on both your rights and responsibilities

Description: Identifies if the injured worker perceived they were receiving enough information on their rights and responsibilities from their employer

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know
- 99 Refused

EMP7c - Your employer made an effort to find suitable employment for you

Description: Determines if the injured workers employer attempted to find duties suitable for the injured worker

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know
- 99 Refused

Notes: This question determines if the employee felt the employer had attempted to find them suitable duties.

EMP7d - Your employer helped you with your recovery

Description: Identifies if they injured worked felt their employer helped with their recovery

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know
- 99 Refused

EMP7e - Your employer treated you fairly DURING the claims process

Description: Identifies if the worker perceived their employer as treating them fairly during the claims process

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know
- 99 Refused

EMP7f - Your employer treated you fairly AFTER the claims process

Description: Identifies if the worker perceived their employer as treating them fairly after the claims process

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know
- 99 Refused

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

Description: Identifies if the injured worker was contacted by someone regarding their recovery from their work-related injury or illness

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

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

Description: Identifies how many days after their work-related injury did the person in EMP8 contact them.

Fields:

- 1 0 - 3 days
- 2 4 - 10 days
- 3 11 - 15 days
- 4 16 or more days
- 98 Don't know

Notes: This question was only asked to workers who responded (1) Yes to EMP8

EMP10 - Did your employer help you manage your injury or illness before you lodged your claim?

Description: Identifies if the injured workers employer assisted them with their injury or illness prior to the lodgement of their claim

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Prompt Questions EMP11a – EMP11d

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

EMP11a - Thought you would be treated differently by people at work

Description: Asks the injured worker if while they were considering putting in a worker compensation claim they thought they would be treated differently by their colleagues.

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know
- 99 Refused

EMP11b - Felt your supervisor thought you were exaggerating or faking your injury

Description: Asks the injured worker if while they were considering putting in a worker compensation claim they thought their supervisor would think they were exaggerating or faking their injury

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know
- 99 Refused

EMP11c - You were concerned that you would be fired if you submitted a claim

Description: Asks the injured worker if while they were considering putting in a worker compensation claim they thought they would be fired for submitting a workers compensation claim

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know

99 Refused

EMP11d - You felt your employer discouraged you from putting in a claim

Description: Asks the injured worker if while they were considering putting in a worker compensation claim they thought they were discouraged from putting in the claim by their employer

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know
- 99 Refused

Return to Work Outcomes

RTW1 - Have you returned to work at any time?

Description: Determines if the injured worker has returned to work, since their workplace injury

Fields:

- 1 Yes
- 2 No
- 3 No time off, not working
- 98 Don't know
- 99 Refused

RTW2 - Are you currently working in a paid job?

Description: Determines if the injured worker is currently working in paid employment

Fields:

- 1 Yes
- 2 No
- 3 Retired
- 98 Don't know
- 99 Refused

RTW3 (1-6) - Which of these BEST describes your current MAIN activity?

Description: Determines the workers current main activity

Fields:

- 1 Unemployed
- 2 Engaged in home duties or care
- 3 A student
- 4 Retired
- 5 Engaged in volunteer work
- 6 Unable to work

Notes: This question is only asked to injured workers who responded No (2) to question RTW2

RTW4 - What is the main reason you are not currently working?

Description: Determines the main reason the injured worker is not currently working

Fields:

- 1 Work-related injury or illness
- 2 Have a new injury or illness
- 3 Old injury or illness got worse/aggravated
- 4 Don't want to
- 5 Worried/frightened about being hurt further/again
- 6 Decided to retire/I retired
- 7 Decided to resign
- 8 Decided to study
- 9 Dismissed by employer
- 10 Was made redundant / Retrenched
- 11 Work is seasonal - nothing available at present
- 12 Family commitments / concerns
- 13 Employer closed down
- 14 Other work not available
- 15 Other (SPECIFY: FULL VERBATIM)
- 16 On leave (Comcare only)
- 17 Medication makes it unsafe
- 18 Work in own business
- 19 None (Comcare only)
- 20 Only injury or illness (Comcare only)
- 21 No suitable job available / Employer unable to find a suitable job for me
- 22 Maternity leave
- 98 (Don't know / Can't say)
- 99 (REFUSED)

Notes:

WORKSTATUS - WORK STATUS

Description: Derived status of the injured workers employment

Fields:

- 1 Currently working AND RTW at any time
- 2 Not currently working (may be currently retired), previously RTW
- 3 Not currently working (may be currently retired), never tried to RTW

Notes:

RTW5 - Returned to the same employer?

Description: Determines if the injured worker returned to the same employer where the workplace injury occurred.

Fields:

- 1 Same duties
- 2 Slightly different (modified / light duties)
- 3 Completely different duties
- 4 Did not take time off work (Comcare only)
- 98 Don't know
- 99 Refused

RTW6 - Were the hours you returned to the same?

Description: Determines if the worker returned to the same number of hours

Fields:

- 1 Same
- 2 More
- 3 Less
- 98 Don't know
- 99 Refused

RTW7 - Were the duties you returned to the same?

Description: Determines if the worker returned to the same workplace duties

Fields:

- 1 Same duties
- 2 Slightly different (modified / light duties)
- 3 Completely different duties
- 4 Did not take time off work (Comcare only)
- 98 Don't know
- 99 Refused

RTW8 - Since you FIRST returned to work, have you had to have any additional time off because of your work-related injury or illness?

Description: Determines if the worker has had any additional days off work due to their most recent work-related injury or illness.

RTW9 - How long have you been back at work for?

rtw9years

Format: 0-99 years

rtw9weeks

Format: 0-51 weeks

rtw9months

Format: 0- 24 months

rtw9days

Format: 0-30 days

rtw9num

Format: Days (derived)

RTW10 - To what extent has the COVID-19 pandemic affected your recovery and return to work?

Description: Determines how the worker perceived the COVID-19 pandemic to affect their recovery and return to work

Fields:

- 1 A great deal
- 2 Somewhat
- 3 (Neutral)
- 4 Not much
- 5 Not at all
- 98 Don't know
- 99 Refused

RTW11 (1-14) - Ways COVID-19 affected your recovery and return to work?

Description: Determines the way in which the injured worker perceived the COVID-19 pandemic impacted their recovery and return to work

Fields:

- 1 My return to work was delayed because of COVID-19 restrictions at my workplace
- 2 I was not able to return to work at all because of COVID-19 restrictions at my workplace
- 3 My employer could not find suitable duties for me during COVID-19
- 4 My hours were reduced, I was stood down or I lost my job during COVID-19
- 5 Aspects of my insurance claim process were delayed during COVID-19
- 6 I found it harder to communicate with my insurer during COVID-19
- 7 COVID-19 limited my access to treatments

- 8 COVID-19 limited my access to mental health support
- 9 COVID-19 limited my access to social and family support
- 10 COVID-19 restrictions positively influenced my recovery
- 11 COVID-19 restrictions made my return to work easier
- 13 Other
- 14 Don't know / Can't say

Worker Compensation Scheme Domain

WC1 - Including letters, emails, phone calls and face to face meetings, how much contact have you had with organisation?

Description: Determines how much contact the injured worker had with the organisation

Fields:

- 1 A lot
- 2 A little
- 3 None at all
- 98 Don't know
- 99 Refused

WC51a - Overall, your compensation benefits have been fair and acceptable

Description: Determines how fair and acceptable the injured worker perceived their compensation benefits to be

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

WC51b - Considering the nature of your injury, the AMOUNT OF COMPENSATION you have been receiving has been fair and acceptable

Description: Determines how fair and acceptable the injured worker perceived their compensation benefits to be, accounting for the nature of the injury

Fields:

- 1 Strongly agree
- 2 Agree

- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

WC51c - Considering the nature of your injury, the LENGTH OF TIME that you have been receiving compensation benefits has been fair and acceptable

Description: Determines how fair and acceptable the injured worker perceived the length of time they were paid compensation benefits to be

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

WC51d - Considering your previous level of pay, the AMOUNT OF COMPENSATION has been fair and acceptable

Description: Determines how fair and acceptable the injured worker perceived their compensation payment to be, taking into account their previous level of pay

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

WC52a - You have been able to express your views and feelings when <organisation> has made decisions about your compensation benefits

Description: Determines if the worker perceived they were able to express their views and feelings regarding their compensation amount

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

Notes: Organisation refers to the organisation selected in S1a1-8

WC52b - You have had influence over your compensation benefits

Description: Determines if the worker felt they had influence over their compensation benefits

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

WC52C was removed from the survey

WC52d - The way that organisation has been making decisions has not been prejudiced or biased against you

Description: Asks the worker if they perceived there was prejudice or bias against them by the organisation

Fields:

- 1 Strongly agree

- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

Notes: Organisation refers to the organisation selected in S1a1-8

WC52e - Organisation has been collecting accurate information to make decisions

Description: Determines if the worker felt the organisation had/was collecting accurate information regarding their worker compensation claim

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

Notes: Organisation refers to the organisation selected in S1a1-8

WC52f - The way that organisation has been making decisions has been honest

Description: Determines if the worker felt the organisations decisions had been honest regarding their workers compensation claim

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

Notes: Organisation refers to the organisation selected in S1a1-8

WC52g - The way that organisation has been making decisions has been fair to you

Description: Determines if the worker felt the organisation had acted fairly towards them

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

Notes: Organisation refers to the organisation selected in S1a1-8

WC53a - The person from organisation has provided you with the information you needed

Description: Determines if the worker believes that the organisation was providing them with the information the needed

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

Notes: Organisation refers to the organisation selected in S1a1-8

WC53c - The person from organisation has carefully and completely explained the way decisions are made

Description: Determines if the worker believes that the organisation explained how decisions are made carefully and thoroughly.

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

Notes: Organisation refers to the organisation selected in S1a1-8

WC53d - The person from organisation has communicated details at the appropriate times

Description: Determines if the worker believes that the organisation communicated details in a timely and appropriate manner

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

Notes: Organisation refers to the organisation selected in S1a1-8

WC54a - The person from organisation has treated you in a polite manner

Description: Determines if the worker perceived they were treated in a polite manner by those at organisation

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know

99 Refused

Notes: Organisation refers to the organisation selected in S1a1-8

WC54b - The person from organisation has treated you with dignity and respect

Description: Determines if the worker perceived they were treated with dignity and respect by those at the organisation

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

Notes: Organisation refers to the organisation selected in S1a1-8

WC2 - Did you ever have a difference of opinion with the organisation who you dealt with for your claim?

Description: Determines if the worker experience a difference of opinion with the organisation

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: Organisation refers to the organisation selected in S1a1-8

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

Description: Determines if the worker required assistance from another individual or party to resolve the difference of opinion mentioned in WC2

Fields:

- 1 Yes
- 2 No
- 98 Don't know

99 Refused

Notes: This question was only asked to workers who responded Yes (1) to question WC2

WC4 - (1- 16) Who helped you to resolve this difference of opinion?

Description: Determines who helped the worker solve the difference of opinion mentioned in question WC2

Fields:

- 1 Union
- 2 Colleague
- 3 Partner/family member/friend
- 4 Rehab provider
- 5 Legal professional
- 6 Counsellor/psychologist
- 7 Government agency
- 8 Health professional
- 9 Judicial body / professional mediator
- 10 Someone from the insurer
- 11 Case manager or coordinator
- 12 Employer / HR
- 13 No one / It wasn't resolved
- 14 Other
- 15 Don't know
- 16 Refused

Notes: This question was only asked to workers who responded Yes (1) to question WC3

WC5 was removed from the survey

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

Description: Determines if the worker was assisted by someone to navigate the workers compensation process

Fields:

- 1 Yes
- 2 No
- 98 Don't know

99 Refused

Notes:

WC7a – Who helped you?

Description: Determines who assisted the worker with the workers compensation process

Fields:

- 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 Health professional / counsellor / psychologist
- 14 No one
- 15 Other
- 16 Don't know
- 17 Refused

Notes: This question was only asked to workers who responded Yes (1) to question WC6

WC7b – Who helped you the most?

Description: Determines which of the individuals the worker selected above helped them the most to navigate the workers compensation process

Fields:

- 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 Health professional / counsellor / psychologist
- 14 No one
- 15 Other
- 16 Don't know
- 17 Refused

Healthcare Domain

HL1 - 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?

Description: Determines if the worker found it easy to access medical treatment or services for their work related injury

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Not applicable
- 98 Don't know
- 99 Refused

HL2a (1-15) - Which healthcare providers have you seen?

Description: Determines which healthcare providers the injured worker has seen for consultation or treatment

Fields:

- 1 GP
- 2 Psychologist
- 3 Psychiatrist
- 4 Physiotherapist
- 5 Occupational therapist
- 6 Chiropractor
- 7 Surgeon
- 8 Other medical specialists
- 9 Alternative medical practitioners
- 10 Social and welfare professionals
- 11 General hospital care (includes emergency visits)
- 12 Someone else
- 13 No one
- 14 Don't know
- 15 Refused

Notes:

HL3aa - Has your GP... Discussed workplace demands with you?

Description: Determines if the injured worker's GP has discussed workplace demands with them

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: Only asked to workers who responded GP (1) to question HL2a

HL3ab - Has your GP... Discussed with you the types of activities or things you could do?

Description: Determines if the injured worker's GP has discussed the types of activities or things they could do

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: Only asked to workers who responded GP (1) to question HL2a

HL3ac - Has your GP... Given you a date that you are likely to return to work?

Description: Determines if the injured worker's GP has given them a date that they are likely to return to work

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: Only asked to workers who responded GP (1) to question HL2a

HL3ad - Has your GP... Regularly discussed your progress for returning to work?

Description: Determines if the injured worker's GP has discussed their progress for returning to work

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: Only asked to workers who responded GP (1) to question HL2a

HL3ae - Has your GP... Discussed potential barriers to returning to work?

Description: Determines if the injured worker's GP has discussed potential barriers for their return to work

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: Only asked to workers who responded GP (1) to question HL2a

HL3af - Has your GP... Recommended activity as part of your recovery?

Description: Determines if the injured worker's GP has discussed recommended activity as part of the worker's recovery

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: Only asked to workers who responded GP (1) to question HL2a

HL2b - Who was your MAIN healthcare provider?

Description: Determines the workers main healthcare provider

Fields:

- 1 GP
- 2 Psychologist
- 3 Psychiatrist
- 4 Physiotherapist
- 5 Occupational therapist
- 6 Chiropractor

- 7 Surgeon
- 8 Other medical specialists
- 9 Alternative medical practitioners
- 10 Social and welfare professionals
- 11 General hospital care (Includes emergency visits)
- 12 Other
- 13 No-one
- 14 (Don't know)
- 15 (Refused)

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

Description: Determines the workers main healthcare provider (excluding their GP)

Fields:

- 1 GP
- 2 Psychologist
- 3 Psychiatrist
- 4 Physiotherapist
- 5 Occupational therapist
- 6 Chiropractor
- 7 Surgeon
- 8 Other medical specialists
- 9 Alternative medical practitioners
- 10 Social and welfare professionals
- 11 General hospital care (Includes emergency visits)
- 12 Other
- 13 No-one
- 14 (Don't know)
- 15 (Refused)

Notes: This question was only asked to injured workers that responded GP (1) to question HL2b

HL3ba - Has your main healthcare provider... Discussed workplace demands with you?

Description: Determines if the injured worker's main healthcare provider has discussed workplace demands with them

Fields:

- 1 Yes

- 2 No
- 98 Don't know
- 99 Refused

Notes: Main healthcare provider refers to the workers response to question HL2B

HL3bb - Has your main healthcare provider... Discussed with you the types of activities or things you could do, including activities that are not part of your pre-injury job?

Description: Determines if the injured worker's main healthcare provider has discussed the types of activities or things they could do

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: Main healthcare provider refers to the workers response to question HL2B

HL3bc - Has your main healthcare provider... Given you a date that you are likely to return to work?

Description: Determines if the injured worker's healthcare provider has given them a date that they are likely to return to work

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: Main healthcare provider refers to the workers response to question HL2B

HL3bd - Has your main healthcare provider... Regularly discussed your progress for returning to work?

Description: Determines if the injured worker's healthcare provider has discussed their progress for returning to work

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: Main healthcare provider refers to the workers response to question HL2B

HL3be - Has your main healthcare provider... Discussed potential barriers to returning to work?

Description: Determines if the injured worker's healthcare provider has discussed potential barriers for their return to work

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: Main healthcare provider refers to the workers response to question HL2B

HL3bf - Has your main healthcare provider... Recommended activity as part of your recovery?

Description: Determines if the injured worker's healthcare provider has discussed recommended activity as part of the worker's recovery

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Notes: Main healthcare provider refers to the workers response to question HL2B

HL4 - To what extent have your interactions with your healthcare provider(s) been stressful or not stressful?

Description: Determines how if at all stressful the workers interactions with their healthcare provider(s) have been

Fields:

- 1 Extremely stressful
- 2 Quite a bit stressful
- 3 A bit stressful
- 4 Not very stressful
- 5 Not at all stressful
- 98 Don't know
- 99 Refused

Personal Domain

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

Description: Determines the injured workers current state of health

Fields:

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very good
- 5 Excellent
- 98 Don't know
- 99 Refused

PP2 (1- 14) - Have you been diagnosed?

Description: Determines if the worker has been diagnosed with any of the following illnesses.

Fields:

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

PP3 - Have you experienced any physical pain in the last week?

Description: Determines if the injured worker has experienced any pain in the last week

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

PP4 - Which best describes the pain you have felt during the past week?

Description: Determines the level of pain on a scale of 0-10 the injured worker has experienced in the last week

Fields:

- 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
- 98 Don't know
- 99 Refused

Notes: Only asked to injured workers who responded Yes (1) to question PP3

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

Description: Determines how long the worker has been experiencing their current pain

Fields:

- 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
- 98 Don't know
- 99 Refused

KES1 - In the last 4 weeks, about how often did you feel nervous?

Description: Question 1 of the Kessler psychological distress scale (K6+) a self-reported measure of psychological distress

Fields:

- 1 All of the time
- 2 Most
- 3 Some
- 4 A little, or
- 5 None of the time
- 98 Don't know
- 99 Refused

KES2 - In the last 4 weeks, about how often did you feel hopeless?

Description: Question 2 of the Kessler psychological distress scale (K6+) a self-reported measure of psychological distress

Fields:

- 1 All of the time
- 2 Most
- 3 Some
- 4 A little, or
- 5 None of the time
- 98 Don't know
- 99 Refused

KES3 - In the last 4 weeks about how often did you feel restless or fidgety?

Description: Question 3 of the Kessler psychological distress scale (K6+) a self-reported measure of psychological distress

Fields:

- 1 All of the time
- 2 Most

- 3 Some
- 4 A little, or
- 5 None of the time
- 98 Don't know
- 99 Refused

KES4 - In the last four weeks about how often did you feel so depressed that nothing could cheer you up?

Description: Question 4 of the Kessler psychological distress scale (K6+) a self-reported measure of psychological distress

Fields:

- 1 All of the time
- 2 Most
- 3 Some
- 4 A little, or
- 5 None of the time
- 98 Don't know
- 99 Refused

KES5 - In the last four weeks about how often did you feel everything was an effort?

Description: Question 5 of the Kessler psychological distress scale (K6+) a self-reported measure of psychological distress

Fields:

- 1 All of the time
- 2 Most
- 3 Some
- 4 A little, or
- 5 None of the time
- 98 Don't know
- 99 Refused

KES6 - In the last four weeks about how often did you feel worthless?

Description: Question 6 of the Kessler psychological distress scale (K6+) a self-reported measure of psychological distress

Fields:

- 1 All of the time
- 2 Most
- 3 Some
- 4 A little, or
- 5 None of the time
- 98 Don't know
- 99 Refused

SR1 - What do you feel is the level of your financial stress today?

Description: Determines the level of financial stress the injured worker is experiencing today

Fields:

- 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
- 98 Don't know
- 99 Refused

SR2 (1-17) - What are your current sources of income?

Description: Determines the workers current sources of income

Fields:

- 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 Pension
- 14 Partner / family income
- 15 Other
- 16 Don't know
- 17 Refused

SR3 - Which is your main source of income?

Description: Determines the workers current main source of income

Fields:

- 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
- 16 Pension
- 17 Partner/Family income
- 98 Don't know
- 99 Refused

SR4 - Do you currently live with a domestic partner?

Description: Determines the workers current domestic partner status

Fields:

- 1 Yes

- 2 No
- 98 Don't know
- 99 Refused

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

Description: Determines if the workers partner is currently working in a paid job

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

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

Description: Determines if prior to their work-related injury, they were the primary earner in their household

Fields:

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

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

Description: Determines how many financially dependent children the worker has in their household

Fields: (Open response)

SR8 - How many financially dependent adults are there in your household?

Description: Determines how many financially dependent adults the worker has in their household

Fields: (Open response)

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

Description: Determines the highest level of education the worker has obtained

Fields:

- 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
- 98 Don't know
- 99 Refused