



A survey about workplace injuries and illnesses

The Return to Work Unit has been funded by WorkSafe Victoria to gain a better understanding of the barriers injured workers experience and how the return to work process may be improved for injured workers. We are very keen to learn from your experience.

In order to do this we need to gather information about current return to work knowledge and practices. **The data provided by you in this survey will remain confidential.** We appreciate your assistance.

This survey is about workplace injuries; what happens to injured workers and what is their return to work experience? It is intended for all workers; those who have experienced a workplace injury and those who have not. The definition of 'Workplace injury' includes *physical and psychological/stress injuries and illnesses.*

Please contact us on (03)9659 3511 if you have been injured and prefer to complete this survey over the telephone or in person in a location convenient to you.

1. About you and your workplace

1.1. Your workplace (optional): _____

1.2. Industry: _____

1.3. Age: _____ Female Male

1.4. Job Status: Permanent Part-time Casual

1.5. Are you in an elected position as a
a) Union delegate Yes No

b) Health & Safety Representative Yes No

1.6. Is there union representation in your workplace? Yes No Don't Know

2. About Workplace Injury/Illness/Stress

2.1. What are the three most common injuries in your workplace, including physical and psychological/stress injuries?

2.2. If a worker was injured in your workplace would you be able to provide them with information or assistance about

- how to report the injury? Yes No
- how to make a claim? Yes No
- the Return to Work process? Yes No

2.3. If you answered 'Yes' to any of the above who or what assisted you in gaining this knowledge?

Workplace Return to Work Coordinator Union and/or health and safety reps
Injured Worker WorkSafe Own experience of workplace injury
Other _____

2.4. Have you suffered a physical/psychological/stress injury or illness at work **without** reporting this to your employer?

Yes No

2.5. If 'No' go to Section 3.

2.6. If 'Yes', please describe the injury/illness

2.7. What were your reasons for not reporting the injury/illness?

2.8. Did you take time off work because of the injury? Yes No

2.9. If "Yes", how much time? _____

2.10. How did you get paid during this period? _____

2.11. Did you see your doctor or another health provider? Yes No

2.12. If "Yes", who paid for those expenses? _____

2.13. What was the cause of the injury/illness/stress? _____

If you have suffered any kind of workplace injury or illness over the last five years and reported this, please go to Section 4, page 7.

3. About your observations and knowledge of workplace injuries

3.1. Do injured workers in your workplace experience barriers to reporting their injury to the employer?

Yes No Don't Know

3.2. If 'Yes' what are the barriers

a) to reporting physical injuries?

b) to reporting psychological/stress injuries?

3.3. Do injured workers in your workplace experience barriers to making a WorkCover claim?

Yes No Don't Know

3.4. If 'Yes' what are the barrier to making a claim

a) in regards to physical injuries?

b) in regards to psychological/stress injuries?

3.5. Are you aware of incidences where workers have not reported their physical injury?

Yes No

If 'Yes', please describe reasons_____

3.6. Are you aware of incidences where workers have not reported their psychological/stress injury?

Yes No

If 'Yes', please describe reasons_____

3.7. Are workers with physical or stress related injuries able to return to work on alternative duties?

Yes No Don't Know

3.8. If 'Yes' briefly state the strategies and processes that are involved in this process?

If 'No' what are the barriers?

3.9. Are workers with a **physical injury** supported in their return to work process?

Yes No Don't Know

3.10. If 'Yes' what kind of support and who provides it

What kind of return to work support	Who provides it?

3.11. Are workers with a **psychological/stress injury** supported in their return to work process?

Yes No Don't Know

3.12. If 'Yes' what kind of support and who provides it

What kind of return to work support	Who provides it?

3.13. Does the employer provide sufficient information about workplace injuries and what to do when an injury occurs?

Yes No Don't Know

3.14. Is there a designated RTW Coordinator in your workplace?

Yes No Don't Know

3.15. When developing the Return to Work (RTW) plan does the employer consult with the injured worker?

Yes No Don't Know

3.16. Does the employer offer injured workers the choice of three rehabilitation providers?

Yes No Don't Know

3.17. What do you think are some of the difficulties workers with physical injuries may experience in your workplace?

3.18. What do you think are some of the difficulties workers with psychological/stress injuries may experience in your workplace?

3.19. What kind of strategies / interventions would assist injured workers returning to safe and sustainable work?

3.20. Any other comments?

End of section for workers who have NOT experienced a workplace injury. Thank you for your assistance!

4. Questions for workers who have suffered a physical, psychological or stress injury or illness at work over the last five years

4.1. What kind of work did you do when you were injured?

4.2. What physical, psychological or stress injury or illness did you suffer?

4.3. What caused the injury?

4.4. When did your injury occur? _____

4.5. Did you report the injury to your employer? Yes No

4.6. If 'Yes' was reporting the injury easy? Yes No

4.7. If 'No' why did you not report the injury?

4.8. Have you had time off work because of the injury? Yes No

4.9. If 'Yes' how much time off work did you have?

4.10. If 'No', what were the reasons for not having any time off?

4.11. If you had time off, how were you paid during your time off work?

4.12. Did you make a Workplace Injury claim? Yes No

4.13. If 'Yes' was this easy to do? Yes No

4.15. If 'No' why not? _____

4.16. Were you supported?

	WHO supported you	HOW did they support you?
a) In the workplace		
b) Outside of work		

4.17. At the time of the injury were you informed that you had a right to be represented and supported?

Yes No

4.18. If 'Yes' who informed you?

4.19. Did the employer offer you alternative or modified duties? Yes No

If "Yes", did you experience these as appropriate duties? Yes No

4.20. Did the employer develop a RTW Plan? Yes No

4.21. Were you consulted and involved in your RTW Plan? Yes No

4.22. If "Yes" did you find this useful? Yes No

4.23. If "No" why was it not useful?

4.24. Was someone from your union involved in the return to work process? Yes No

4.25. If "yes" was this useful? Yes No

Please describe _____

4.26. Was your HSR involved in the return to work process? Yes No

4.27. If "yes" was this useful? Yes No

Please describe _____

4.28. Did you find the RTW Coordinator helpful? Yes No

4.29. If "yes", please describe

4.30. If not, why not?

4.31. In relation to your workplace injury, did you find your employer

Helpful Not helpful Indifferent Destructive

Other, please describe

4.32. Did you find the agent

Helpful Not helpful Indifferent Destructive

Other, please describe

4.33. How would you describe the overall attitudes of your co-workers towards you when you were injured?

Helpful Not helpful Indifferent Destructive

Other, please describe _____

4.34. What were the worst or hardest aspects to being injured?

4.35. What would have improved your experience of the workplace injury and/or returning to work after your injury?

Thank you for your assistance!

Please return to:

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Facsimile: (03) 9663 2127

For further information please check: www.return2work.com.au