

APPENDIX A:
INJURED WORKER SURVEY INSTRUMENT

1-4 For this survey, please answer all questions for your _____ (Mo) 2005 injury. _____

5 Which parts of your body were injured? Check all that apply.

- Back or neck
- Hand, arm, wrist, elbow, shoulder, or finger
- Hip, leg, knee, foot, toes
- Head or face
- Skin
- Eyes
- Emotional or mental stress
- Lungs, heart, or other internal organ(s)
- Chest / abdomen
- Other: _____
- Don't know

6 What kind of injury was it? Check all that apply.

- Sprain, strain, or other muscle or joint injury (not repetitive motion e.g., a pulled muscle, twisted ankle)
- Repetitive stress injury (e.g. tennis elbow, carpal tunnel syndrome)
- Broken bone
- Scrape, cut, skin rash, bruise, or swelling
- Eye injury
- Burn
- Exposure to chemicals or toxic materials
- Emotional or mental stress
- Other: _____
- Don't know

7 Thinking back to the very first time you went to get medical care for this injury, how soon after you told your employer about your injury did you first see a doctor or health care provider about it?

- Same day
- Within 1-3 days
- Within 4-6 days
- Within 1 to 4 weeks
- More than 4 weeks
- Saw doctor before told employer
- Don't know

8 What kind of doctor or health care provider did you see for this first visit?

- Medical doctor or osteopath
- Chiropractor
- Nurse practitioner or physician assistant
- Acupuncturist
- Psychologist
- Podiatrist
- Dentist
- Optometrist
- Other: _____
- Don't know

9 Where was this first visit?

- Workplace medical office or employer's clinic
- Private doctor's office
- Kaiser clinic
- Occupational medical clinic or urgent care center
- Hospital emergency room → GO TO **11**
- Other: _____
- Don't know

SECTION A. ABOUT YOUR ACCESS TO MEDICAL CARE

10 Who chose or recommended where you first went for medical care for this injury?

- Yourself
- Your employer
- Your attorney
- An insurance company / claims adjuster
- Someone else (family, friend, co-worker)
- Don't know

11 How far did you have to travel to get to this first provider?

- 0 to 15 miles
- 16 to 30 miles
- 31 to 60 miles
- More than 60 miles
- Don't know

12 How long did it take you to get to there?

- 0 to 15 minutes
- 16 to 30 minutes
- 31 to 60 minutes
- More than 60 minutes
- Don't know

13 After the first visit, did you have any additional visits to any health care provider for this injury?

- Yes
- No → GO TO **23**
- Don't know

14 Are you still seeking medical care for this injury?

- Yes → GO TO **16**
- No
- Don't know

15 How long did you receive medical care for this injury?

- # days
- # weeks
- # months
- Don't know

16 Thinking of all medical care you've received for this injury, how many different doctors, physician assistants, and nurse practitioners have you seen or been treated by? Do not include any physical or occupational therapists. Please include medical doctors, specialists, chiropractors, acupuncturists, podiatrists, dentists, psychologists, and optometrists.

- 1 → GO TO **22**
- 2 - 4
- 5 - 8
- 9 or more
- Don't know

SECTION B. ABOUT THE PROVIDER MOST INVOLVED IN YOUR CARE
(Please do not include physical or occupational therapists)

17 Was the provider who was **most involved** the same as the provider you first saw?

- Yes, the same → GO TO **22**
- No, a different provider
- Don't know

20 How far did you have to travel to get to the provider **most involved** in your care?

- 0 to 15 miles
- 16 to 30 miles
- 31 to 60 miles
- More than 60 miles
- Don't know

18 What kind of provider was **most involved** in your care?

- Medical doctor or osteopath
- Chiropractor
- Nurse practitioner
- Physician assistant
- Other (licensed acupuncturist, psychologist, podiatrist, dentist, optometrist):
- Don't know

21 On average, how long did it take you to get to the provider **most involved** in your care?

- 0 to 15 minutes
- 16 to 30 minutes
- 31 to 60 minutes
- More than 60 minutes
- Don't know

22 About how many visits did you have to this provider for this injury?

- 1
- 2 - 4
- 5 - 8
- 9 or more
- Don't know

19 Who chose or recommended the provider **most involved** in your care?

- Yourself
- Your employer
- Your attorney
- An insurance company / claims adjuster
- Someone else (family, friend, co-worker)
- Don't know

23 How well did this **most involved** provider seem to understand the physical and mental demands of your job?

- Very well
- Fairly well
- Not very well
- Not at all
- Don't know

SECTION B. ABOUT THE PROVIDER MOST INVOLVED IN YOUR CARE
(Please do not include physical or occupational therapists)

24 Did this provider talk to you about whether or not you need any work restrictions, changes in your job or the way you do your job, so you could continue working or return to work?

- Yes
- No
- Not needed for my injury
- Don't know

25 Did this **most involved** provider tell you how to avoid re-injury?

- Yes
- No
- Not appropriate for my injury
- Don't know

26 Do you agree or disagree with this statement: This **most involved** provider treated me with courtesy and respect.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know / No opinion

27 Do you agree or disagree with this statement: This **most involved** provider explained my medical condition and treatment in a way I could understand.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

28 How satisfied are you with the care and treatment you received from this **most involved** provider?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Don't know / No opinion

29 The last time you saw this provider, did you have a hard time understanding them?

- Yes
- No → GO TO **31**
- Don't know → GO TO **31**

30 Was this because you and this provider spoke different languages?

- Yes
- No
- Don't know

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SECTION C: ABOUT THE MEDICAL CARE YOU RECEIVED

- 31** Did any health care provider ever say you needed to see a physical or occupational therapist for this injury?
- Yes
 - No → GO TO **36**
 - Don't Know → GO TO **36**

- 34** Did you ever have any problem getting in to see a physical or occupational therapist for this injury?
- Yes
 - No → GO TO **36**
 - Don't know → GO TO **36**

- 32** About how many visits to physical or occupational therapists did you have for this injury?
- None
 - 1 - 6 → GO TO **34**
 - 7 - 12 → GO TO **34**
 - 13 - 18 → GO TO **34**
 - 19 - 24 → GO TO **34**
 - 25 or more → GO TO **34**
 - Don't Know → GO TO **34**

- 35** What was the problem? Check all that apply.
- Employer or insurance company would not authorize it
 - Delay in getting authorization
 - Problems scheduling appointment (e.g. delay)
 - Problems getting to provider (e.g. far away, no way to get there)
 - Provider wouldn't take Workers' Comp. patients
 - Couldn't find a provider I was satisfied with
 - Other:
 - Don't know

- 33** What was the **primary** reason you didn't see a physical or occupational therapist?
- Didn't think I needed it
 - Employer or insurance company would not authorize it
 - Problems scheduling appointment (e.g. delay)
 - Problems getting to provider (e.g. far away, no way to get there)
 - Provider wouldn't take Workers' Comp. patients
 - Other:
 - Don't know

- 36** Did any provider ever say you needed to see a specialist for this injury? By specialist we mean a doctor in a specialty different from the doctor you were seeing at the time.
- Yes
 - No → GO TO **43**
 - Don't know → GO TO **43**

- 37** About how many different specialists did you see for this injury?
- # of specialists → GO TO **39**
 - None → GO TO **39**
 - Don't know → GO TO **39**

IF YOU DID NOT SEE A PHYSICAL OR OCCUPATIONAL THERAPIST → GO TO **36**

SECTION C: ABOUT THE MEDICAL CARE YOU RECEIVED

38 What was the **primary** reason you didn't see a specialist?

- Didn't think I needed it
- Employer or insurance company would not authorize it
- Problems scheduling appointment (e.g. delay)
- Problems getting to provider (e.g. far away, no way to get there)
- Provider wouldn't take Workers' Comp. patients
- Other:

Don't know

IF DID NOT SEE A SPECIALIST → GO TO 43

39 Did you ever have any problem getting in to see any specialist for this injury?

- Yes
- No → GO TO **44**
- Don't know → GO TO **44**

40 What was the problem? Check all that apply.

- Employer or insurance company would not authorize it
- Delay in getting authorization
- Problems scheduling appointment (e.g. delay)
- Problems getting to provider (e.g. far away, no way to get there)
- Provider wouldn't take Workers' Comp. patients
- Couldn't find a provider I was satisfied with
- Other:

Don't know

41 How far did you have to travel to get to the specialist you saw most often? If you saw different specialists equally as often, please respond for the one you saw most recently.

- 0 to 15 miles
- 16 to 30 miles
- 31 to 60 miles
- More than 60 miles
- Don't know

42 On average, how long did it take you to get to this specialist?

- 0 to 15 minutes
- 16 to 30 minutes
- 31 to 60 minutes
- More than 60 minutes
- Don't know

43 Did any provider ever say you needed prescription medication for this injury?

- Yes
- No → GO TO **46**
- Don't know → GO TO **46**

44 Thinking about the most recent time a physician wrote a prescription for this injury, where did you get the medication?

- Pharmacy → GO TO **46**
- Doctor's office → GO TO **46**
- Other place (e.g., online, Canada / Mexico) → GO TO **46**
- Did not get the medication
- Don't know → GO TO **46**

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SECTION C: ABOUT THE MEDICAL CARE YOU RECEIVED

45 What was the **primary** reason you didn't get the medication?

- Didn't want to take medication
- Employer or insurance company would not authorize it
- Problems getting to pharmacy (e.g., far away, no way to get there)
- Pharmacy wouldn't take Workers' Comp. patients
- Lost the prescription
- Other: 
- Don't know

48 Do you agree or disagree with this statement: I was able to get access to quality health care for this injury.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

49 Now overall, how satisfied are you with all of the health care you received for this injury?

- Very satisfied → GO TO **51**
- Satisfied → GO TO **51**
- Dissatisfied
- Very dissatisfied
- Don't know / no opinion → GO TO **51**

46 Which of the following best describes how you feel about your recovery from this injury?

- I am fully recovered, back to feeling the way I did before the injury
- I've recovered some, but there is still room for improvement
- There has been no improvement in my condition since I was first injured
- Don't know

50 Why are you dissatisfied? 

47 At any time during your treatment, did you change the health care provider you were seeing because you were dissatisfied?

- Yes
- No
- Don't know

51 Did you or do you now have an attorney for this Workers' Compensation claim?

- Yes
- No
- Don't know

SECTION D: ABOUT YOU

52 Are you currently working?

- Yes → GO TO **55**
- No
- Don't know → GO TO **54**

53 Why are you not working now?

- Because of this injury
- Because of some other health condition
- Because of some other reason
- Don't know

54 Have you returned to work, even for a few days, since this injury?

- Yes
- No → GO TO **58**
- Don't know → GO TO **58**

55 When you first went back to work after this injury, did you return to the same or to a different employer?

- Same employer
- Different employer
- Don't know

56 About how many total days did you miss from work because of this injury. Please do not include time missed due to medical appointments.

- # days
- # weeks
- # months
- None
- Don't know

57 Did you or your employer change your job, work environment, or work hours to help you return to work after your injury?

- Yes
- No
- Not needed for my injury
- Don't know

58 Are you male or female?

- Male
- Female

59 Are you Latino or Hispanic?

- Yes
- No
- Don't know

60 Which one or more of the following would you use to describe yourself? Check all that apply.

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Other Pacific Islander
- Native Hawaiian
- Other:
- Don't know

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SECTION D. ABOUT YOU

61 What is your marital status?

- Married
- Widowed
- Divorced
- Separated
- Single, never married
- Living with partner

62 What languages do you speak at home?
Check all that apply.

- Asian Indian languages
- Cantonese
- English
- Korean
- Mandarin
- Russian
- Spanish
- Tagalog
- Vietnamese
- Other: _____

63 If you speak languages other than English at home, would you say you speak English...

- Very well
- Well
- Not well
- Not at all
- Don't know

64 What, if any, type of health insurance did you have at the time of this injury? Check all that apply.

- None / uninsured
- Private or employer-based plan
- Medicare
- Medi-Cal / Healthy Families
- Other
- Don't know

65 What is your best estimate of your **total annual** income from all sources **before taxes** at the time of your injury? Please include wages, salaries, income from investments or your own business, Workers' Comp. payments, Social Security, SSI, and any other sources. Include only **your own** income. Do not include income from other household members.

- Less than \$10,000
- \$10,000 - 14,999
- \$15,000 - 24,999
- \$25,000 - 34,999
- \$35,000 - 49,999
- \$50,000 - 74,999
- \$75,000 or more
- Don't know

66 What is the highest grade or year of school you completed?

- Under grade 9 (elementary / grades 1-8 or less)
- Grades 9 through 11 (some high school)
- Grade 12 or GED (high school graduate)
- College 1 - 3 years (some college or technical school, AA degree)
- College graduate (4 years, BA, BS)
- Post-grad work or degree (MA, MD, JD, PhD)
- Don't know

67 Thank you for completing this survey. To thank you for your time, we'd like to send you a \$15 gift card. Please select your card preference.

- Target gift card
- Safeway / Vons gift card (Safeway cards may be redeemed at Vons)