

# Table of Contents

INTRODUCTION - CATI.....	1
LOTE CLOSE .....	3
SENDING LINK – IF MULTI-MODE .....	3
IN SURVEY EMAIL.....	4
IN SURVEY SMS.....	4
INTRODUCTION – ONLINE.....	4
MONITORING QUESTION.....	5
INTRODUCTION 2 .....	5
SECTION 0 – Consent .....	6
SECTION 1 – Screening.....	6
SECTION 2 – Ready to work outcomes .....	9
SECTION 3 – Workplace domain: Supervisor / Colleagues .....	13
SECTION 4 – Workplace domain: Job position .....	14
SECTION 5 – Workplace domain: Employer.....	16
SECTION 6 – Interactions with RTW coordinator .....	18
SECTION 7 – Workplace domain: Employer.....	19
SECTION 8 – Workers compensation scheme domain .....	21
SECTION 9 – Workers compensation scheme domain: Regulators.....	23
SECTION 10 – Workers compensation scheme domain: Regulators.....	24
SECTION 11 – Healthcare domain – Healthcare provider.....	25
SECTION 12 – Personal domain.....	27
SECTION 13 – Demographics .....	30
CLOSE.....	31
TERMINATIONS.....	31
UNSUBSCRIBE.....	33

## INTRODUCTION - CATI

Good morning/afternoon/evening. I'm <INT\_NAME> from Wallis Social Research.

May I speak with <FNAME> please?

**IF NAMED CONTACT AVAILABLE:** We're contacting you on behalf of the government agency Safe Work Australia to invite you to take part in a confidential survey about workers' compensation claims and their

outcomes, so we are looking to speak with people who have been involved in a workers compensation claim since July 2022.

<JURISDICTION> gave us your contact details for the purpose of conducting this research, and our records show that you have been involved in a workers compensation claim within that timeframe, is that correct? **[CONFIRM, IF NO THEN RECORD AS CODE 92 DENIES CLAIM]**.

**IF CLAIM ACCEPTED SINCE JULY 2022:** The research aims to improve support for workers and employers who are involved in workers compensation claims. The survey is completely confidential and voluntary, we just need to ask a few questions to make sure you are eligible to be interviewed.

Are you able to do that now?

**[IF MOBILE PHONE:** I realise I'm calling you on your mobile, can I just check that it's okay to talk at the moment and that you're not driving? **IF DRIVING OR NOT SAFE, MAKE APPOINTMENT]**

**IF MULTIMODE:** We can also send you a link to complete the survey online if you prefer that?

1	CONTINUE (START SURVEY)	
2	Wants to do online – provide link via email or text	GO TO L1
42	Will do online – already has link	GO TO APT
41	Soft Call Back	GO TO APT
46	Hard Appointment	
17	Update details	
4	Respondent not available during survey period	
10	Refused	
91	Refused – Add to Do Not Call List	
92	Denies workers compensation claim since July 2022	GO TO TERM2
11	LOTE – Unable to identify language	GO TO LOTE CLOSE
67	LOTE – Able to identify language	GO TO ALOTE
7	Wrong number	
51	Resend participation information sheet	GO TO L1

## ALOTE

### ASK IF INTRO=67

ALOTE: INTERVIEWER: Record language.

1	Mandarin	(GO TO LOTE APPOINTMENT)
2	Cantonese	(GO TO LOTE CLOSE)
3	Vietnamese	(GO TO LOTE CLOSE)
5	Greek	(GO TO LOTE CLOSE)
7	Arabic (incl. Lebanese)	(GO TO LOTE APPOINTMENT)
8	Turkish	(GO TO LOTE CLOSE)
9	Spanish	(GO TO LOTE CLOSE)
11	Persian	(GO TO LOTE CLOSE)
10	Other (SPECIFY)	(GO TO LOTE CLOSE)

## LOTE APPOINTMENT

### ASK IF ALOTE=1 OR 7

We need to check if there is an interpreter free who can speak [LANGUAGE SELECTED AT ALOTE]. We will be in touch to let you know if you can do the survey. Once again, my name is (... ..) from Wallis Social Research. Thank you for your time today.

INTERVIEWER NOTE: If relevant please take note of the dialect. Please note that the call will end here.

48 Appointment (LOTE ONLY) (ARRANGE CALLBACK)

## LOTE CLOSE

### ASK IF INTRO=11 OR (ALOTE=2, 3, 5, 8, 9, 11 OR 10)

Sorry. We do not have an interpreter who can do the survey in [LANGUAGE SELECTED AT ALOTE]. Once again, my name is (... ..) from Wallis Social Research. Thank you for your time today.

INTERVIEWER NOTE: Please note that the call will end here.

---

## SENDING LINK – IF MULTI-MODE

### IF INTRO=2 OR 51

L1 Would you like us to send that to you via email or text?

- 1 Email
- 2 SMS

L2 Can I please confirm...

- 1 Your name:
- 2 IF L1=01: Your email address:
- 3 IF L1=02: Your mobile number:

POST L2 GO TO APT

---

IF L1=1

## IN SURVEY EMAIL

**Subject:** Research on behalf of Safe Work Australia – Requested email

Dear <FNAME>,

Thank you for speaking with one of our interviewers earlier regarding the research we are doing about your experience with your workers compensation claim. The National Return to Work Survey is being conducted by Wallis Social Research on behalf of Safe Work Australia.

Please find a link to the **participant information sheet and privacy notice** here.

To complete the survey online, use the link below:

<SURVEY LINK>

We understand your time is valuable and we appreciate your participation. One of our interviewers may contact you by phone if you don't complete the survey in the next couple of days.

If you require any assistance with the survey contact Wallis on 1800 WALLIS (925 547) or email [SafeWorkResearch@wallis.social](mailto:SafeWorkResearch@wallis.social) quoting your ID number <PIN> and the project number **5059**.

Regards,

Wallis Social Research

---

IF L1=2

## IN SURVEY SMS

Hi <FNAME>, please go to <https://go.wallis.social/XX<PIN>> to complete Safe Work Australia's National Return to Work survey. To read the participant information sheet: <INFORMATION SHEET LINK> For more info call 1800 WALLIS (925 547).

## INTRODUCTION – ONLINE

**SURVEY NAME:** National Return to Work survey

Thank you for your interest in this **20 minute** survey about your workers compensation claim. Completing this survey will help Safe Work Australia improve the outcomes and experiences of workers and employers involved in future workers compensation claim.

Wallis Social Research is conducting this survey on behalf of Safe Work Australia. If you haven't already, please read the participant information sheet here, and then confirm your agreement to each statement below by clicking "I agree" at the bottom of the screen.

- I am 18 years or older
- I have read the participation information sheet and been provided with the researcher's contact information for asking any questions regarding the research and I am satisfied with the answers I have received.
- I understand that all information I provide will be kept confidential and used for research purposes only and will not affect the outcome of any workers' compensation claims.
- I understand that the personal information I provide will be combined into a deidentified dataset, which will be used as the basis for reporting and publications. I will not be named or identified in any reports or publications.
- I understand that Wallis Social Research will not share my personal information or survey responses with anyone except Safe Work Australia. Safe Work Australia will not disclose my personal information. There are some exceptions to this, for example, where disclosure is required by law.
- I understand that participation is voluntary and that I am free to withdraw from this research at any time without needing to provide a reason for doing so.

As you move through the survey, please do not use your browser "forward" and "back" buttons - instead use the buttons at the bottom of each screen.

Please click "I agree" to begin.

---

## MONITORING QUESTION

**MONITOR** With your permission, the call will be recorded and may be monitored for quality control purposes. If you do not want the call to be recorded or monitored, please say so now.

DO NOT READ OUT

- 1 Recording and monitoring allowed
- 2 Recording or monitoring NOT allowed

---

## INTRODUCTION 2

Thanks again for agreeing to participate. You may have already received an email about the survey, with a link to a participant information sheet [**CONFIRM IF READ, OTHERWISE OFFER TO READ OUT**].

**IF HAVE NOT READ PARTICIPANT INFORMATION SHEET:** I will read it for you now, it will only take a minute. **IF NECESSARY:** We need to make sure you are informed about the research before we continue.

Some things you need to know:

The Research is being conducted by Wallis Social research on behalf of Australian government agency Safe Work Australia.

The survey will ask about your experiences with having work-related injury or illness, including: Time off work and type of injury or illness, return to work and current work (if any), treatment by and attitudes of people you work with, experience of compensation claim and health care processes, and other demographic information.

If you are uncomfortable answering any of the questions you can state 'prefer not to say'. We will have support numbers on hand if needed. You can withdraw from the survey at any time without needing a reason and there are no consequences for you whether you participate in the survey or not.

We only use your personal information to check you are eligible for the survey and to invite you to participate. All of your survey responses are anonymous and will only be used to produce statistical data and reports for Safe Work Australia.

Your personal information and survey responses will only be disclosed to Safe Work Australia, unless disclosure is required by law.

Both Wallis Social Research and Safe Work Australia comply with the Privacy Act 1988, which regulates how we handle personal information.

For further information about how we handle your personal information you can refer to our earlier email, with links to our privacy policy, Safe Work Australia's privacy policy and the Participant Information Sheet.

**IF HAVE READ THE INFORMATION SHEET:** Just reminding you that Wallis is required to comply with the Australian Privacy Act which means that all personal information that we collect and store is protected. You can find out more in our Privacy Policy which is available on our website [www.wallis.social/privacy](http://www.wallis.social/privacy).

**ALL:** The survey takes about 20-25 minutes, are you able to participate, either now or at a more convenient time?

1	<b>IF ALREADY READ OR HAD READ OUT</b> I have read, or have had read to me, the participation information sheet and been provided with the researcher's contact information for asking any questions regarding the research and I am satisfied with the answers I have received.	<b>CONTINUE SURVEY</b>
2	Wants to do online – provide link via email or text	GO TO L1
42	Will do online – already has link	GO TO APT
41	Soft Call Back	GO TO APT
46	Hard Appointment	
10	Refused	
91	Refused – Add to Do Not Call List	
51	Resend participation information sheet	GO TO L1

## SECTION 0 – Consent

CON1 Before we begin, I will read some statements. Once I finish reading them out, let me know if you agree to continue with the survey.

READ OUT

**STATEMENTS; DISPLAY IN GRID**

- A I am 18 years or older
- C I understand that all information I provide will be kept confidential and used for research purposes only and will not affect the outcome of any workers' compensation claims.
- D I understand that the personal information I provide will be combined into a deidentified dataset, which will be used as the basis for reporting and publications. I will not be named or identified in any reports or publications.
- E I understand that Wallis Social Research will not share my personal information or survey responses with anyone except Safe Work Australia. Safe Work Australia will not disclose my personal information. There are some exceptions to this, for example, where disclosure is required by law.
- F I understand that participation is voluntary and that I am free to withdraw from this research at any time without needing to provide a reason for doing so.

**RESPONSE SET;**

PROMPT AS NECESSARY

- 1 Agree / Consent
- 2 Disagree / Do not consent

**TERM 5**

## SECTION 1 – Screening

IF ONLINE DISPLAY SI TO SR13 ON ONE SCREEN, AND TERMINATE IF (SI=2) OR (SII=1 OR 99) OR (S2=2, 3, 98 OR 99)

ASK IF ONLINE (IF CATI, ALREADY CONFIRMED AT INTRO)

Si Thank you for agreeing to participate. The following questions will determine whether you are eligible to continue.

Have you had a workers' compensation claim accepted since July 2022?

Please select one option below

- 1 Yes
- 2 No

**TERM 2**

ASK ALL

Sii These first few questions will determine whether you are eligible to continue with the survey.

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

**DO NOT READ OUT** / Please select one option below

- |    |                        |               |
|----|------------------------|---------------|
| 1  | Yes                    | <b>TERM 4</b> |
| 2  | No                     |               |
| 98 | Don't know / Can't say |               |
| 99 | Prefer not to say      | <b>TERM 4</b> |

**IF Si=1 AND (Sii=2 OR 98) ASK S2**

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

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

**PROMPT AS NECESSARY** / Please select one option below

- |    |  |               |
|----|--|---------------|
| 1  | Yes  |               |
| 2  | No   | <b>TERM 3</b> |
| 3  | Retired, without first taking a day or more off work | <b>TERM 3</b> |
| 98 | <b>DO NOT READ</b> Don't know / Can't say            | <b>TERM 3</b> |
| 99 | <b>DO NOT READ</b> Prefer not to say                 | <b>TERM 3</b> |

**ASK ALL**

S2a Have you received compensation for a workers' compensation claim?

Note: Compensation might be in the form of time off work or monetary payments.

**DO NOT READ OUT** / Please select one option below

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

**ASK ALL**

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

**READ OUT** / Please select one option below

- |    |   |
|----|---|
| 1  | Physical                                  |
| 2  | Psychological                             |
| 3  | Disease                                   |
| 4  | Physical and Psychological                |
| 98 | <b>DO NOT READ</b> Don't know / can't say |
| 99 | <b>DO NOT READ</b> Prefer not to say      |

S1a\_W Thanks for answering those questions, we just have a couple more to ask before you can start the survey.

Which organisation(s) have you dealt with in relation to your workers' compensation claim?

Note: This can include organisations that other people could have dealt with on your behalf in relation to your claim.

**PROMPT AS NECESSARY** / Please select all that apply

- |   |  |
|---|--|
| 1 | <b>IF INSURANCE NAME IN SAMPLE:</b> <INSURANCE NAME> / <b>ELSE DISPLAY:</b> Insurance Company                                    |
| 2 | <b>IF INSURANCE TYPE = SELF INSURER AND SELF INSURER NAME IN SAMPLE:</b> <SELF INSURER NAME> / <b>ELSE DISPLAY:</b> Self Insurer |

- 3 **IF INSURANCE TYPE = PREMIUM-PAYING AND PREMIUM-PAYING NAME IN SAMPLE:**  
 <PREMIUM-PAYING NAME> / ELSE DISPLAY: Premium Payer
- 4 Employer's workers' compensation area
- 5 Another organisation (**RECORD VERBATIM** / Please specify)
- 6 Someone else handles all of this for me (e.g., a friend or lawyer) **EXCLUSIVE**
- 7 Don't know / Can't say **EXCLUSIVE**
- 8 Prefer not to say **EXCLUSIVE**

**IF S1A\_W=1 TO 5 AND >1 SELECTED ASK S1A\_W2**

**IF S1A\_W=1 TO 5 AND 1 SELECTED AUTO CODE AT S1A\_W2**

S1a\_W2 Which organisation did you deal with the **most** in relation to your workers' compensation claim?

**PROMPT AS NECESSARY** / Please select one option below

- 1 **IF S1A\_W=1 SHOW: IF INSURANCE NAME IN SAMPLE: <INSURANCE NAME> / ELSE DISPLAY: Insurance Company**
- 2 **IF S1A\_W=2 SHOW: IF INSURANCE TYPE = SELF INSURER AND SELF INSURER NAME IN SAMPLE: <SELF INSURER NAME> / ELSE DISPLAY: Self Insurer**
- 3 **IF S1A\_W=3 SHOW: IF INSURANCE TYPE = PREMIUM-PAYING AND PREMIUM-PAYING NAME IN SAMPLE: <PREMIUM-PAYING NAME> / ELSE DISPLAY: Premium Payer**
- 4 **IF S1A\_W=4 SHOW: Employer's workers' compensation area**
- 5 **IF S1A\_W=5 SHOW: <S1a\_W VERBATIM>**

**IF S1A\_W=1 TO 5 OR 7 TO 8 ASK S1B\_W\_023**

S1b\_W\_2023 Have you required any assistance with your workers' compensation claim?

**PROMPT AS NECESSARY** / Please select one option below

- 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 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

**IF S1B\_W\_2023=2 OR S1A\_W =6 ASK S1C\_W\_2023**

S1c\_W\_2023 Who assists you with your workers compensation claim? This might include a family member / friend, an employer, health professional (such as your GP), solicitor or lawyer, etc.

**MULTI RESPONSE; RANDOMISE 1 TO 9**

**DO NOT READ OUT** / Please select all that apply

- 1 GP / medical practitioner
- 2 Rehabilitation provider
- 3 Employer
- 4 HR Department
- 5 WHS Officer
- 6 Friends
- 7 Family
- 8 Lawyer / legal aid
- 9 RTW coordinator
- 95 Other (**RECORD VERBATIM** / Please specify)
- 97 **DO NOT READ** None / Nobody
- 98 **DO NOT READ** Don't know
- 99 **DO NOT READ** Prefer not to say

**IF S1A\_W=6 GO TO TERM 1**

## SECTION 2 – Ready to work outcomes

### ASK ALL

PRE\_RTW1 Thanks again for answering those questions, based on your responses you are exactly the kind of person we are looking for. [Please click "Next" to continue with the survey.](#)

### ASK ALL

RTW1 Have you returned to work at **any** time since your work-related injury or illness?

Note: This means returning for the purpose of working, not just visiting. You may have returned to a different role, or it may have been with a different employer. If you have retired, think about whether you returned to work **after** your work-related injury or illness **prior** to retiring.

[DO NOT READ OUT](#) / [Please select one option below](#)

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

### ASK ALL

RTW2 Are you currently working in a paid job?

Note: This could be any job with any employer, not necessarily your job at the time of your injury / illness. If you are just temporarily absent (e.g. on annual leave) but still have this job, you can [select / answer](#) 'yes'. If you are currently retired, [select / answer](#) 'no'.

[DO NOT READ OUT](#) / [Please select one option below](#)

- 1 Yes
- 2 No
- 99 Prefer not to say

### IF RTW2=2 OR 99 ASK RTW3\_2023

RTW3\_2023

Which of these best describes your current main activity?

[READ OUT](#) / [Please select one option below](#)

- 1 Unemployed
- 2 Engaged in home duties or carer
- 3 A student
- 4 Retired
- 5 Engaged in volunteer work
- 6 Unable to work
- 99 [DO NOT READ](#) Prefer not to say

### IF RTW2=2 ASK RTW4

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

**RANDOMISE 1 TO 10**

[PROMPT AS NECESSARY](#) / [Please select one option below](#)

- 1 Work-related injury or illness is preventing my return
- 2 A new injury or illness is preventing my return

- 3 An old injury or illness has gotten worse / aggravated (not the one I'm currently receiving compensation for)
- 4 Decided to retire
- 5 Decided to resign
- 6 Decided to study
- 7 Dismissed by employer
- 8 Was made redundant / retrenched by employer
- 9 No suitable job available / employer unable to find a suitable job for me
- 10 Depression / anxiety or other mental health concern (not the psychological injury or illness I'm currently receiving compensation for)
- 11 Other (**RECORD VERBATIM** / **Please specify**)
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

**IF RTW2=2 ASK RTW4B**

RTW4b

How long have you been absent from work? Your best estimate is okay.

**READ OUT** / **Please select one option below**

- 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 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

**IF RTW2=1 ASK RTW13**

RTW13

Prior to returning, how long had you been absent from work? Your best estimate is okay.

**READ OUT** / **Please select one option below**

- 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 12 months or more
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

**IF RTW2=1 OR RTW1=1 AND RTW2=2 ASK RTW14**

RTW14

**IF RTW2=1:** Since you first returned, how long have you been back at work? Your best estimate is okay.

**IF RTW1=1 AND RTW2=2:** When you first returned, how long did you work? Your best estimate is okay.

**DISPLAY AS DROP DOWNS**

**PROMPT AS NECESSARY** / **Please select a timeframe below**

- 2 <Select time frame (ALLOW Days, Weeks, Months, Year)>

**IF RTW2=1:** How many [DAYS/WEEKS/MONTHS/YEARS] have you been back at work?  
**IF RTW1=1 AND RTW2=2:** How many [DAYS/WEEKS/MONTHS/YEARS] did you work?

1 <Select number (ALLOW 01-365)>

#### IF RTW1=1 ASK RTW6

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

PROMPT AS NECESSARY / Please select one option below

- 1 Same
- 2 More
- 3 Less
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

#### IF RTW1=2 ASK RTW15

RTW15

Do you currently have any plans to return to work (whether it be at the same, or a different workplace, as pre-injury or illness)?

**DO NOT READ OUT** / Please select one option below

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

#### IF RTW1=1 ASK EMP8

EMP8

Did your supervisor or someone else from your workplace contact you about recovering from your work-related injury or illness prior to your return to work?

**DO NOT READ OUT** / Please select one option below

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

#### IF EMP8=1 ASK EMP9

EMP9

How many days after your work-related injury or illness occurred (or once your employer knew about it) were you **first** contacted by someone from your workplace? Your best estimate is okay.

**READ OUT** / Please select one option below

- 1 0 to 3 days
- 2 4 to 10 days
- 3 11 to 15 days
- 4 16 days or more

- 98 DO NOT READ Don't know / Can't say  
 99 DO NOT READ Prefer not to say

### IF EMP8=1 ASK EMP9B

EMP9a

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

Note: This is subjective and based on what you felt.

DO NOT READ OUT / Please select one option below

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

### ASK ALL

EMP10

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

Note: Help could include making changes to duties or hours worked, providing special equipment, making workplace adjustments, or providing counselling or mediation. This does not include the payment of medical services (e.g., physiotherapy).

DO NOT READ OUT / Please select one option below

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

### ASK ALL

EMP14a

Did you receive any payments for treatment from your employer **before** you lodged your workers' compensation claim?

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

DO NOT READ OUT / Please select one option below

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

### ASK ALL

EMP14b

Did you receive any payments for treatment from your employer **after** lodging the claim but before it had been accepted by <jurisdiction>?

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

**DO NOT READ OUT** / Please select one option below

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

#### ASK ALL

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?

**DO NOT READ OUT** / Please select one option below

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

#### ASK ALL

EMP16

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?

**DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS**

**READ OUT** / Please select one option below

- A Workers' compensation generally
- B Workers' compensation claims process
- C Recovery after a workplace illness or injury
- D Return to work
- E Work health and safety in the workplace

**RESPONSE SET**

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

## SECTION 3 – Workplace domain: Supervisor / Colleagues

#### ASK ALL

EMP11 Thinking back to when you were considering putting in a workers' compensation claim, [using a 5-point scale from strongly agree to strongly disagree](#), to what extent do you agree or disagree with the following?

**DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS**

READ OUT STATEMENTS AND PROMPT SCALE AS NECESSARY / Please select one option below

- A I thought I would be treated poorly by people in my immediate working group
- B I felt my supervisor thought I was exaggerating or faking my injury or illness
- C I was concerned that I would be fired if I submitted a claim
- D I felt my employer discouraged me from putting in a claim

#### RESPONSE SCALE

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 DO NOT READ Don't know / Can't say
- 99 DO NOT READ Prefer not to say

#### IF RTW1=2 ASK RTW16

RTW16

In your opinion, which of the following supports could be provided to assist you in the return to work process?

Note: This may be in relation to any aspect of return to work (e.g., lodging a claim, experience with healthcare providers, workplace supports, etc.)

#### MULTI RESPONSE; RANDOMISE 1 TO 4

READ OUT / Please select all that apply

- 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
- 95 Other (RECORD VERBATIM / Please specify)
- 97 DO NOT READ No support is needed to assist my return to work
- 98 DO NOT READ Don't know
- 99 DO NOT READ Prefer not to say

## SECTION 4 – Workplace domain: Job position

#### IF RTW1=1 ASK RTW7

RTW7 [IF RTW1=1 AND RTW2=1: Have / IF RTW1=1 AND RTW2=>1: Did] you returned back to the same duties or completely different duties to what you were doing at the time of your work-related injury or illness?

Note: 'Slightly different' includes 'restricted', or 'alternate' duties. It does not include reduced hours.

DO NOT READ OUT / Please select one option below

- 1 Same duties
- 2 Slightly different duties
- 3 Completely different duties
- 98 Don't know / Can't say

99 Prefer not to say

### ASK ALL

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

Note: Modified or alternative duties are different to workplace accommodations such as a different chair, keyboard, etc). The definition of modified or alternative duties varies across state and territories. To read the relevant definition, go to [Table 6.2c: Suitable duties | Safe Work Australia](#).

DO NOT READ OUT / Please select one option below

Interviewers note: if they responded 'yes' then ask whether they accepted.

- 1 Yes, and I accepted
- 2 Yes, but I did not accept
- 3 No
- 98 Don't know / Can't say
- 99 Prefer not to say
- 97 Not applicable

### IF JP5=1 ASK JP13

JP13 Why did you accept the offer for modified or alternative duties?

**MULTI RESPONSE; RANDOMISE 1 TO 7**

PROMPT AS NECESSARY / Please select all that apply

- 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
- 95 Other reason (RECORD VERBATIM / Please specify)
- 98 DO NOT READ Don't know / Can't say **EXCLUSIVE**
- 99 DO NOT READ Prefer not to say **EXCLUSIVE**

### IF JP5=2 ASK JP7

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

**MULTI RESPONSE; RANDOMISE 1 TO 9**

PROMPT AS NECESSARY / Please select all that apply

- 1 Modified / alternative duties were not different enough
- 2 Modified / alternative duties were not meaningful or challenging
- 3 I felt I could perform my pre-injury duties (i.e., did not need modified or alternative duties)
- 4 Modified / alternative duties did not match my physical / psychological capabilities
- 5 It would have meant moving to a different workplace location
- 6 It would have meant working different times / shifts
- 7 It would have meant a change in wages
- 8 I would have been unable to perform the modified duties due to doctor's restrictions
- 9 I felt I would be a burden on my employer / manager or colleagues
- 95 Other reason (RECORD VERBATIM / Please specify)
- 98 DO NOT READ Don't know / Can't say **EXCLUSIVE**
- 99 DO NOT READ Prefer not to say **EXCLUSIVE**

**IF RTW1=1 OR RTW2=1 ASK JP11**

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

DO NOT READ OUT / Please select one option below

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

**IF RTW2 = 1 ASK RTW8**

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

Note: Additional time off refers to substantial continuous time off from work as a result of the work-related injury or illness, including time off for surgery or long-term treatment. Additional time off does not include the odd half-day off, time off for doctors' visits, rehabilitation, therapy, or being ill for any reasons not related to your injury.

DO NOT READ OUT / Please select one option below

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

**IF RTW2 = 1 ASK RTW9**

RTW9

**IF RTW8 = >1 SHOW:** How long have you been back at work?

**IF RTW8=1 SHOW:** How long have you been back at work since your last additional time off?

Note: Your best estimate is okay.

PROMPT AS NECESSARY / Please select a timeframe below

- 2 <Select time frame (ALLOW Days, Weeks, Months, Year)>

**IF RTW8 = >1 SHOW:** How many [DAYS/WEEKS/MONTHS/YEARS] have you been back at work?

**IF RTW8=1 SHOW:** How many [DAYS/WEEKS/MONTHS/YEARS] have you been back at work since your last additional time off?

- 1 <Select number (ALLOW 01-365)>
- 98 Don't know / Can't say
- 99 Prefer not to say

**SECTION 5 – Workplace domain: Employer****ASK ALL**

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

**IF RTW2=1 SHOW:** Did you have a plan in place to get back to work?

**IF RTW2=>1 SHOW:** Do you have a plan in place to get back to work?

**DO NOT READ OUT / Please select one option below**

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

**IF EMP1=1 ASK EMP2**

EMP2

**IF RTW2=1 SHOW:** Was this plan:

**IF RTW2=>1 SHOW:** Is this plan:

**READ OUT / Please select one option below**

- 1 In writing
- 2 A verbal agreement
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

**IF EMP1=1 ASK EMP3**

EMP3 **Using a 5-point scale, from strongly agree to strongly disagree, d/**Do you agree or disagree with the following statements about your return to work plan?

**DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS**

**READ OUT / Please select one option below**

- A I was appropriately involved in the development of the return to work plan
- B I found the return to work plan helpful
- C I felt my input into the return to work plan was considered
- D I felt the return to work plan considered the medical advice I received

**RESPONSE SCALE**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

**IF EMP1=1 ASK EMP12A**

EMP12a

**IF RTW2=1 SHOW:** Did an individual within your workplace monitor the progress and effectiveness of your return to work plan?

**IF RTW2=>1 SHOW:** Does an individual within your workplace monitor the progress and effectiveness of your return to work plan?

**DO NOT READ OUT / Please select one option below**

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

99 Prefer not to say

#### IF EMP1=1 ASK EMP13A

EMP13a

**IF RTW2=1 SHOW:** Were you able to make changes to your return to work plan, if you needed them?

**IF RTW2=>1 SHOW:** Have you been able to make changes to your return to work plan, if you needed them?

**DO NOT READ OUT / Please select one option below**

- 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

## SECTION 6 – Interactions with RTW coordinator

#### ASK ALL

EMP4

**IF RTW2=1 SHOW:** Did you have a designated person to coordinate your return to work process?

**IF RTW2=>1 SHOW:** Do you have a designated person to coordinate your return to work process?

Note: If more than one person, think about the **most** recent designated person. This person could be called a case manager, Return to work Coordinator, Rehabilitation and Return to Work Coordinator, or Injury Management Coordinator.

**PROBE IF 'YES' / Please select one option below**

- 1 Yes, someone from my workplace
- 2 Yes, someone external to my workplace
- 3 No
- 98 Don't know / Can't say
- 99 Prefer not to say

#### IF EMP4=1 OR 2 ASK EMP5

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

**DO NOT READ OUT / Please select one option below**

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

#### IF EMP5=1 ASK EMP6

EMP6 Thinking about all your dealings with this person, to what extent have your interactions been stressful?

**READ OUT / Please select one option below**

- 1 Extremely stressful

- 2 Quite a bit stressful
- 3 A bit stressful
- 4 Not very stressful
- 5 Not at all stressful
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

## SECTION 7 – Workplace domain: Employer

### ASK ALL

EMP7 Thinking about the response of your employer following your work-related injury or illness, [using a 5-point scale, from strongly agree to strongly disagree](#), to what extent do you agree or disagree with the following statements?

Note: If you have changed employers since, please answer the questions thinking about your employer at the time of your injury or illness.

[READ OUT](#) / Please select one option below

### STATEMENTS; RANDOMISE; CAROUSEL DISPLAY

- A Your employer did what they could to support you
- B Your employer provided enough information on your return to work rights and responsibilities
- C Your employer made an effort to find and offer suitable employment for you (this can include work external to your employer)
- D Your employer helped you with your recovery
- E Your employer treated you fairly **during** the claims process
- F Your employer treated you fairly **after** the claims process

### RESPONSE SCALE

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

### ASK ALL

JP4 **IF RTW1 = 1 SHOW:** Thinking back to the time you first returned to work after your injury or illness, [using a 5-point scale, from strongly agree to strongly disagree](#), to what extent do you agree or disagree with the following statements?

**IF RTW1 =>1 SHOW:** If you were to return to work fully tomorrow, [using a 5-point scale, from strongly agree to strongly disagree](#), to what extent do you agree or disagree with the following statements?

Note: This could be the same employer or a different one (if you have changed employers since your injury or illness).

### DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS

[READ OUT](#) / Please select one option below

- A **IF RTW1=1 SHOW:** I was able to perform / complete my work tasks  
**IF RTW1=>1SHOW:** I would be able to perform / complete my work tasks
- B **IF RTW1=1 SHOW:** I was able to remain at work long term  
**IF RTW1=>1SHOW:** I would be able to remain at work long term

- C **IF RTW1=1 SHOW:** I was able to deal with the physical demands of my work  
**IF RTW1=>1SHOW:** I would be able to deal with the physical demands of my work
- L **IF RTW1=1 SHOW:** I was able to manage tasks that required complex thinking  
**IF RTW1=>1SHOW:** I would be able to manage tasks that required complex thinking

**RESPONSE SCALE**

- 1 Strongly agree  
 2 Agree  
 3 Neither agree nor disagree  
 4 Disagree  
 5 Strongly disagree  
 98 **DO NOT READ** Don't know / Can't say  
 99 **DO NOT READ** Prefer not to say

- JP4 **IF RTW1 = 1 SHOW:** Thinking back to the time you first returned to work after your injury or illness, using a 5-point scale, from strongly agree to strongly disagree, to what extent do you agree or disagree with the following statements?  
**IF RTW1 =>1 SHOW:** If you were to return to work fully tomorrow, using a 5-point scale, from strongly agree to strongly disagree, to what extent do you agree or disagree with the following statements?

Note: This could be the same employer or a different one (if you have changed employers since your injury or illness).

**DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS**

**READ OUT / Please select one option below**

- D **IF RTW1=1 SHOW:** I was able to cope with work pressure  
**IF RTW1=>1SHOW:** I would be able to cope with work pressure
- E **IF RTW1=1 SHOW:** I was able to deal with work that is emotionally demanding  
**IF RTW1=>1SHOW:** I would be able to deal with work that is emotionally demanding
- F **IF RTW1=1 SHOW:** I had energy left to do my work  
**IF RTW1=>1SHOW:** I would have energy left to do my work
- G **IF RTW1=1 SHOW:** I was able to handle problems if they arose  
**IF RTW1=>1SHOW:** I would be able to handle problems if they arose
- H **IF RTW1=1 SHOW:** I was able to cope with setbacks that occur at work  
**IF RTW1=>1SHOW:** I would be able to cope with setbacks that occur at work

**RESPONSE SCALE**

- 1 Strongly agree  
 2 Agree  
 3 Neither agree nor disagree  
 4 Disagree  
 5 Strongly disagree  
 98 **DO NOT READ** Don't know / Can't say  
 99 **DO NOT READ** Prefer not to say

- JP4 **IF RTW1 = 1 SHOW:** Thinking back to the time you first returned to work after your injury or illness, using a 5-point scale, from strongly agree to strongly disagree, to what extent do you agree or disagree with the following statements?  
**IF RTW1 =>1 SHOW:** If you were to return to work fully tomorrow, using a 5-point scale, from strongly agree to strongly disagree, to what extent do you agree or disagree with the following statements?

Note: This could be the same employer or a different one (if you have changed employers since your injury or illness).

**DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS**

READ OUT / Please select one option below

- I I could explain to my supervisor the things I can and cannot do
- J I could discuss any limitations I have with my co-workers
- K I could get my co-workers to help me if I needed to

#### RESPONSE SCALE

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

#### IF RTW1=1 ASK EMP7A

EMP7a

Thinking about the time since you have returned to work following your injury or illness, [using a 5-point scale, from strongly agree to strongly disagree](#), to what extent do you agree or disagree with the following statements?

Note: If you have changed employers since your work-related injury or illness, please answer the questions thinking about your employer at the time of your return to work.

#### DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS

READ OUT / Please select one option below

- A I have trust in my employer
- B I feel supported by my employer since returning to work
- C My employer and work colleagues have treated me **positively** since my return to work
- D My employer and work colleagues have treated me **negatively** since my return to work
- E I feel as though my employer blames me for my injury or illness
- F I feel as though my employer believes me to be faking or exaggerating my injury or illness

#### RESPONSE SCALE

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

## SECTION 8 – Workers compensation scheme domain

#### ASK ALL

PRE\_WC51a

The next questions ask about your experience with obtaining compensation for your work-related injury or illness. There are no right or wrong answers; we are interested only in your opinion.

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

If you have had dealings with more than one person, think about your dealings in general.

**ASK ALL**

WC51a Using a 5-point scale, from strongly agree to strongly disagree, t/To what extent do you agree or disagree with the statement, 'overall, my compensation benefits have been fair and acceptable'.

PROMPT SCALE AS NECESSARY / Please select one option below

**RESPONSE SCALE**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

**IF S1A\_W2=1-5 ASK WC52**

WC52 Using a 5-point scale, from strongly agree to strongly disagree, f/For each of the statements, please indicate the extent to which you agree or disagree.

**DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS**

READ OUT / Please select one option below

- A **IF S1A\_W2=1-5 SHOW:** I have been able to express my views and feelings when the <RESPONSE FROM S1a\_W2> has made decisions about my compensation benefits
- E **IF S1A\_W2=1-5 SHOW:** The <RESPONSE FROM S1a\_W2> has been collecting accurate information to make decisions
- F **IF S1A\_W2=1-5 SHOW:** The way that the <RESPONSE FROM S1a\_W2> has been making decisions has been honest

**RESPONSE SCALE**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

**IF S1A\_W2=1-5 ASK WC53**

WC53 Using a 5-point scale, from strongly agree to strongly disagree, f/For each of the statements, please indicate the extent to which you agree or disagree.

**DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS**

READ OUT / Please select one option below

- A **IF S1A\_W2=1-5 SHOW:** The person from the <RESPONSE FROM S1a\_W2> has provided me with the information I needed
- C **IF S1A\_W2=1-5 SHOW:** The person from the <RESPONSE FROM S1a\_W2> has carefully and completely explained the way decisions are made
- D **IF S1A\_W2=1-5 SHOW:** The person from the <RESPONSE FROM S1a\_W2> has communicated details at the appropriate times

**RESPONSE SCALE**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

**IF S1A\_W2=1-5 ASK WC54**

WC54 Using a 5-point scale, from strongly agree to strongly disagree, f/For each of the statements, please indicate the extent to which you agree or disagree.

**DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS**

**READ OUT / Please select one option below**

- A **IF S1A\_W2=1-5 SHOW:** The person from the <RESPONSE FROM S1a\_W2> has treated me in a polite manner
- B **IF S1A\_W2=1-5 SHOW:** The person from the <IRESPONSE FROM S1a\_W2> has treated me with dignity and respect

**RESPONSE SCALE**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

## SECTION 9 – Workers compensation scheme domain: Regulators

**IF S1A\_W2=1-5 ASK WC2**

WC2 While you were putting in your workers' compensation claim or during the period after your claim was accepted, did you ever have a difference of opinion with the organisation who you dealt with for your claim?

Note: Difference of opinion refers to disagreements about treatment, entitlements or benefits, hours worked, type of work, or any other issue about the claim.

**DO NOT READ OUT / Please select one option below**

- 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

**IF WC2=1 OR 2 ASK WC3**

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

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

**DO NOT READ OUT / Please select one option below**

- 1 Yes, I required assistance
- 2 No, I did not require assistance
- 98 Don't know / Can't say
- 99 Prefer not to say

**IF WC3=1 ASK WC4\_2023**

WC4\_2023

Who helped you to resolve this difference of opinion?

**MULTI RESPONSE; RADNOMISE 1 TO 8**

**PROMPT AS NECESSARY / Please select all that apply**

- 1 My union
- 2 Lawyer / legal aid
- 3 GP / medical practitioner
- 4 Family
- 5 Friends
- 6 HR Department
- 7 RTW coordinator
- 8 It is not resolved
- 95 Other (**RECORD VERBATIM / Please specify**)
- 97 **DO NOT READ** None / Nobody helped me
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

## SECTION 10 – Workers compensation scheme domain: Regulators

**ASK ALL**

WC6 Have you needed someone to help you with the following?

**DISPLAY AS CAROUSEL**

**READ OUT / Please select one option below**

- A Lodging a workers' compensation claim
- B Navigating other aspects of the workers' compensation claim process

**RESPONSE SCALE**

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

**ASK IF WC6A=1**

WC7b\_a When lodging a workers' compensation claim, who helped you the **most**?

**READ OUT / PLEASE SELECT ONE OPTION BELOW**

- 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 <WC7a VERBATIM>
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

#### ASK IF WC6B=1

WC7b\_b When navigating other aspects of the workers' compensation claim process, who helped you the **most**?

#### READ OUT / PLEASE SELECT ONE OPTION BELOW

- 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 <WC7a VERBATIM>
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

## SECTION 11 – Healthcare domain – Healthcare provider

#### ASK ALL

HL1 The next few questions are about the medical treatment or services you may have received which were paid for or reimbursed under your workers' compensation claim.

Using a 5-point scale, from strongly agree to strongly disagree, t/To what extent do you agree or disagree that you were able to access the medical treatment or services that you needed for your work-related injury or illness?

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

#### PROMPT AS NECESSARY / Please select one option below

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 99 **DO NOT READ** Prefer not to say

**IF HL1=4 OR 5 ASK HL1A**

HL1a Why do you feel that you were unable to access the medical treatment or services you needed?

**MULTI RESPONSE; RADNOMISE 1 TO 8**

**PROMPT AS NECESSARY / Please select all that apply**

- 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
- 95 Other (RECORD VERBATIM / Please specify)
- 97 DO NOT READ I was able to access medical services
- 99 DO NOT READ Prefer not to say

**ASK ALL**

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

**READ OUT / Please select all that apply**

- 1 GP
- 2 Psychologist
- 3 Psychiatrist
- 4 Physiotherapist
- 5 Occupational therapist
- 6 Workplace rehabilitation provider
- 7 Chiropractor
- 8 Surgeon
- 9 Someone else (RECORD VERBATIM / Please specify)
- 10 Someone else (RECORD VERBATIM / Please specify)
- 11 Someone else (RECORD VERBATIM / Please specify)
- 98 DO NOT READ Don't know / Can't say
- 99 DO NOT READ Prefer not to say

**EXCLUSIVE  
EXCLUSIVE**

**IF HL2A=1 TO 11 ASK HL2B****IF 1 SELECTION AT HL2A AUTO CODE HL2B AND DO NOT ASK**

HL2b Who is your main healthcare provider?

**ONLY DISPLAY RESPONSES SELECTED AT WC7A**

**READ OUT / Please select one option below**

- 1 GP
- 2 Psychologist
- 3 Psychiatrist
- 4 Physiotherapist
- 5 Occupational therapist
- 6 Workplace rehabilitation provider
- 7 Chiropractor
- 8 Surgeon
- 9 <HL2a VERBATIM>
- 10 <HL2a VERBATIM>
- 11 <HL2a VERBATIM>
- 98 DO NOT READ Don't know / Can't say
- 99 DO NOT READ Prefer not to say

**IF HL2B=1 TO 11 ASK HL3B**

HL3b **IF RTW1=1 SHOW:** Did your <RESPONSE FROM HL2b> discuss any of the following with you?  
**IF RTW1=>1 SHOW:** Has your <IRESPONSE FROM HL2b> discussed any of the following with you?

**DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS**

**READ OUT / Please select one option below**

- BA Workplace demands (the extent to which your job needs physical, mental or emotional effort. For example, long hours, physically tiring tasks, high workload)
- BB The types of activities or things you could do, including activities that are not part of your pre-injury job
- BC **IF RTW1=>1 SHOW:** A date that you are likely to be able to return to work  
**IF RTW1=1 SHOW:** The date you would likely return to work
- BD Your progress for returning to work
- BE Potential barriers to returning to work
- BF Treatment or health and wellbeing activities that could help as part of your recovery

**RESPONSE SCALE**

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

**IF HL2A = 1 TO 11 ASK HL4**

HL4 Thinking about all the healthcare providers you have seen, **using a 5-point scale, from not at all to a very great degree**, to what extent have your interactions with your healthcare provider(s) been stressful?

**READ OUT / Please select one option below**

- 1 Extremely stressful
- 2 Quite a bit stressful
- 3 A bit stressful
- 4 Not very stressful
- 5 Not at all stressful
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

## SECTION 12 – Personal domain

**ASK ALL**

PP1 **Using a 5-point scale, from poor to excellent, i/**In general, how would you say your health and wellbeing is now?

**READ OUT / Please select one option below**

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very good
- 5 Excellent
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

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

READ OUT / Please select one option below

- 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
- 98 DO NOT READ Don't know / Can't say
- 99 DO NOT READ Prefer not to say

#### IF JURCODE=8 (COMCARE) IN SAMPLE ASK K1

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

Note: Rehabilitation providers are usually external from the workplace and offer services from a person specially trained in assisting injured workers to get back to work.

DO NOT READ OUT / Please select one option below

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

#### IF K1=1 ASK K2

K2 Thinking about the last six months, and using a 5-point scale, from very poor to very good, would you say your workplace rehabilitation provider was good or poor in relation to the following?

**DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS**

READ OUT / Please select one option below

- A Listening to your point of view
- B Responding promptly to your requests or queries
- C Explaining their role to you
- D Providing you with the support you needed to return to work

#### RESPONSE SET

- 1 Very poor
- 2 Poor
- 3 Neither good nor poor
- 4 Good
- 5 Very good
- 98 DO NOT READ Don't know / Can't say
- 99 DO NOT READ Prefer not to say

#### IF K1=1 ASK K3

K3 Using a 5-point scale, from very dissatisfied to very satisfied, i/In the last six months, would you say you were satisfied or dissatisfied with the service you received? In answering, take into consideration all of your dealings with your rehabilitation provider.

DO NOT READ OUT / Please select one option below

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Neither satisfied nor dissatisfied
- 4 Satisfied

- 5 Very satisfied
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say
- 97 **DO NOT READ** Not applicable

**IF JURCODE = 8 (COMCARE) AND S1A\_W = 1, 2, 3, 4, 5 ASK E1**

- E1 Thinking just about the last six months, [using a 5-point scale, from very good to very poor](#), would you say the <RESPONSES FROM S1a\_W2> was good or poor in relation to the following?

**DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS**

[READ OUT](#) / [Please select one option below](#)

- A Being courteous and polite
- B Listening to your point of view
- C Treating you with dignity and respect
- D Responding promptly to your requests or queries
- E Providing a clear explanation to your queries
- F Having knowledgeable staff
- G Being able to get hold of the right person
- H Advising you of your rights
- I Keeping you informed about your claim

**RESPONSE SET**

- 1 Very poor
- 2 Poor
- 3 Neither good nor poor
- 4 Good
- 5 Very good
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say
- 97 **DO NOT READ** Not applicable

**IF JURCODE = 8 (COMCARE) AND S1A\_W = 1, 2, 3, 4, 5 ASK E3**

- E3 In the last six months, overall would you say the <RESPONSES FROM S1a\_W2> has exceeded, met, or not met your expectations of service?

[PROMPT AS NECESSARY](#) / [Please select one option below](#)

- 1 Exceeded
- 2 Met
- 3 Not met
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say
- 97 **DO NOT READ** Not applicable

**IF JURCODE = 8 (COMCARE) AND S1A\_W = 1, 2, 3, 4, 5 ASK E4**

- E4. Overall, how satisfied were you with the services from the <RESPONSE FROM S1a\_W2>?

[PROMPT AS NECESSARY](#) / [Please select one option below](#)

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- 98 **DO NOT READ** Don't know / Can't say

99 DO NOT READ Prefer not to say

## SECTION 13 – Demographics

SR10 These final questions will help us analyse the data we collect. They will not be used to identify you either to your employer, to Safe Work Australia or <jurisdiction>.

How would you describe your gender?

PROMPT AS NECESSARY / Please select one option below

- 1 Man or male
- 2 Woman or female
- 3 Non-binary
- 4 I use a different term (RECORD VERBATIM / Please specify)
- 99 Prefer not to say

SR9 What is the highest level of education you have completed?

PROMPT AS NECESSARY / Please select one option below

- 1 Less than Year 12 or equivalent
- 2 Year 12 or equivalent (HSC/ VCE leaving certificate)
- 3 Vocational Qualification (trade certificate)
- 4 Associate diploma
- 5 Undergraduate diploma
- 6 Bachelor's degree (including honours)
- 7 Postgraduate diploma (includes graduate diploma)
- 8 Master's degree
- 9 Doctorate/ PhD
- 98 DO NOT READ Don't know / Can't say
- 99 DO NOT READ Prefer not to say

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

PROMPT AS NECESSARY / Please select one option below

- 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
- 19 Other services (RECORD VERBATIM / Please specify)

SR12 Are you of Aboriginal or Torres Strait Islander origin?

PROMPT AS NECESSARY / Please select one option below

- 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

SR14 In which country were you born?

PROMPT AS NECESSARY / Please select one option below

- 1 Australia
- 95 Other (RECORD VERBATIM / Please specify)
- 99 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?

- 95 RECORD VERBATIM / Please provide as much detail as possible
- 2 No further comment

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## CLOSE

That is the end of this survey, thank you for your time. This research is carried out in compliance with the Privacy Act, and the information you provided will be used for research purposes only.

[My name is <INT\_NAME> from Wallis Social Research and this survey was undertaken / This survey was undertaken by Wallis Social Research] on behalf of Safe Work Australia.

If you require any further information about the survey or if you'd like to find out how we manage your personal information, you can call Wallis on **1800 113 444** or view the Wallis Privacy Policy at [www.wallis.social/privacy](http://www.wallis.social/privacy).

If you need to speak to someone for support, you can contact BeyondBlue on 1300 22 4636, or if you need urgent help, you can call LifeLine on 13 11 14. Alternative helpline information is also located at the bottom of your screen.

If any of the survey themes or questions made you feel distressed or uncomfortable. I can give you the phone number for mental health support.

BEYONDBLUE: 1300 22 4636

LIFELINE: 13 11 14

Please click next to submit your answers opportunity

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## TERMINATIONS

TERM 1

Thank you for your time, however this survey is for workers who have had direct dealings with <JURISDICTION>/<LICENSEE / INSURANCE COMPANY>.

TERM 2

Thank you for your time, however this survey is for workers who have had a workers' compensation claim accepted in the since July 2022.

TERM 3

Thank you for your time, however this survey is for workers who have taken a day or more off work.

TERM 4

Thank you for your time, however this survey is for workers who are not currently involved in legal actions relating to their workers' compensation claim.

TERM 5

Your agreement and consent are required to participate in this survey. As it was not provided the survey will end. If you wish to continue with the survey, you can return to the consent page by selecting 'Back'. Otherwise, select 'Next' to end the survey. We appreciate your time!

We require your agreement and consent to all statements to participate in this survey. If you wish to review the consent questions again to participate in the survey, let me know and I can return to the consent questions. Otherwise, the interview will end.

IF WISH TO REVIEW, SELECT BACK.

IF WISH TO END: We appreciate your time!

## UNSUBSCRIBE

Unsubscribe link: <https://go.wallis.social/OXX<PIN>>

US1 Thank you, you have now been unsubscribed and will no longer receive any reminder emails, SMS or calls from Wallis regarding this survey.

We would still like to give you the option to continue with the survey, even though you will no longer receive these reminders to complete the survey. Would you like to continue with the survey?

01 Yes – continue, but don't send me reminders

02 No – I don't want to do the survey or receive reminders

W4 / EXCL=1 / US Unsubscribe