

# **National Return to Work Survey - Workers**

## **Data Dictionary**

Second edition

**2025**

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# Introduction

## Purpose

The National Return to Work Survey (NRTWS) aims to improve understanding of the return to work outcomes and experiences of injured workers receiving workers' compensation, and the return to work process and experience from the perspective of employers. 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 previously been administered in 2013, 2014, 2016, 2018, and 2021.

The design of the NRTWS program was reviewed in 2022, with resulting enhancements piloted in 2023 and implemented in 2025.

The 2025 iteration of the NRTWS was conducted by Wallis Social Research and involved a dual-mode survey; Respondents could complete the survey either by telephone or an online survey. The 2025 edition of the survey is the first to include and capture responses from employers.

## Overview

Over time the NRTWS has been significantly redeveloped to capture information about return to work domains. The 2025 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 2025 questionnaire included the following sections:

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

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 - 29)

Position	Variable	Variable Label	Years included for
1	year	Year interview completed	All
2	flag	Version of survey used	All
3	uid	Key	All
4	jurcode	Jurisdiction Code	All
5	sii	Are you currently involved in any legal proceedings relating to your workers' compensation claim?	2025
6	s2	Did you take a day or more off work as a result of your work-related injury or illness?	2018, 2021, 2025
7	s2a	Have you received compensation for a workers' compensation claim?	2025
8	s1a_1	Organisation dealt with - Insurance Company	2016, 2018, 2021, 2025
9	s1a_2	Organisation dealt with - Self Insurer	2016, 2018, 2021, 2025
10	s1a_3	Organisation dealt with - Premium Payer	2016, 2018, 2021, 2025
11	s1a_4	Organisation dealt with - Employer's workers' compensation unit	2016, 2018, 2021, 2025
12	s1a_5	Organisation dealt with - Other	2016, 2018, 2021, 2025
13	s1a_6	Organisation dealt with - Someone else handles this	2016, 2018, 2021, 2025
14	s1a_7	Organisation dealt with - Don't know / can't say	2016, 2018, 2021, 2025
15	s1a_8	Organisation dealt with - Refused	2016, 2018, 2021, 2025
16	s1a_w2	Organisation dealt with the MOST	2025
17	s1b_w_2023	Required assistance with compensation claim	2025
18	s1b	Any personal dealings with the organisation?	2016, 2018, 2021
19	s1c_1	Who handles these dealings? - Family member / Friend	2016, 2018, 2021, 2025
20	s1c_2	Who handles these dealings? - Employer	2016, 2018, 2021, 2025
21	s1c_3	Who handles these dealings? - Solicitor / Lawyer	2016, 2018, 2021, 2025

22	s1c_4	Who handles these dealings? - Health professional	2018, 2021, 2025
23	s1c_5	Who handles these dealings? - Case worker / Manager / Insurer	2018, 2025
24	s1c_6	Who handles these dealings? - Rehab provider	2018, 2025
25	s1c_11	Who handles these dealings? - Union	2025
26	s1c_7	Who handles these dealings? - Other	2016, 2018, 2025
27	s1c_8	Who handles these dealings? - Don't know	2016, 2018, 2021, 2025
28	s1c_9	Who handles these dealings? - Refused	2016, 2018, 2021, 2025
29	s1c_10	Who handles these dealings? - None / Nobody	2025

#### Return to work outcomes (30 - 81, 380)

Position	Variable	Variable Label	Years included for
30	rtw1	Have you returned to work at any time?	All
31	rtw2	Are you currently working in a paid job?	All
32	rtw3_1	Which of these BEST describes your current MAIN activity? - Unemployed	2013, 2014, 2016, 2018, 2021
33	rtw3_2	Which of these BEST describes your current MAIN activity? - Engaged in home duties or carer	2013, 2014, 2016, 2018, 2021
34	rtw3_3	Which of these BEST describes your current MAIN activity? - A student	2013, 2014, 2016, 2018, 2021
35	rtw3_4	Which of these BEST describes your current MAIN activity? - Retired	2013, 2014, 2016, 2018, 2021
36	rtw3_5	Which of these BEST describes your current MAIN activity? - Engaged in volunteer work	2013, 2014, 2016, 2018, 2021
37	rtw3_6	Which of these BEST describes your current MAIN activity? - Unable to work	2013, 2014, 2016, 2018, 2021
38	rtw3_2023	Main activity	2025
39	rtw4b	How long absent from work	2025

40	rtw4	What is the main reason you are not currently working?	All
41	rtw5	Returned to the same employer?	2013, 2014, 2016, 2018, 2021
42	rtw6	Were the hours you returned to the same?	2018, 2021, 2025
43	rtw7	Were the duties you returned to the same?	All
44	rtw8	Since you FIRST returned to work, have you had to have any additional time off because of your work-related injury or illness?	All
45	rtw9	How long have you been back at work for?	All
46	rtw9_days	How long have you been back at work for? - Days	All
47	rtw9_weeks	How long have you been back at work for? - Weeks	All
48	rtw9_months	How long have you been back at work for? - Months	All
49	rtw9_years	How long have you been back at work for? - Years	All
50	rtw9_num	How long have you been back at work for? - Days (derived)	2013, 2014, 2016, 2018, 2021
51	rtw10	To what extent has the COVID-19 pandemic affected your recovery and return to work?	2021
52	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	2021
53	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	2021
54	RTW11_3	Ways COVID-19 affected your recovery and return to work? My employer could not find suitable duties for me during COVID-19	2021
55	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	2021

56	RTW11_5	Ways COVID-19 affected your recovery and return to work? Aspects of my insurance claim process were delayed during COVID-19	2021
57	RTW11_6	Ways COVID-19 affected your recovery and return to work? I found it harder to communicate with my insurer during COVID-19	2021
58	RTW11_7	Ways COVID-19 affected your recovery and return to work? COVID-19 limited my access to treatments	2021
59	RTW11_8	Ways COVID-19 affected your recovery and return to work? COVID-19 limited my access to mental health support	2021
60	RTW11_9	Ways COVID-19 affected your recovery and return to work? COVID-19 limited my access to social and family support	2021
61	RTW11_10	Ways COVID-19 affected your recovery and return to work? COVID-19 restrictions positively influenced my recovery	2021
62	RTW11_11	Ways COVID-19 affected your recovery and return to work? COVID-19 restrictions made my return to work easier	2021
63	RTW11_12	Ways COVID-19 affected your recovery and return to work? Other	2021
64	RTW11_13	Ways COVID-19 affected your recovery and return to work? Don't know / Can't say	2021
65	RTW11_14	Ways COVID-19 affected your recovery and return to work? Refused	2021
66	rtw13	Prior to returning, how long absent from work	2025
67	rtw14	When first returned, how long back to work	2025
68	rtw14_days	When first returned, how long back to work - Days	2025
69	rtw14_weeks	When first returned, how long back to work - Weeks	2025
70	rtw14_months	When first returned, how long back to work - Months	2025

71	rtw14_years	When first returned, how long back to work - Years	2025
72	rtw15	Currently have any plans to return to work	2025
73	RTW16_1	Supports could be provided - Greater understanding / communication from my workplace	2025
74	RTW16_2	Supports could be provided - Assistance with finding suitable work	2025
75	RTW16_3	Supports could be provided - Access to education and training for a different position	2025
76	RTW16_4	Supports could be provided - Greater support from healthcare services	2025
77	RTW16_5	Supports could be provided - Other assistance related to insurer	2025
78	RTW16_6	Supports could be provided - Other	2025
79	RTW16_7	Supports could be provided - No support is needed to assist my return to work	2025
80	RTW16_8	Supports could be provided - Don't know	2025
81	RTW16_9	Supports could be provided - Prefer not to say	2025
380	Workstatus	Work status	2018, 2021

### Workplace Domain (82 - 181)

Position	Variable	Variable Label	Years included for
82	jp1	At the time of your work-related injury or illness, were you employed on a full-time, part-time or casual basis?	2018, 2021
83	jp2	At the time of your injury or illness, how long had you been with your employer?	2018, 2021
84	jp2_years	At the time of your injury or illness, how long had you been with your employer? - Years	2018, 2021
85	jp2_weeks	At the time of your injury or illness, how long had you been with your employer? - Weeks	2018, 2021
86	jp2_months	At the time of your injury or illness, how long had you been with your employer? - Months	2018, 2021

87	jp2_num	At the time of your injury or illness, how long had you been with your employer? - Years (derived)	2018, 2021
88	jp3a	At the time of your injury or illness, do you agree or disagree - Your job was physically demanding	2018, 2021
89	jp3b	At the time of your injury or illness, do you agree or disagree - Your job was psychologically or mentally demanding	2018, 2021
90	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	2018, 2021
91	jp4a	Do you agree or disagree with the following statements? - I was able to perform/complete my work tasks	2018, 2021, 2025
92	jp4b	Do you agree or disagree with the following statements? - I was able to remain at work	2018, 2021, 2025
93	jp4c	Do you agree or disagree with the following statements? - I could deal with the physical demands of my work	2018, 2021, 2025
94	jp4d	Do you agree or disagree with the following statements? - I was able to cope with work pressure	2018, 2021, 2025
95	jp4e	Do you agree or disagree with the following statements? - I was able to deal with emotionally demanding situation	2018, 2021, 2025
96	jp4f	Do you agree or disagree with the following statements? - I had no energy left to do anything	2018, 2021
97	jp4f_2025	Do you agree or disagree with the following statements? - I had energy left to do my work	2025
98	jp4g	Do you agree or disagree with the following statements? - I was able to handle potential problems if they arose	2018, 2021, 2025
99	jp4h	Do you agree or disagree with the following statements? - I could cope with setbacks that may occur	2018, 2021, 2025
100	jp4i	Do you agree or disagree with the following statements? - I could explain to my supervisor about things I can and cannot do	2018, 2021, 2025
101	jp4j	Do you agree or disagree with the following statements? - I could discuss any limitations I have to my co-workers	2018, 2021, 2025

102	jp4k	Do you agree or disagree with the following statements? - I could get my co-workers to help me if I needed to	2018, 2021, 2025
103	jp4l	Do you agree or disagree with the following statements? - I would be able to manage tasks that required complex thinking	2025
104	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?	2018, 2021
105	jp5_2025	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?	2025
106	jp6	And did you accept the offer for modified or alternative duties?	2018, 2021
107	jp7_1	Why did you not accept the offer for modified or alternative duties? - Modified/alternative duties were not different enough	2018, 2021, 2025
108	jp7_2	Why did you not accept the offer for modified or alternative duties? - Modified/alternative duties were not meaningful or challenging	2018, 2021, 2025
109	jp7_3	Why did you not accept the offer for modified or alternative duties? - Felt I could perform my pre-injury duties	2018, 2021, 2025
110	jp7_4	Why did you not accept the offer for modified or alternative duties? - Modified/alternative duties did not match my physical/psychological capabilities	2018, 2021, 2025
111	jp7_5	Why did you not accept the offer for modified or alternative duties? - It would have meant moving to a different workplace location	2018, 2021, 2025
112	jp7_6	Why did you not accept the offer for modified or alternative duties? - It would have meant working different times/shifts	2018, 2021, 2025
113	jp7_7	Why did you not accept the offer for modified or alternative duties? - It would have meant a change in wages	2018, 2021, 2025
114	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	2018, 2021, 2025
115	jp7_9	Why did you not accept the offer for modified or alternative duties? - Felt I	2018, 2021, 2025

		would be a burden on my employer/manager or colleagues	
116	jp7_10	Why did you not accept the offer for modified or alternative duties? - I had left or planned to leave job	2018, 2025
117	jp7_13	Why did you not accept the offer for modified or alternative duties? - Refused	2018, 2021, 2025
118	JP7_14	Why did you not accept the offer for modified or alternative duties? - Hostile/undesirable work environment	2025
119	JP7_15	Why did you not accept the offer for modified or alternative duties? - I am no longer employed there	2025
120	jp7_11	Why did you not accept the offer for modified or alternative duties? - Other	2018, 2021, 2025
121	jp7_12	Why did you not accept the offer for modified or alternative duties? - Don't know	2018, 2021, 2025
122	jp8	In your opinion, has returning to work helped, hindered or not affected your recovery from your injury / illness?	2018, 2021
123	jp9a	In the last four weeks, how often have you found it difficult to - Concentrate on your work	2018, 2021
124	jp9b	In the last four weeks, how often have you found it difficult to - Work without mistakes	2018, 2021
125	jp9c	In the last four weeks, how often have you found it difficult to - Start as soon as you arrive	2018, 2021
126	jp9d	In the last four weeks, how often have you found it difficult to - Repeat the same motions	2018, 2021
127	jp9e	In the last four weeks, how often have you found it difficult to - Perform multiple tasks	2018, 2021
128	jp10	How many points would you give your ability to work today?	2018, 2021
129	jp11	Intend to remain working	2025
130	JP13_1	Why accepted offer - Modified / alternative duties were different enough	2025
131	JP13_2	Why accepted offer - Modified / alternative duties were meaningful or challenging	2025
132	JP13_3	Why accepted offer - Modified / alternative duties matched my physical / psychological capabilities	2025

133	JP13_4	Why accepted offer - It meant I could move to a different workplace location	2025
134	JP13_5	Why accepted offer - It meant I could work different times / shifts	2025
135	JP13_6	Why accepted offer - It meant a change in wages	2025
136	JP13_7	Why accepted offer - I felt I didn't have a choice but to accept / I felt pressured	2025
137	JP13_8	Why accepted offer - Financial reasons	2025
138	JP13_9	Why accepted offer - Due to medical advice	2025
139	JP13_10	Why accepted offer - Just wanted to return to work other	2025
140	JP13_11	Why accepted offer - Other reason	2025
141	JP13_12	Why accepted offer - Don't know / Can't say	2025
142	JP13_13	Why accepted offer - Prefer not to say	2025
143	emp1	Did you have a plan in place to get back to work?	All
144	emp2	Was this a written plan?	All
145	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	2018, 2021, 2025
146	emp3b	Do you agree or disagree with the following statements about your return to work plan? - I found the return to work plan helpful	2018, 2021, 2025
147	emp3c	Do you agree or disagree with the following statements about your return to work plan? - I felt my input into the return to work plan was considered	2025
148	emp3d	Do you agree or disagree with the following statements about your return to work plan? - I felt the return to work plan considered the medical advice I received	2025
149	emp4	Did you have a designated person to coordinate your return to work process?	2018, 2021, 2025
150	emp5	Has this person been in contact with you since your injury or illness?	2018, 2021, 2025
151	emp6	Thinking about all your dealings with this person, to what extent have your interactions been stressful or not stressful?	2018, 2021, 2025

152	emp7a	Your employer did what they could to support you	All
153	emp7b	Your employer provided enough information on both your rights and responsibilities	All
154	emp7c	Your employer made an effort to find suitable employment for you	All
155	emp7d	Your employer helped you with your recovery	All
156	emp7e	Your employer treated you fairly DURING the claims process	All
157	emp7f	Your employer treated you fairly AFTER the claims process	All
158	emp7aa	I have trust in my employer	2025
159	emp7ab	I feel supported by my employer since returning to work	2025
160	emp7ac	My employer and work colleagues have treated me positively since my return to work	2025
161	emp7ad	My employer and work colleagues have treated me negatively since my return to work	2025
162	emp7ae	I feel as though my employer blames me for my injury or illness	2025
163	emp7af	I feel as though my employer believes me to be faking or exaggerating my injury or illness	2025
164	emp8	Did someone contact you about recovering from your work-related injury or illness?	All
165	emp9	How many days after your work-related injury / illness occurred were you FIRST contacted?	All
166	emp9a	Someone from workplace stay in regular contact	2025
167	emp10	Did your employer help you manage your injury or illness before you lodged your claim?	All
168	emp11a	Thought you would be treated differently by people at work	All
169	emp11b	Felt your supervisor thought you were exaggerating or faking your injury	All
170	emp11c	You were concerned that you would be fired if you submitted a claim	All

171	emp11d	You felt your employer discouraged you from putting in a claim	2018, 2021, 2025
172	emp12a	Individual within workplace monitor the progress and effectiveness	2025
173	emp13a	Able to make changes to return to work plan	2025
174	emp14a	Received payment from employer BEFORE lodging compensation claim	2025
175	emp14b	Received payment from employer AFTER lodging compensation claim	2025
176	emp15_w	Employer offer any education or training	2025
177	emp16a	Plans and procedures - Workers' compensation generally	2025
178	emp16b	Plans and procedures - Workers' compensation claims process	2025
179	emp16c	Plans and procedures - Recovery after a workplace illness or injury	2025
180	emp16d	Plans and procedures - Return to work	2025
181	emp16e	Plans and procedures - Work health and safety in the workplace	2025

#### Workers' compensation Scheme Domain (182 - 245)

Position	Variable	Variable Label	Years included for
182	wc1	Including letters, emails, phone calls and face to face meetings, how much contact have you had with organisation?	2018, 2021
183	wc2	Did you ever have a difference of opinion with the organisation who you dealt with for your claim?	2013, 2014, 2016, 2018, 2021
184	wc2_2025	Did you ever have a difference of opinion with the organisation who you dealt with for your claim?	2025
185	wc3	Did you require assistance, either formal or informal, to resolve this?	All
186	WC4	Who helped you to resolve this difference of opinion?	2021
187	wc4_1	Who helped to resolve this difference of opinion? - Union	2018, 2025
188	wc4_2	Who helped to resolve this difference of opinion? - Colleague	2018

189	wc4_3	Who helped to resolve this difference of opinion? - Partner/family member/friend	2018, 2025
190	wc4_4	Who helped to resolve this difference of opinion? - Rehab provider	2018
191	wc4_5	Who helped to resolve this difference of opinion? - Legal professional	2018, 2025
192	wc4_6	Who helped to resolve this difference of opinion? - Counsellor/psychologist	2018
193	wc4_7	Who helped to resolve this difference of opinion? - Government agency	2018
194	wc4_8	Who helped to resolve this difference of opinion? - Health professional	2018, 2025
195	wc4_9	Who helped to resolve this difference of opinion? - Judicial body / professional mediator	2018
196	wc4_10	Who helped to resolve this difference of opinion? - Someone from the insurer	2018
197	wc4_11	Who helped to resolve this difference of opinion? - Case manager or coordinator	2018
198	wc4_12	Who helped to resolve this difference of opinion? - Employer / HR	2018, 2025
199	wc4_13	Who helped to resolve this difference of opinion? - No one / It wasn't resolved	2018, 2025
200	wc4_17	Who helped to resolve this difference of opinion? - RTW coordinator	2025
201	wc4_19	Who helped to resolve this difference of opinion? - Jurisdiction safe work regulator	2025
202	wc4_20	Who helped to resolve this difference of opinion? - Workplace other	2025
203	wc4_21	Who helped to resolve this difference of opinion? - Other government entity	2025
204	wc4_18	Who helped to resolve this difference of opinion? - None / Nobody helped me	2025
205	wc4_14	Who helped to resolve this difference of opinion? - Other	2018, 2025
206	wc4_15	Who helped to resolve this difference of opinion? - Don't know	2018, 2025
207	wc4_16	Who helped to resolve this difference of opinion? - Refused	2018, 2025
208	wc6	Have you needed someone to help you navigate the workers compensation claim process?	2018, 2021

209	wc6a	Needed help with - Lodging a workers' compensation claim	2025
210	wc6b	Needed help with - Navigating other aspects of the workers' compensation claim process	2025
211	wc7a_1	Who helped you - Family member	2018, 2021
212	wc7a_2	Who helped you - Lawyer	2018, 2021
213	wc7a_3	Who helped you - Advice organisation	2018, 2021
214	wc7a_4	Who helped you - Union representative	2018, 2021
215	wc7a_5	Who helped you - Colleague	2018, 2021
216	wc7a_6	Who helped you - Employer	2018, 2021
217	wc7a_7	Who helped you - Insurer	2018, 2021
218	wc7a_8	Who helped you - Telephone hotline	2018, 2021
219	wc7a_9	Who helped you - Legal advice	2018, 2021
220	wc7a_10	Who helped you - Mediation	2018, 2021
221	wc7a_11	Who helped you - Friends	2018, 2021
222	wc7a_12	Who helped you - Another injured worker	2018, 2021
223	wc7a_13	Who helped you - Health professional / counsellor / psychologist	2018
224	wc7a_14	Who helped you - No one	2018
225	wc7a_15	Who helped you - Other	2018, 2021
226	wc7a_16	Who helped you - Don't know	2018, 2021
227	wc7a_17	Who helped you - Refused	2018, 2021
228	wc7b	Of those just mentioned, who helped you the MOST?	2018, 2021
229	wc7ba	Who helped the MOST with Lodging workers' compensation claim	2025
230	wc7bb	Who helped when navigating other aspects of workers' compensation claim	2025
231	wc51a	Overall, your compensation benefits have been fair and acceptable	2018, 2021, 2025
232	wc51b	Considering the nature of your injury, the AMOUNT OF COMPENSATION you have been receiving has been fair and acceptable	2018, 2021
233	wc51c	Considering the nature of your injury, the LENGTH OF TIME that you have been receiving compensation benefits has been fair and acceptable	2018, 2021

234	wc51d	Considering your previous level of pay, the AMOUNT OF COMPENSATION has been fair and acceptable	2018, 2021
235	wc52a	You have been able to express your views and feelings when <organisation> has made decisions about your compensation benefits	2018, 2021, 2025
236	wc52b	You have had influence over your compensation benefits	2018, 2021
237	wc52d	The way that organisation has been making decisions has not been prejudiced or biased against you	2018, 2021
238	wc52e	Organisation has been collecting accurate information to make decisions	2018, 2021, 2025
239	wc52f	The way that organisation has been making decisions has been honest	2018, 2021, 2025
240	wc52g	The way that organisation has been making decisions has been fair to you	2018, 2021
241	wc53a	The person from organisation has provided you with the information you needed	2018, 2021, 2025
242	wc53c	The person from organisation has carefully and completely explained the way decisions are made	2018, 2021, 2025
243	wc53d	The person from organisation has communicated details at the appropriate times	2018, 2021, 2025
244	wc54a	The person from organisation has treated you in a polite manner	2018, 2021, 2025
245	wc54b	The person from organisation has treated you with dignity and respect	2018, 2021, 2025

#### Healthcare Domain (246 - 288)

Position	Variable	Variable Label	Years included for
246	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?	2016, 2018, 2021, 2025
247	HL1a_1	Why unable to access medical treatment or services - My medical treatment / services were not approved	2025
248	HL1a_2	Why unable to access medical treatment or services - There is	2025

		limited healthcare provider availability	
249	HL1a_3	Why unable to access medical treatment or services - Difficulties with payments / reimbursements	2025
250	HL1a_4	Why unable to access medical treatment or services - It took too long to get help	2025
251	HL1a_5	Why unable to access medical treatment or services - My employer did not help or encourage my recovery	2025
252	HL1a_6	Why unable to access medical treatment or services - Other negative issues with healthcare	2025
253	HL1a_7	Why unable to access medical treatment or services - Other negative issues with insurer	2025
254	HL1a_8	Why unable to access medical treatment or services - Other negative	2025
255	HL1a_9	Why unable to access medical treatment or services - Other	2025
256	HL1a_10	Why unable to access medical treatment or services - I was able to access medical services	2025
257	HL1a_11	Why unable to access medical treatment or services - Prefer not to say	2025
258	hl2a_1	Which healthcare providers have you seen? - GP	2018, 2021, 2025
259	hl2a_2	Which healthcare providers have you seen? - Psychologist	2018, 2021, 2025
260	hl2a_3	Which healthcare providers have you seen? - Psychiatrist	2018, 2021, 2025
261	hl2a_4	Which healthcare providers have you seen? - Physiotherapist	2018, 2021, 2025
262	hl2a_5	Which healthcare providers have you seen? - Occupational therapist	2018, 2021, 2025
263	hl2a_6	Which healthcare providers have you seen? - Chiropractor	2018, 2021, 2025
264	hl2a_7	Which healthcare providers have you seen? - Surgeon	2018, 2021, 2025

265	hl2a_8	Which healthcare providers have you seen? - Other medical specialists	2018
266	hl2a_9	Which healthcare providers have you seen? - Alternative medical practitioners	2018, 2025
267	hl2a_10	Which healthcare providers have you seen? - Social and welfare professionals	2018, 2025
268	hl2a_16	Which healthcare providers have you seen? - Workplace rehabilitation provider	2025
269	hl2a_11	Which healthcare providers have you seen? - General hospital care (includes emergency visits)	2018, 2025
270	hl2a_12	Which healthcare providers have you seen? - Someone else	2018, 2021, 2025
271	hl2a_13	Which healthcare providers have you seen? - No one	2018, 2021
272	hl2a_14	Which healthcare providers have you seen? - Don't know	2018, 2021, 2025
273	hl2a_15	Which healthcare providers have you seen? - Refused	2018, 2021, 2025
274	hl3aa	Has your GP... Discussed workplace demands with you?	2018, 2021
275	hl3ab	Has your GP... Discussed with you the types of activities or things you could do?	2018, 2021
276	hl3ac	Has your GP... Given you a date that you are likely to return to work?	2018, 2021
277	hl3ad	Has your GP... Regularly discussed your progress for returning to work?	2018, 2021
278	hl3ae	Has your GP... Discussed potential barriers to returning to work?	2018, 2021
279	hl3af	Has your GP... Recommended activity as part of your recovery?	2018, 2021
280	hl2b	Who was your MAIN healthcare provider?	2018, 2021, 2025
281	hl2c	Apart from your GP, who was your main healthcare provider?	2018, 2021

282	hl3ba	Has your main healthcare provider... Discussed workplace demands with you?	2018, 2021, 2025
283	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?	2018, 2021, 2025
284	hl3bc	Has your main healthcare provider... Given you a date that you are likely to return to work?	2018, 2021, 2025
285	hl3bd	Has your main healthcare provider... Regularly discussed your progress for returning to work?	2018, 2021, 2025
286	hl3be	Has your main healthcare provider... Discussed potential barriers to returning to work?	2018, 2021, 2025
287	hl3bf	Has your main healthcare provider... Recommended activity as part of your recovery?	2018, 2021, 2025
288	hl4	To what extent have your interactions with your healthcare provider(s) been stressful or not stressful?	2018, 2021, 2025

#### Personal Domain (289 - 343, 361)

Position	Variable	Variable Label	Years included for
289	pp1	In general, would you say your health NOW is...?	All
290	pp2_1	Have you been diagnosed? - Cardiovascular disease	2018, 2021
291	pp2_2	Have you been diagnosed? - Diabetes	2018, 2021
292	pp2_3	Have you been diagnosed? - Liver disease	2018, 2021
293	pp2_4	Have you been diagnosed? - Cancer	2018, 2021
294	pp2_5	Have you been diagnosed? - Musculoskeletal disorder	2018, 2021
295	pp2_6	Have you been diagnosed? - Other injury	2018, 2021

296	pp2_7	Have you been diagnosed? - Depression	2018, 2021
297	pp2_8	Have you been diagnosed? - Anxiety	2018, 2021
298	pp2_9	Have you been diagnosed? - Kidney disease	2018, 2021
299	pp2_10	Have you been diagnosed? - Dementia/cognitive disorder	2018, 2021
300	pp2_11	Have you been diagnosed? - Other	2018, 2021
301	pp2_12	Have you been diagnosed? - None of the above	2018, 2021
302	pp2_13	Have you been diagnosed? - Don't know	2018, 2021
303	pp2_14	Have you been diagnosed? - Refused	2018, 2021
304	pp3	Have you experienced any physical pain in the last week?	2018, 2021
305	pp4	Which best describes the pain you have felt during the past week?	2018, 2021
306	pp5	How long have you had your current pain problem?	2018, 2021
307	pp6	Negative impact extent	2025
308	sr1	What do you feel is the level of your financial stress today?	2018, 2021
309	sr2_1	What are your current sources of income? - Workers' compensation	2018, 2021
310	sr2_2	What are your current sources of income? - Wages and salaries	2018, 2021
311	sr2_3	What are your current sources of income? - Profits from own business	2018, 2021
312	sr2_4	What are your current sources of income? - Investments, including interest, rent, dividends, and royalties	2018, 2021
313	sr2_5	What are your current sources of income? - Overseas pensions	2018, 2021
314	sr2_6	What are your current sources of income? - Superannuation	2018, 2021
315	sr2_7	What are your current sources of income? - Annuities	2018, 2021

316	sr2_8	What are your current sources of income? - Centrelink benefits	2018, 2021
317	sr2_9	What are your current sources of income? - Financial support from family members not living in same household	2018, 2021
318	sr2_10	What are your current sources of income? - Other forms of social assistance	2018, 2021
319	sr2_11	What are your current sources of income? - Income protection insurance	2018, 2021
320	sr2_12	What are your current sources of income? - Temporary or Permanent Disability (TPD) insurance	2018, 2021
321	sr2_13	What are your current sources of income? - Pension	2018
322	sr2_14	What are your current sources of income? - Partner / family income	2018
323	sr2_15	What are your current sources of income? - Other	2018, 2021
324	sr2_16	What are your current sources of income? - Don't know	2018, 2021
325	sr2_17	What are your current sources of income? - Refused	2018, 2021
326	sr3	Which is your main source of income?	2018, 2021
327	sr4	Do you currently live with a domestic partner?	2018, 2021
328	sr5	Does your domestic partner currently work in a paid job?	2018, 2021
329	sr6	Before your injury or illness, were you the primary earner in the home?	2018, 2021
330	sr7	How many financially dependent children are there in your household?	2018, 2021
331	sr8	And how many financially dependent adults are there in your household?	2018, 2021
338	kes1	In the last 4 weeks, about how often did you feel nervous?	2018, 2021
339	kes2	In the last 4 weeks, about how often did you feel hopeless?	2018, 2021

340	kes3	In the last 4 weeks about how often did you feel restless or fidgety?	2018, 2021
341	kes4	In the last four weeks about how often did you feel so depressed that nothing could cheer you up?	2018, 2021
342	kes5	In the last four weeks about how often did you feel everything was an effort?	2018, 2021
343	kes6	In the last four weeks about how often did you feel worthless?	2018, 2021

#### Demographic and other claim information (332-337, 361, 384-402)

Position	Variable	Variable Label	Years included for
332	sr9	What is your highest level of education you have completed?	2018, 2021, 2025
333	sr10	Gender	2025
334	sr11	Industry	2025
335	sr12	Aboriginal or Torres Strait Islander	2025
336	sr13	How would you best describe the main type of workplace injury or illness you experienced?	2025
337	sr14	Country born in	2025
361	Close1	Before the survey ends, is there anything further you would like to share about your experience of workers' compensation or about the survey itself?	2018, 2021, 2025
384	cohort	Cohort	2013, 2014, 2016, 2018, 2021
385	claimtype	Claim Type	All
386	injcode	Injury Code	All
387	dayscomp	Days Compensated	All
388	injday	Injury Day	All
389	injmth	Injury Month	All
390	injyear	Injury Year	All
391	claimday	Claim Day	All
392	claimmth	Claim Month	All
393	claimyear	Claim Year	All
394	rehabcost	Rehabilitation Cost	2013, 2014, 2016, 2018

395	rehab	Participated in Rehabilitation	2013, 2014, 2016, 2018, 2021
396	gender	Gender	All
397	sector	Sector	2013, 2014, 2016, 2018
398	prevclaim	Had a previous claim	2013, 2014, 2016, 2018
399	prevtimeloss	Had previous time loss	2013, 2014, 2016, 2018
400	claimcost	Claim Cost	2013, 2014, 2016, 2018, 2025
401	ageyrs	Age in years	2014, 2016, 2018, 2021, 2025
402	xpayflag	X-Pay Flag	2013, 2014, 2016, 2018

## 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
- 5 NRTW 2025

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 record.

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

**sii - Are you currently involved in any legal proceedings relating to your workers' compensation claim?**

Description: Identifies if the injured worker is involved in any legal proceedings related to their workers' compensation claim.

Fields:

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

Notes: Workers who did not answer (2) No or (98) Don't know to this question are out of scope for the NRTWS and the survey is terminated.

**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.

**s2a - Have you received compensation for a workers' compensation claim?**

Description: Identifies if the injured worker has received compensation for a workers' compensation claim

Fields:

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

**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

### **s1a\_w2 - Which organisation did you deal with the most in relation to your workers' compensation claim?**

Description: Identifies which organisation did the injured worker deal with the most in relation to their workers' compensation claim

Fields:

- 1 Insurance Company
- 2 Self Insurer
- 3 Premium Payer
- 4 Employer's workers' compensation area
- 5 Other

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

### **s1b\_w\_2023 - Required assistance with compensation claim**

Description: Identifies if the injured worker had any assistance with issues that arise in relation to their workers' compensation claim.

Fields:

- 1 No, I personally deal with the organisation(s) involved in my workers' compensation claim
- 2 Yes, someone assists me with issues that arise in relation to my workers' compensation claim
- 98 Don't know
- 99 Refused

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

### **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 (1-11) - 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
- S1c\_10 Who handles these dealings? - None / Nobody
- S1c\_11 Who handles these dealings? - Union
- S1c\_1 Who handles these dealings? - Family member / Friend

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.

## 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: Determine 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

### RTW3\_2023 - Which of these BEST describes your current MAIN activity?

Description: Determine the workers current main activity

Fields:

- 1 Unemployed
- 2 Engaged in home duties or carer
- 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

### **RTW4b - How long were you absent from work**

Description: Determines how long the worker was absent from work

Fields:

- 1 Less than 1 month
- 2 1 month to less than 3 months
- 3 3 months to less than 6 months
- 4 6 months to less than 12 months
- 5 Over 12 months
- 98 Don't know / Can't say
- 99 Refused

### **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
- 23 Depression / anxiety or other mental health concern
- 98 (Don't know / Can't say)
- 99 (REFUSED)

### **RTW5 - Returned to the same employer?**

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

Fields:

- 1 Yes, same employer
- 2 No, changed employer
- 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.

Fields:

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

## **RTW9 - How long have you been back at work?**

Description: Determines long the worker has been back at work for (since last additional time off if any)

Note: if RTW8=1 then RTW9 displays as: How long have you been at work since your last additional time off?

Responses are stored in the following variables:

- 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

Notes: This question was only asked in the 2021 wave of the survey

## **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
- 12 Other
- 13 Don't know / Can't say
- 14 Refused

Notes: This question was only asked in the 2021 wave of the survey

## **RTW13 - Prior to return to work, how long were you absent from work?**

Description: Determines how long the worker was absent from work, prior to returning to work.

Fields:

- 1 Less than 1 month
- 2 1 month to less than 3 months
- 3 3 months to less than 6 months
- 4 6 months to less than 12 months
- 5 Over 12 months
- 98 (Don't know / Can't say)
- 99 (REFUSED)

## **RTW14 - Since you first returned, how long have you been back at work?**

Description: Identifies how long the worker has been back at work for, since first returning back to work

Fields:

- 1 Days
- 2 Weeks
- 3 Months
- 4 Years

98 (Don't know / Can't say)

99 (REFUSED)

Notes:

Based on responses to RTW14, the following variables have been derived:

- rtw14\_days
- rtw14\_weeks
- rtw14\_months
- rtw14\_years

### **RTW15 - Whether currently has any plans to return to work**

Description: Determines whether the worker currently has any plans to return to work

Fields:

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

### **RTW16 (1- 9) - Supports that could be provided**

Description: Determines whether further support could have been provided to aid the worker's return to work process.

Fields:

- 1 Greater understanding / communication from my workplace
- 2 Assistance with finding suitable work
- 3 Access to education and training for a different position
- 4 Greater support from healthcare services
- 5 Other assistance related to insurer
- 6 Other (SPECIFY: FULL VERBATIM)
- 7 No support is needed to assist my return to work
- 8 Don't know
- 9 Prefer not to say

### **WORKSTATUS - Working status of the injured worker (derived)**

Description: Derived status of the injured workers employment (note - not derived for 2025)

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

## 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 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

Responses are stored in the following variables:

- 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

**JP4a - Do you agree or disagree with the following statements? – I was able to perform/complete my work tasks**

Description: This question identifies the injured workers ability to complete work tasks

Fields:

1 Strongly agree

2 Agree

3 (Neither agree nor disagree)

4 Disagree

5 Strongly disagree

98 Don't know

99 Refused

**JP4b - Do you agree or disagree with the following statements? – I was able to remain at work**

Description: This question identifies the injured workers ability to remain at work

Fields:

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

**JP4c - Do you agree or disagree with the following statements? – I could deal with the physical demands of work**

Description: This question identifies the injured workers ability to deal with the physical demands of 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

**JP4f\_2025 - Do you agree or disagree with the following statements? – I had energy left to do my work**

Description: This question identifies whether the worker had energy left to do their work.

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 ability to explain their work limitations 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 ability to discuss their work limitations 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

**JP4k - Do you agree or disagree with the following statements? – I could get my co-workers to help me if I needed to**

Description: Identifies the workers ability to get help from co-workers when required.

Fields:

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

**JP4l - Do you agree or disagree with the following statements? – I would be able to manage tasks that required complex thinking**

Description: Identifies the workers ability to manage tasks that require complex thinking.

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

**JP5\_2025 - 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, and I accepted
- 2 Yes, but I did not accept
- 3 No
- 97 Not applicable
- 98 Don't know / Can't say

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

**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 (1-15) - 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
- 14 Hostile/undesirable work environment
- 15 I am no longer employed there

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

### **JP11 - Do you intend to remain working (Whether it be at the same, or a different workplace, as pre-injury or illness)?**

Description: Identifies if the worker intends to remain working despite their injury or illness

Fields:

1 Yes

2 No

98 Don't know / Can't say

99 Prefer not to say

### **JP13 (1-13) - Why did you accept the offer for modified or alternative duties**

Description: Identifies why the worker did accept the offer of alternative duties from their workplace

Fields:

1 Modified / alternative duties were different enough

2 Modified / alternative duties were meaningful or challenging

3 Modified / alternative duties matched my physical / psychological capabilities

4 It meant I could move to a different workplace location

5 It meant I could work different times / shifts

6 It meant a change in wages

7 I felt I didn't have a choice but to accept / I felt pressured

8 Financial Reasons

- 9 Due to medical advice
- 10 Just wanted to return to work other
- 11 Other reason
- 12 Don't know / Can't say
- 13 Prefer not to say

### **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

**EMP3C - Do you agree or disagree with the following statements about your return to work plan? – I felt my input into the return to work plan was considered**

Description: Gauges how involved the worker felt about their input towards 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

**EMP3D - Do you agree or disagree with the following statements about your return to work plan? – I felt the return to work plan considered the medical advice I received**

Description: Gauges how much the worker felt about their return to work plan considered the medical advice they have received

Fields:

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

#### **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 with 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

### **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

### **EMP7aa - I have trust in my employer**

Description: Gauges if the worker has trust in their employer

Fields:

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

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

### **EMP7ab - I feel supported by my employer since returning to work**

Description: Gauges if the worker felt supported by their employer since returning to work

Fields:

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

### **EMP7ac - My employer and work colleagues have treated me positively since my return to work**

Description: Identifies if the worker has been treated positively by employers and work colleagues since returning to work

Fields:

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

### **EMP7ad - My employer and work colleagues have treated me negatively since my return to work**

Description: Identifies if the worker has been treated negatively by employers and work colleagues since returning to work

Fields:

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

### **EMP7ae - I feel as though my employer blames me for my injury or illness**

Description: Identifies if the worker feels that their employer blames them for their injury or illness

Fields:

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

### **EMP7af - I feel as though my employer believes me to be faking or exaggerating my injury or illness**

Description: Identifies if the worker feels that their employer believes that their injury or illness is being faked or exaggerated

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

**EMP9a - Did someone from your workplace stay in regular contact with you prior to your return to work?**

Description: Identifies if the injured worker believes that someone from their workplace stayed in regular contact with 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. This question is subjective and based on the injured worker's perspective.

**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 - You 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 - You 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

### **EMP12a - Did an individual within your workplace monitor the progress and effectiveness of your return to work plan?**

Description: Asks the worker if there was an individual within the workplace that monitored the progress and effectiveness of their return to work plan.

Fields:

- 1 Yes
- 2 No
- 98 Don't know / Can't say
- 99 Prefer not to say

### **EMP13a - Were you able to make changes to your return to work plan, if you needed them?**

Description: Asks the worker whether they could have made changes to their return to work plan, if they needed them.

Fields:

- 1 Yes, I needed changes and was able to get them
- 2 No, I needed changes but was not able to get them
- 3 I have not needed changes to my return to work plan
- 98 Don't know / Can't say
- 99 Prefer not to say

### **EMP14A - Received payments from employer before lodging compensation claim**

Description: Asks the worker whether they received any payments for treatment from their employer before lodging their workers' compensation claim

Fields:

- 1 Yes
- 2 No
- 98 Don't know / Can't say
- 99 Prefer not to say

Notes: This includes payments made directly from your employer to medical services, such as physiotherapy, etc.

### **EMP14B - Received payments from employer after lodging compensation claim**

Description: Asks the worker, whether they received any payments for treatment from their employer after lodging the claim, but before it had been accepted by their respective jurisdictions

Fields:

- 1 Yes, I needed changes and was able to get them
- 2 No, I needed changes but was not able to get them
- 98 Don't know / Can't say
- 99 Prefer not to say

Note: This includes payments made directly from your employer to medical services, such as physiotherapy, etc.

### **EMP15\_W - Did your employer offer any education or training in relation to your return to work, either for your current job or for moving to a different job?**

Description: Asks the worker, whether their employer offered any education or training in relation to their return to work

Fields:

- 1 Yes
- 2 No
- 98 Don't know / Can't say
- 99 Prefer not to say

#### **Prompt Questions EMP16A – EMP16E**

Are you aware of, or have you been provided with, any information regarding your employer's relevant policies, plans and procedures for any of the following?

## **EMP16A - Plans and procedures – Workers' compensation generally**

Description: Asks the worker if they had any knowledge of workers' compensation generally

Fields:

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

## **EMP16B - Plans and procedures – Workers' compensation claims process**

Description: Asks the worker if they had any knowledge of the Workers' compensation claims process

Fields:

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

## **EMP16C - Plans and procedures – Recovery after a workplace illness or injury**

Description: Asks the worker if they had any knowledge of the recovery process after a workplace or injury

Fields:

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

## **EMP16D - Plans and procedures – Return to work**

Description: Asks the worker if they had any knowledge of their employer's relevant policies, plans and procedures around return to work

Fields:

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

## **EMP16E - Plans and procedures – Work and health safety in the workplace**

Description: Asks the worker if they had any knowledge of their employer's relevant policies, plans and procedures for work, health and safety in the workplace

Fields:

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

## Workers' 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

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

Description: Determines if the worker experienced a difference of opinion with the organisation that dealt with their claim

Fields:

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

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

### WC2\_2025 - Did you ever have a difference of opinion with the organisation who you dealt with for your claim?

Description: Determines if the worker experienced a difference of opinion with the organisation that dealt with their claim

Fields:

- 1 Yes, there was a difference of opinion and the issue was resolved
- 2 Yes, there was a difference of opinion and the issue was not resolved
- 3 No
- 98 Don't know / Can't say
- 99 Prefer not to say

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- 21) 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
- 17 RTW Coordinator
- 18 None / Nobody helped me
- 19 Jurisdiction Safe work regulator
- 20 Workplace other
- 21 Other government entity

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

#### **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

### **WC6a - Have you needed someone to help you with lodging a workers' compensation claim?**

Description: Identifies if the worker needed help lodging a worker's compensation claim

Fields:

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

### **WC6b - Have you need someone to help you with navigating other aspects of the workers' compensation claim process?**

Description: Identifies if the worker needed help navigating other aspects of the worker's compensation claim process

Fields:

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

### **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 - Of those just mentioned, 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

### **WC7ba - Who helped the MOST with lodging a workers' compensation claim**

Description: Determines which of the individuals the worker selected above helped them to lodge a workers' compensation claim

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 General Practitioner

- 11 Mediation
- 12 Friends
- 13 Another injured worker
- 95 Other
- 98 Don't know / Can't say
- 99 Refused

### **WC7bb - Who helped the MOST when navigating other aspects of workers' compensation claim**

Description: Determines which of the individuals the worker selected above helped them to navigate other aspects of a workers' compensation claim

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 General Practitioner
- 11 Mediation
- 12 Friends
- 13 Another injured worker
- 95 Other
- 98 Don't know / Can't say
- 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

### **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 they 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

## 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

### **HL1a (1-11) - Why do you feel that you were unable to access the medical treatment or services you needed?**

Description: Identifies why worker feels that they were unable to access the medical treatment or services they needed

Fields:

- 1 My medical treatment / services were not approved
- 2 There is limited healthcare provider availability
- 3 Difficulties with payments / reimbursements
- 4 It took too long to get help
- 5 My employer did not help or encourage my recovery
- 6 Other negative issues with healthcare
- 7 Other negative issues with insurer
- 8 Other negative
- 9 Other
- 10 I was able to access medical services
- 11 Prefer not to say

### **HL2a (1-16) - 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
- 16 Workplace rehabilitation provider

### **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 physical 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

#### **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

#### **PP6 - To what extent does your work-related injury or illness have a negative impact on your daily life now?**

Description: Determines the extent of negative impact that the injury has had on the worker

Fields:

- 1 No negative impact on my daily life
- 2 Minor negative impact on my daily life
- 3 Moderate negative impact on my daily life
- 4 Significant negative impact on my daily life
- 5 Severe negative impact on my daily life
- 6 (Don't know / Can't say)
- 7 (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, full time
- 2 Yes, part time
- 3 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)

**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

## **Demographic and other claim information**

### **SR9 - What is the 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

### **SR10 - How would you describe your gender?**

Description: Determines the gender of the worker

Fields:

- 1 Man or male
- 2 Woman or female
- 3 Non-binary
- 4 I use a different term
- 5 Prefer not to say

### **SR11 - What industry did you work in at the time of your workplace injury or illness?**

Description: Determines the workers' industry of employment at the time of their workplace injury or illness

Fields:

- 1 Accommodation and Food Services
- 2 Administrative and Support Services
- 3 Agriculture, Forestry and Fishing
- 4 Arts and Recreation Services
- 5 Construction
- 6 Education and Training
- 7 Electricity, Gas, Water and Waste Services
- 8 Financial and Insurance Services
- 9 Health Care and Social Assistance

- 10 Information Media and Telecommunications
- 11 Manufacturing
- 12 Mining
- 13 Public Administration and Safety
- 14 Professional, Scientific and Technical Services
- 15 Rental, Hiring and Real Estate Services
- 16 Retail Trade
- 17 Transport, Postal, Warehousing
- 18 Wholesale Trade
- 95 Other services

### **SR12 - Are you of Aboriginal or Torres Strait Islander origin?**

Description: Determines whether the worker is of Aboriginal and or Torres Strait Islander descent

Fields:

- 1 No
- 2 Yes, Aboriginal
- 3 Yes, Torres Strait Islander
- 4 Yes, both Aboriginal and Torres Strait Islander
- 98 Don't know / can't say
- 99 Prefer not to say

### **SR13 - How would you best describe the main type of workplace injury or illness you experienced?**

Description: Determines the type of injury or illness that the worker has experienced.

Fields:

- 1 Physical
- 2 Psychological
- 3 Disease
- 4 Physical and Psychological
- 98 Don't know
- 99 Refused

### **SR14 - What country were you born in?**

Description: Determines the country the worker was born in

Fields:

- 1 Australia
- 2 China
- 3 India
- 4 New Zealand
- 5 Philippines

- 6 South Africa
- 7 The United Kingdom
- 8 North America
- 9 Other Africa
- 10 South Asia
- 11 Other Europe
- 12 Other
- 13 Prefer not to say

**Close1 - Before the survey ends, is there anything further you would like to share about your experience of workers' compensation or about the survey itself?**

Description: A free text response allowing the respondent to share any further comments.

**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

**injcode**

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

**Injmth**

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

**claimmth**

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

### **gender**

Description: The gender of the injured worker

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).

## **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. for the 2021 survey, 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