

Injured Worker Survey

1. Injured Worker Satisfaction Survey

We are conducting a Customer Satisfaction Survey and would like to know about your experience after you sustained an injury at work. We are particularly interested in the effectiveness of the OWCP program in assisting you in your recovery and return to work.

Your participation in this survey is crucial to OWCP in determining what changes need to be made to the program to improve services to injured workers to help them recover and return to work.

Your answers are completely anonymous and will have no impact upon your relationship with OWCP and its employees.

The survey should take approximately 15 minutes to complete.

2. Questions About Your Non-Emergency Medical Treatment

We are interested in whether or not you had a difficult time finding a physician to treat you, your level of recovery and your satisfaction with medical treatment. This section asks questions about your treating physician, your treatment, your recovery and your satisfaction with your medical care.

1. Did you have trouble finding a physician to treat you for your injury or illness for other than emergency care?

Yes

No

If yes, please tell us about it?

2. How long did you have to wait between first trying to get non-emergency care and actually seeing a provider for your work injury or illness?

Same day

1 day

2 days

3 days

4-7 days

8-14 days

15 or more days

I did not think I needed care right away

3. Overall, thinking about all the treatment you received for your injury or illness, how satisfied were you with that care?

Very Satisfied

Somewhat Satisfied

Somewhat Unsatisfied

Very Unsatisfied

If unsatisfied, can you tell us why?

Injured Worker Survey

4. How often did the doctor or health care professional you saw for the majority of my non-emergency treatment talk to you about:

	Not at all	Very little	Some	A lot	Did not apply to my injury/illness
My daily job tasks and duties	jn	jn	jn	jn	jn
What to expect from my condition (for example, what to expect about pain or recovery time)	jn	jn	jn	jn	jn
Different treatments for my work related injury/illness	jn	jn	jn	jn	jn
Side effects of medications or other treatments prescribed	jn	jn	jn	jn	jn
Activities I should avoid and activities I could do while recovering	jn	jn	jn	jn	jn
The date I could return to work	jn	jn	jn	jn	jn
Changes to my work such as reduced hours, or changed work layout or equipment	jn	jn	jn	jn	jn
Ways to prevent getting injured again	jn	jn	jn	jn	jn
Ways to prevent my illness from reoccurring	jn	jn	jn	jn	jn

Injured Worker Survey

5. Comparing your status before your injury or illness and after you were done with your medical treatment, how have the following elements changed?

(Select one for each item):

	Lower than before	About the same	Higher than before	Not applicable
Your general level of health (fitness, fatigue, pain)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to perform all your work activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to participate in social activities outside your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your physical ability to partake in hobbies outside of work activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your stress level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your self confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to earn the wage you did prior to injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Your Experience With Rehabilitation Nurse Services

This section asks you about your experience and satisfaction with a rehabilitation nurse if one was assigned to you. For purposes of this section, questions 6 through 10 ask about a nurse who may have contacted you by phone early in your claim. For the remainder, when we ask about a "field nurse", they would have more than likely met with you personally at the doctor's office or another public place and kept in contact with your over a longer period of time.

6. Were you contacted by telephone by a nurse asking about your recovery and medical treatment within the first 45 days after your injury or illness?

- Yes
- No [Skip to Question 11]
- Don't know or don't remember [Skip to Question 11]

7. Who did this nurse work for?

- OWCP
- My employing agency
- An external contractor hired by my employing agency
- Don't know or don't remember

Injured Worker Survey

8. How soon after your injury or illness did this nurse contact you?

- Within the first week
- Within the second week
- Within the third week
- Within the fourth week
- Between 1 and 2 months
- More than 2 months after my injury or illness
- Don't know or don't remember

9. Did this nurse assist you in obtaining and/or understanding the medical treatment you needed?

- Yes
- No
- Don't know
- Other

Please explain:

10. Did the actions of this nurse have a positive impact on your ability to return-to-work?

- Yes
- No
- Don't know

Comments:

4. Nursing Services (continued)

Injured Worker Survey

11. How quickly after your injury did a Field Nurse contact you?

- Less than 4 weeks from the date of injury or reported illness
- Between 4 weeks and 8 weeks
- Between 8 weeks and 12 weeks
- More than 12 weeks after the injury or reported illness

12. How did the nurse describe his or her role in your recovery?

13. How would you rate the Field Nurse's assistance in each of the following areas?

	Extremely Helpful	Helpful	Somewhat Helpful	Not Helpful	Not Applicable/Don't Know
Understanding your medical situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitating activities which sped recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in discussions with your medical provider regarding your recovery and return to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in medical provider visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisting you in your return to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please explain in the box below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments

14. Would earlier intervention by the nurse have been helpful to you in your recovery or return to work?

- Yes
- No
- Don't know

Injured Worker Survey

15. How often did the Field Nurse accompany you to the medical provider's office?

- Always
- Frequently
- About half the time
- Whenever necessary
- Rarely
- Never

16. Did the Field Nurse stay involved until you had returned to work?

- Yes
- No
- I have not returned to work and the nurse is still involved
- I have not returned to work yet, but the nurse is no longer involved
- Other (please specify)

17. How important was it (or is it) to you that the nurse stay involved until after you returned to work?

- Extremely important
- Somewhat important
- Not important
- Don't know/no opinion

Injured Worker Survey

18. If the Field nurse did not stay involved in your case until after your had returned to work, how would additional nurse services been helpful to you? (Check all that apply)

- Better understanding of my ongoing medical situation
- Better communication with my medical provider
- Improved communication with my employer
- Faster return to work
- More permanent return to work
- Other (please specify)

5. Vocational Services Provided

This section asks you about your experience with any vocational counselors that may have been assigned to assist you in returning to work.

19. Did you receive vocational services during your Workers' Compensation claim?

- Yes
- No [Skip to Question 23]
- Not yet, but my claim is still open [Skip to Question 23]
- Don't know or don't remember [Skip to Question 23]

20. At what point in the claim did a Vocational Counselor first contact you?

- Within 3 months of the date I filed a claim
- Between 3 months and 6 months
- Between 6 months and 1 year
- Between 1 year and 2 years
- More than 2 years after I filed a claim

Injured Worker Survey

21. How would you rate the value of the following vocational services in helping you return to work?

	Extremely Helpful	Somewhat Helpful	Not Very Helpful	Not At All Helpful	Not Applicable/Don't Know
Vocational evaluation	jn	jn	jn	jn	jn
Specialized ergonomic job and home modification services	jn	jn	jn	jn	jn
Transitional (Light Duty) job identification and definition	jn	jn	jn	jn	jn
Functional Capacities evaluation	jn	jn	jn	jn	jn
Work hardening	jn	jn	jn	jn	jn
Transferable skills analysis	jn	jn	jn	jn	jn
Job seeking skills training	jn	jn	jn	jn	jn
Detailed job analysis of a proposed job	jn	jn	jn	jn	jn
Referral for short term training or refresher courses	jn	jn	jn	jn	jn
Testing	jn	jn	jn	jn	jn
Retraining	jn	jn	jn	jn	jn

Additional Comments

22. Would earlier access to vocational services have helped you return to work faster?

- Yes
- No
- Don't know

6. Information About Your Work

This information will assist OWCP in providing assistance to Federal employers to help them better deal with injuries or illnesses like yours in the future.

Injured Worker Survey

23. How long had you worked for your employer at the time of your injury or illness?

- Less than a month
- 1 month or more, but less than 6 months
- 6 months or more, but less than 1 year
- 1 year or more, but less than 5 years
- 5 years or more, but less than 20 years
- 20 years or more

24. How would you describe the level of activity needed to perform the job you had at the time of injury or illness?

- Light work activity (less than 10 pounds lifting regularly and usually sitting or standing)
- Moderate work activity (more than 10 pounds but less than 20 pounds lifting regularly, and regularly standing, walking, pulling or pushing)
- Strenuous activity (more than 20 pounds but less than 50 pounds lifting repeatedly and/or constant climbing, overhead motions, or restraining of others)
- Very strenuous activity (repeated lifting, pulling or pushing of over 50 pounds and constant climbing, overhead motions or restraining of others)

25. At the time of your injury or illness, how many employees worked at your worksite?

- Less than 4
- 4 or more, but less than 10
- 10 or more, but less than 25
- 25 or more, but less than 50
- Over 50

26. At the time of your injury or illness, approximately how many employees at your work site had the same duties as you did?

- I was the only one with my duties
- 2 or more, but less than 5 of us had similar duties
- 5 or more, but less than 10 of us had similar duties
- More than 10 of us had similar duties

Injured Worker Survey

27. How often did your employer/supervisor contact you while you were disabled as a result of your injury or illness?

- Daily
- Weekly
- Monthly
- Less than once a month
- Not until I returned to work
- Never [Skip to Question 32]

28. If your employer/supervisor did contact you regularly, how did this discussion make you feel?

- I was glad they were thinking about me
- It was OK
- I felt uncomfortable with our conversations
- I felt they did not trust me
- Other (please specify)

29. How helpful was your employer in assisting you with return to work?

- Extremely Helpful
- Somewhat Helpful
- Not Very Helpful
- Not At All Helpful
- Don't Know

30. Following your injury or illness, did your employer/supervisor discuss a return to work plan with you?

- Yes
- No [Skip to Question 32]

Comments:

Injured Worker Survey

31. Which of the following possible return to work options did your employer/supervisor discuss with you?

(Please check all that apply):

- Part-time work while you were healing
- Part-time work after you were healed
- Modified work while you were healing
- Modified work after you were healed
- Your return to work only after you were fully healed
- Other (please specify)

7. Services Provided By The Office of Workers Compensation Programs

This section asks you about your level of satisfaction with the services that may have been provided by the Office of Workers' Compensation Programs.

32. Who communicated with you the most and answered your questions about the Federal Employees' Compensation Act after your injury or illness?

- My employer
- The nurse who contacted me
- The claims examiner from OWCP
- The attorney I used
- My physician
- Other (please specify)

33. How would you rate the level of usefulness of the information given you by the person you listed in the previous question?

- Extremely Helpful
- Somewhat Helpful
- Not Very Helpful
- Not At All Helpful
- I was not able to get useful information from anyone

Injured Worker Survey

34. How effective was OWCP in meeting your needs in the following areas:

	Extremely Effective	Somewhat Effective	Somewhat Ineffective	Extremely Ineffective	Not Applicable/Don't Know
Timely delivery of wage loss benefits	jn	jn	jn	jn	jn
Timely approval of medical treatment	jn	jn	jn	jn	jn
Assistance with return to work	jn	jn	jn	jn	jn
Serving as a liaison between you and your employer	jn	jn	jn	jn	jn

Additional Comments

35. How often did you communicate with the claims examiner at OWCP at any time during your treatment for this injury or illness?

- Frequently
- When I felt it was needed
- Rarely
- Never
- Other (please specify)

36. If you did communicate with one or more claims examiners from OWCP, how would you rate that interaction on the following:

	Never	Sometimes	Usually	Always
Did they answer your questions? (responsiveness)	jn	jn	jn	jn
Were they respectful in their interactions with you? (courteous)	jn	jn	jn	jn
Did they return your phone calls in a timely fashion? (timely)	jn	jn	jn	jn

Comments:

Injured Worker Survey

37. If you were assigned a nurse at any time during your recovery, how would you rate that interaction on the following:

	Never	Sometimes	Usually	Always
Did they answer your questions? (responsiveness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were they respectful in their interactions with you? (courteous)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did they return your phone calls in a timely fashion? (timely)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

8. Return to Work information

This information will aid OWCP in providing future assistance to Federal employees to help them return to work after injuries or illnesses.

38. How much TOTAL time from work (whether compensated or not) did you miss as a result of your injury/illness?

- None or less than one day
- 1 thru 6 days
- 7 thru 15 days
- 16 thru 45 days
- 46 thru 60 days
- 61 thru 90 days
- 91 to 180 days
- More than 180 days

Injured Worker Survey

39. Have you returned to work?

- Yes, full-time
- Yes, part-time
- No, I am not working, but it is not related to my injury [Skip to Question 41]
- No, I am not working because of my injury [Skip to Question 41]
- Other (please indicate your current employment status)

40. When you returned to work after your injury or illness, which of the following best describes your return to work situation?

- Returned to work at my same employer doing the same work I did the time of my injury
- Returned to work at my same employer doing the same job with modifications
- Returned to work at my same employer doing a new job
- Returned to work with a new employer

9. Demographic information

Your completion of the following questions will allow us to sort results in a manner that may help improve services in specific offices, geographical areas, or for workers like you. All responses are anonymous.

41. What was the nature of your injury or illness? (Check all that apply)

- Allergic reaction
- Burn or chemical exposure
- Emotional or mental stress
- Fracture (broken bone)
- Occupational disease (not listed here)
- Repetitive stress injury due to repeated motions
- Scrape, cut, skin rash, bruise, swelling or inflammation
- Sprain strain, or other injury of a muscle or joint
- Vehicular accident

Injured Worker Survey

42. Which part(s) of your body were affected? (Please check all that apply)

- Head, including brain, face, eyes, and ears
- Back
- Shoulder
- Arm, hand(s), fingers(s)
- Leg, knee, ankle, foot or toe(s)
- Internal organs (circulatory system, stomach, liver, lungs, etc.)
- Other (please specify)

43. Which OWCP District Office did you communicate with most often during this injury/illness?

- Boston
- Chicago
- Cleveland
- Dallas
- Denver
- Jacksonville
- Kansas City
- New York
- Philadelphia
- San Francisco
- Seattle
- Washington, D.C.

Injured Worker Survey

44. Which Federal agency did you work for at the time of your injury/illness?

- Department of Agriculture
- Department of Homeland Security
- Department of Justice
- Department of the Air Force
- Department of the Army
- Department of the Interior
- Department of the Navy
- Department of the Treasury
- Department of Veterans Affairs
- U.S. Postal Service
- Other (please indicate your agency in the box below)

45. What is your gender?

- Female
- Male

46. How old were you at the time of this injury?

- Under 20
- 20 through 29
- 30 through 39
- 40 through 49
- 50 through 59
- 60 through 69
- Over 69

Injured Worker Survey

47. What was the highest level of education you had achieved at the time of your injury?

- Some high school
- High school diploma or equivalence
- Vocational or 2 year college diploma
- Over two years of college
- College degree
- Advanced degree after college

48. What was the zip code of where you lived when you were receiving most of your treatment and recovering from your injury or illness?

(Note, if you were injured outside the U.S. please use the zip code of where you lived when you were recovering or your current zip code. If none are applicable, enter 00000)