



**Voice-of-the-Customer Initiative**

# **WCD's Injured Worker Survey**

**A summary**

## **Workers' Compensation Division**

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## Highlights

Thirty-three percent of the injured workers who participated in the survey were insured by SAIF, 44 percent by private insurers, and 23 percent by self-insured employers.

The top five needs or concerns identified by workers following their injuries: prompt medical treatment (59 percent), quality medical care (47 percent), steady income (42 percent), returning to normal activities (42 percent), and the ability to return to their original job (39 percent).

Forty-four percent of the workers said they received enough time-loss income to pay their bills, while 33 percent indicated they did not, and 16 percent were undecided. Fifty-eight percent indicated that they received timely workers' compensation disability checks and 21 percent indicated their checks were not timely.

Forty percent of the workers said their physical health was the same before and after injury, and 38 percent said it was worse; 20 percent believed their physical health to be better.

Regarding overall health, 55 percent said it stayed the same, 27 percent said worse, and 14 percent said improved.

Seventy-five percent of the injured workers surveyed returned to their same employer after their work injury. Workers returned to the same or similar type of work 73 percent of the time, 13 percent to a different type of work, and 11 percent did not return to work.

Fifty-three percent of the injured workers returned to the level of pay they had before they were injured, 15 percent worked earned higher wages, and 26 percent received lower wages.

When asked to rate their overall experience with returning to work or trying to return to work after an injury, 54 percent were satisfied, 25 percent were dissatisfied, and 14 percent were undecided.

Injured workers received information primarily from their doctors (51 percent), their employers (48 percent), the Workers' Compensation Division (35 percent), their insurers/claims adjusters (30 percent), and their lawyers (18 percent).

Five areas of information regarding rights and responsibilities related to a claim rated high in importance and low in satisfaction: how the claim process works, the rights of an injured worker, the employer and the insurer's responsibilities, and how an injured worker gets disability benefits.

The most frequently used WCD services were toll-free phone numbers (25 percent), benefit consultants (17 percent), reconsideration of claims closure (12 percent), Preferred Worker Program wage subsidy (11 percent), and dispute resolution (10 percent). Forty-five percent of the injured workers used none of the eleven WCD services listed on the survey.

Injured workers rated their overall experience with the workers' compensation system. Fifty percent were satisfied, 28 percent were dissatisfied, and 17 percent were undecided. In a similar survey, 82 percent of employers rated their overall experience with the workers' compensation system as satisfactory, 10 percent were dissatisfied, and eight percent had no opinion.

## **Introduction**

The Oregon Workers' Compensation Division began working on an initiative called Voice of the Customer in December 2001. The goals of the initiative are to identify customers' and stakeholders' priorities as they relate to workers' compensation information and services, to develop a sustainable process to measure satisfaction with WCD services, and to develop processes and materials for continuous input. The initiative is expected to be completed, with all processes in place, by the end of 2003.

As part of this initiative, WCD conducted surveys of its primary stakeholders – injured workers and employers – in 2002. Two injured-worker focus groups and two employer focus groups were instrumental in determining topic areas for the surveys.

Beginning in July 2002, WCD conducted a survey of 1,262 randomly selected Oregon injured workers. The survey was designed to identify injured workers' priorities for information and services, including unmet needs, and their level of satisfaction with the workers' compensation system. In response to three separate mailings between July and December, WCD received surveys back from 34 percent of the injured workers contacted. (See Appendix for survey methodology and a copy of the survey.)

## Demographics

Table 1 compares the distribution of injury-causing events among all Oregon accepted disabling claims in 2001 to the injury-causing events among survey respondents. The similarity of the percentages demonstrates the quality of the sample selected. The nature of injuries is shown in Table 2. Again, results show that the worker sample closely reflects the pattern for all claims. Sixty-one percent of the workers responding to the survey were men and 39 percent were women. Fifty-three percent of the surveyed workers suffered time-loss-only injuries, 31 percent had permanent partial disability, and 15 percent closed their claim by a “claim disposition agreement.” Thirty-five percent of the workers surveyed were enrolled in managed care organizations compared to 36 percent of all Oregon workers’ compensation claims in 2001.

**Table 1. Situation resulting in injury**

<b>Event</b>	<b>Percent of total 2001 accepted disabling claims</b>	<b>Percent of respondents to Injured Worker Survey</b>
Bodily reaction/repetitive motion	24	26
Overexertion	27	25
Falls	18	19
Contact w/objects	19	16
Transportation accidents	4	4
Harmful exposure	3	4
<b>Total</b>	<b>95</b>	<b>94</b>

Note: Due to rounding, percents may not total 100.

**Table 2. Nature of injury**

<b>Nature</b>	<b>Percent of total 2001 accepted disabling claims</b>	<b>Percent of respondents to Injured Worker Survey</b>
Sprains, strains, tears	51	48
Fractures	10	13
Carpal tunnel syndrome	3	5
Dislocations	4	5
Abrasions, bruises	6	5
Musculoskeletal diseases	5	5
Cuts, lacerations	5	4
Multiple injuries, diseases	2	2
<b>Total</b>	<b>86</b>	<b>87</b>

Note: Due to rounding, percents may not total 100.

Thirty-three percent of the injured workers surveyed were insured by SAIF, 44 percent by private insurers, and 23 percent by self-insured employers. Tables 3 and 4 compare insurer and industry types for both the employer and injured worker surveys. Twenty-six percent of the workers surveyed worked in the services industry, 18 percent in retail trade, and 17 percent in manufacturing. These three industries had the highest number of injuries in 2001.

**Table 3. Injured worker and employer survey respondents by insurer type**

<b>Insurer type</b>	<b>Percent of market share</b>	<b>Percent of employers</b>	<b>Percent of workers</b>
Private	48	32	44
SAIF	38	60	33
Self-insurers	13	8	23
<b>Total</b>	<b>99</b>	<b>100</b>	<b>100</b>

Note: Employer data from the Employer Survey conducted by WCD.  
Due to rounding, percents may not total 100.

**Table 4. Injured worker and employer survey respondents by industry**

<b>Industry group</b>	<b>Percent of employers</b>	<b>Percent of workers</b>
Agriculture	5	2
Mining	—	—
Construction	16	7
Manufacturing	24	17
Transportation	6	13
Wholesale trade	7	6
Retail trade	13	18
Finance, insurance, real estate	2	2
Services	22	26
Local, state government	5	8
<b>Total</b>	<b>100</b>	<b>100</b>

Note: Employer data from the Employer Survey conducted by WCD.

## Injured worker needs and concerns

Injured workers were asked to identify the top five needs or concerns they had after injury. Prompt medical treatment (59 percent) and quality medical care (47 percent) were identified as the top two needs. These were followed by steady income (42 percent), returning to normal activities (42 percent), and the ability to return to pre-injury job (39 percent). The lowest-ranking concerns included information about advocacy/support groups (two percent) and maintaining social relationships (three percent).

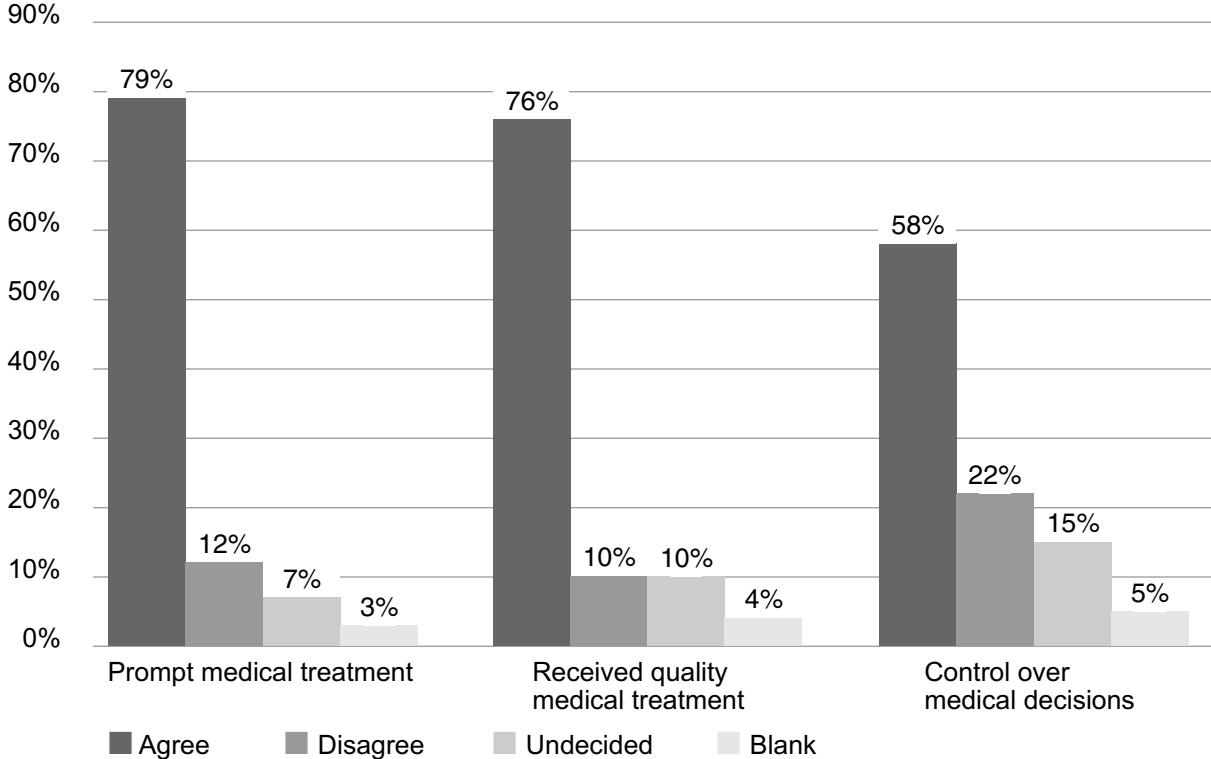
**Table 5. Injured worker needs and concerns after injury**

<b>Need/Concern</b>	<b>Percent</b>
Prompt medical treatment	59
Quality medical care	47
Steady income	42
Returning to normal activities	42
Ability to return to my pre-injury job	39
My choice of doctors	37
Someone to call with questions	27
Being treated with respect	26
Pain management	25
Timely information on my claim	24
Quicker claim decisions	20
Assurance that my employer was following the laws	17
Help in returning to work	16
Assurance that the WC insurer was following the laws	16
Legal advice	15
A list of doctors who treat WC injuries	9
A list of workers'-compensation lawyers	6
Maintaining social relationships	3
Information about advocacy/support groups	2

# Medical treatment and compensation

Seventy-nine percent of the injured workers indicated that they had received prompt medical treatment following their injuries and 76 percent indicated that their medical treatment was of high quality. Fifty-eight percent believed that they had control over medical decisions, 15 percent were undecided, and 22 percent felt they did not have control.

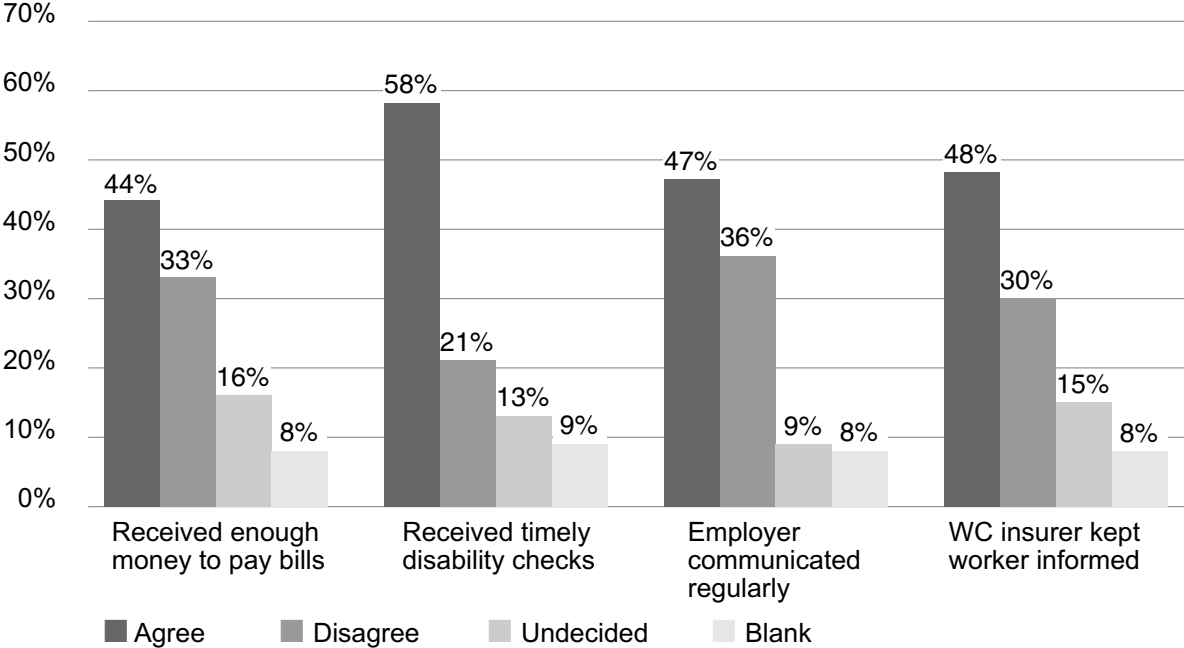
**Figure 1: Medical treatment after injury**



Note: Due to rounding, percents may not total 100.

When workers were asked about compensation following their injuries, 44 percent said they received enough time-loss income to pay their bills, 33 percent said they did not, and 16 percent were undecided. Fifty-eight percent indicated that they received timely workers' compensation disability checks, 21 percent did not. Although 47 percent said their employers communicated regularly with them, 36 percent did not, and another nine percent were undecided. When asked whether the workers' compensation insurer kept them informed, 48 percent agreed, 30 percent disagreed, 15 percent were undecided, and 8 percent were undecided.

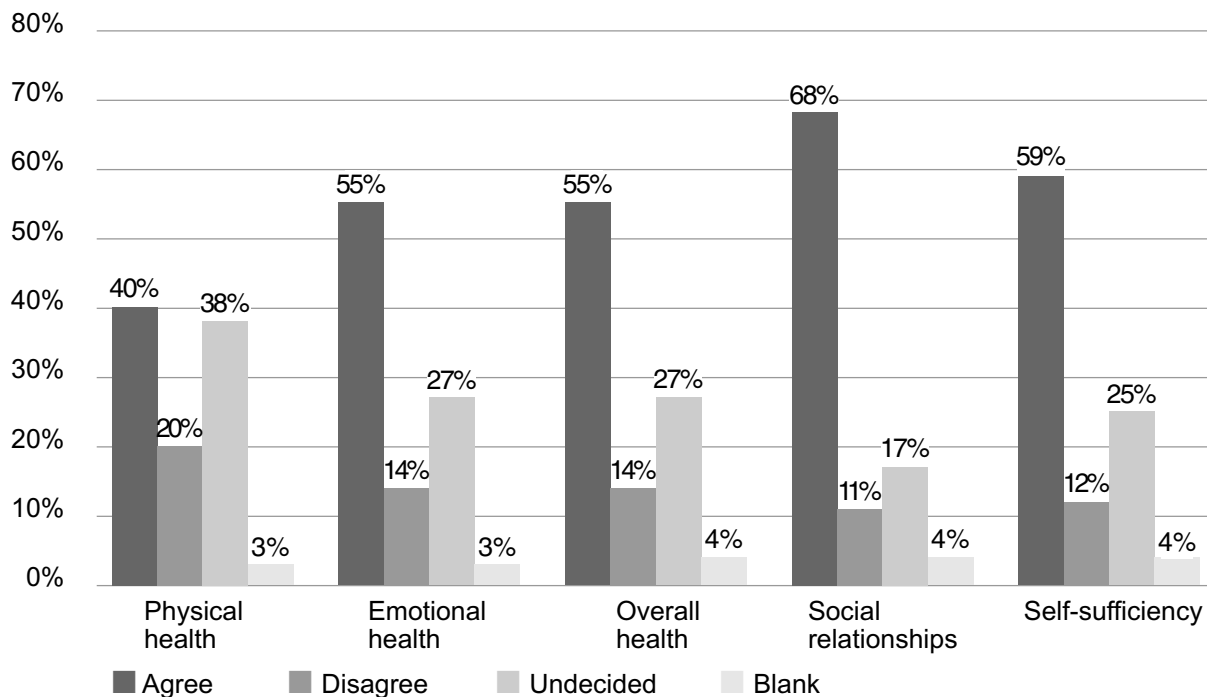
**Figure 2: Compensation and communication after injury**



Note: Due to rounding, percents may not total 100.

Workers were asked to compare their physical, emotional, and overall health before and after injury. Forty percent of the workers indicated that their physical health was the same after as before injury, 38 percent indicated it was worse, and 20 percent believed their physical health to be better. Fifty-five percent believed their emotional health to be the same as before their injury, 27 percent felt it was worse, and 14 percent felt it was better. Fifty-five percent indicated that their health was the same, 27 percent said it was worse, and 14 percent said that it had improved. Workers also provided input about social relationships and self-sufficiency before and after injury. Sixty-eight percent indicated that social relationships remained the same, 11 percent better, and 17 percent worse. When asked to measure self-sufficiency, 59 percent said it remained the same, 12 percent saw improvement, and 25 percent said worse.

**Figure 3: Health issues before and after injury**

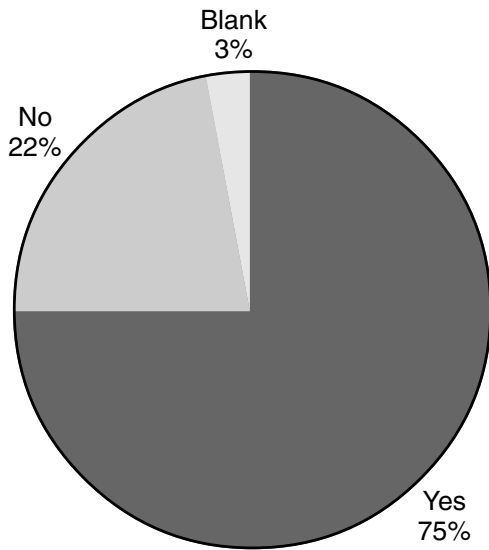


Note: Due to rounding, percents may not total 100.

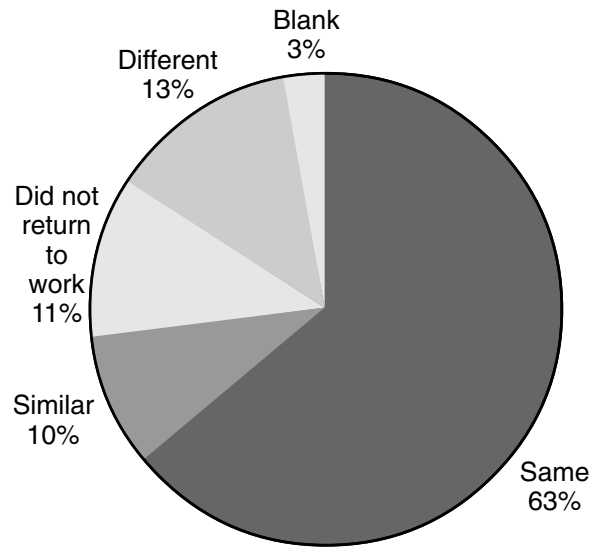
## Returning to work

Seventy-five percent of the workers surveyed returned to their pre-injury employer after their injuries. Respondents returned to the same or similar type of work in 73 percent of the cases and a different type of work in 13 percent of the cases; 11 percent did not return to work. Fifty-three percent of the workers went back to work at the same wages they received before injury, 15 percent worked for higher wages, and 26 percent worked for lower wages. When asked to rate their overall experience with returning to work or trying to return to work after an injury, 54 percent were satisfied, 25 percent were dissatisfied, and 14 percent were undecided. Information received following injury

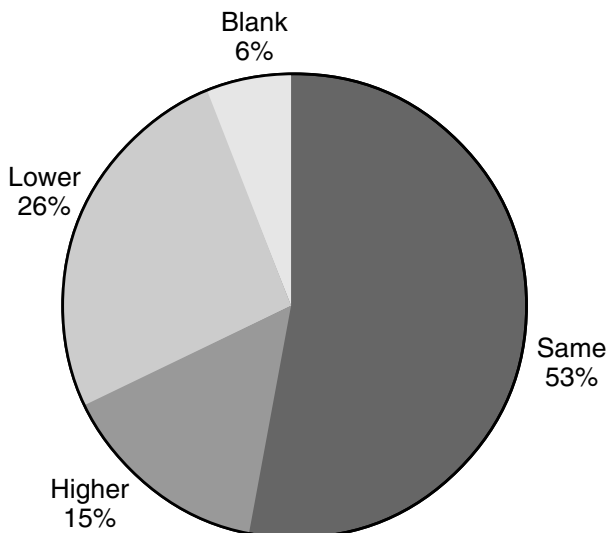
**Figure 4a: Did you return to work for the same employer?**



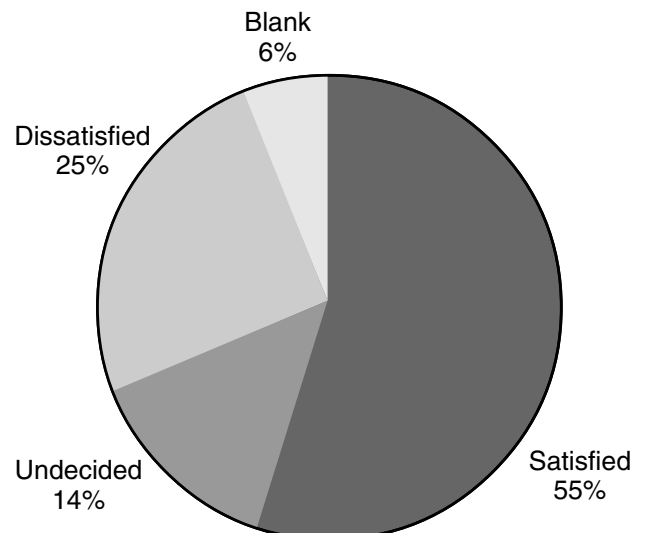
**Figure 4b: Did you return to the same, similar, or different type of work?**



**Figure 4c: How do your current wages compare to your pre-injury wages?**



**Figure 4d: Satisfaction with overall experience returning to work**



## Information received following injury

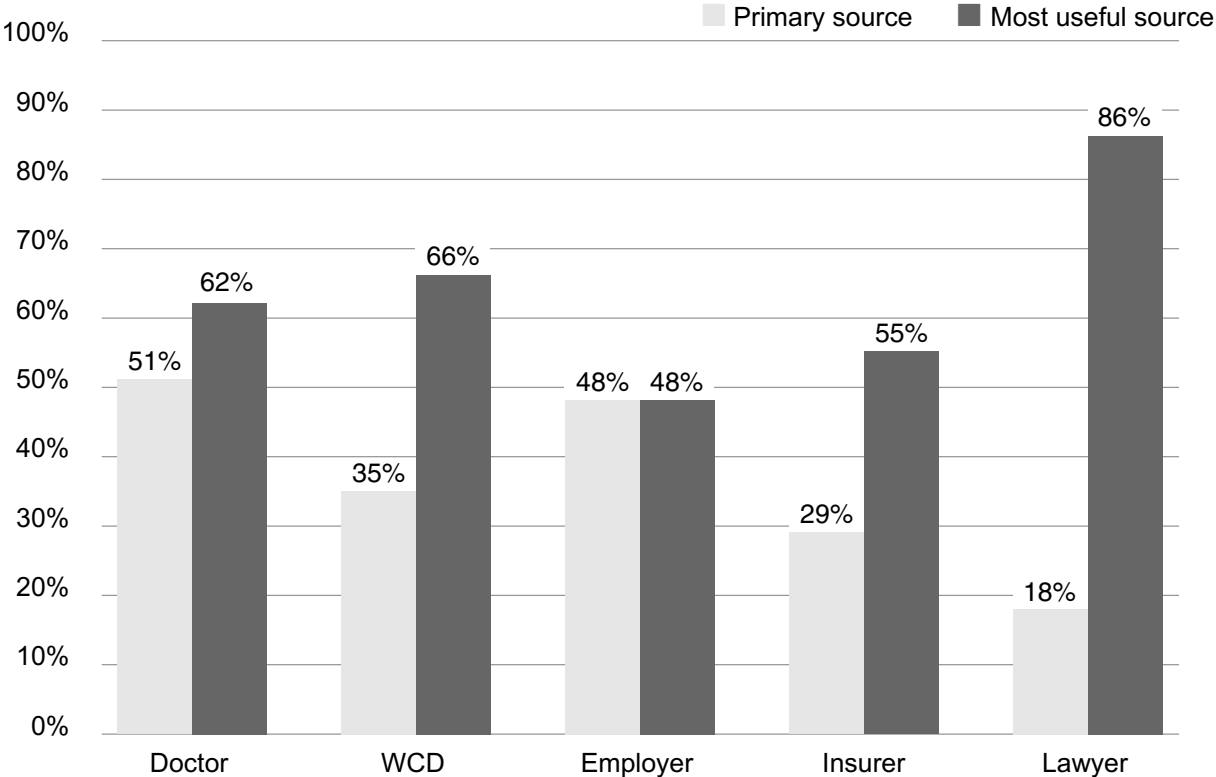
Injured workers were asked to identify from whom or where they received or sought information when they were injured. Respondents indicated they received information primarily from their doctor (51 percent), their employer (48 percent), the Workers' Compensation Division (35 percent), their insurer/claims adjusters (29 percent), and their lawyer (18 percent). Least-used sources of information were advocacy/support groups (one percent), Internet Web sites (two percent), union representatives (four percent), and publications (five percent).

**Table 6. Sources of information for injured workers**

<b>Source</b>	<b>Percent</b>
Doctor	51
Employer	48
State Workers' Compensation Division	35
Insurer/claims adjuster	29
Lawyer	18
Co-workers	17
Family/friends	15
Ombudsman for Injured Workers	7
Publications	5
Union representative	4
Internet/Web sites	2
Advocacy/support group	1

When asked which of these sources provided the most-useful information, survey respondents indicated the same top five. Lawyers were considered the most useful (86 percent). WCD was second with 66 percent, followed by doctors (62 percent). The least-useful source indicated was employers (48 percent). Respondents' comments indicated that attorneys were useful because they knew the laws, were acting on the worker's behalf, and kept the workers informed of their rights. The Workers' Compensation Division was useful because of staff knowledge and expertise and because staff provided correct, timely information. Workers were also able to get answers from WCD that they could not get from other sources. Many workers identified their doctors as the most useful source of information because doctors understood what was wrong and what to do to heal the injury. In addition, workers said doctors were well informed about the rights of workers when injured on the job. Those who found their employers most useful said that they provided information on how to file a claim, provided the necessary forms, answered questions, and knew the steps in the process. Injured workers indicated insurers and claims examiners provided accurate, up-to-date information and could answer specific questions about their claim.

**Figure 5: Source and usefulness of information**



Due to rounding, percents may not total 100.

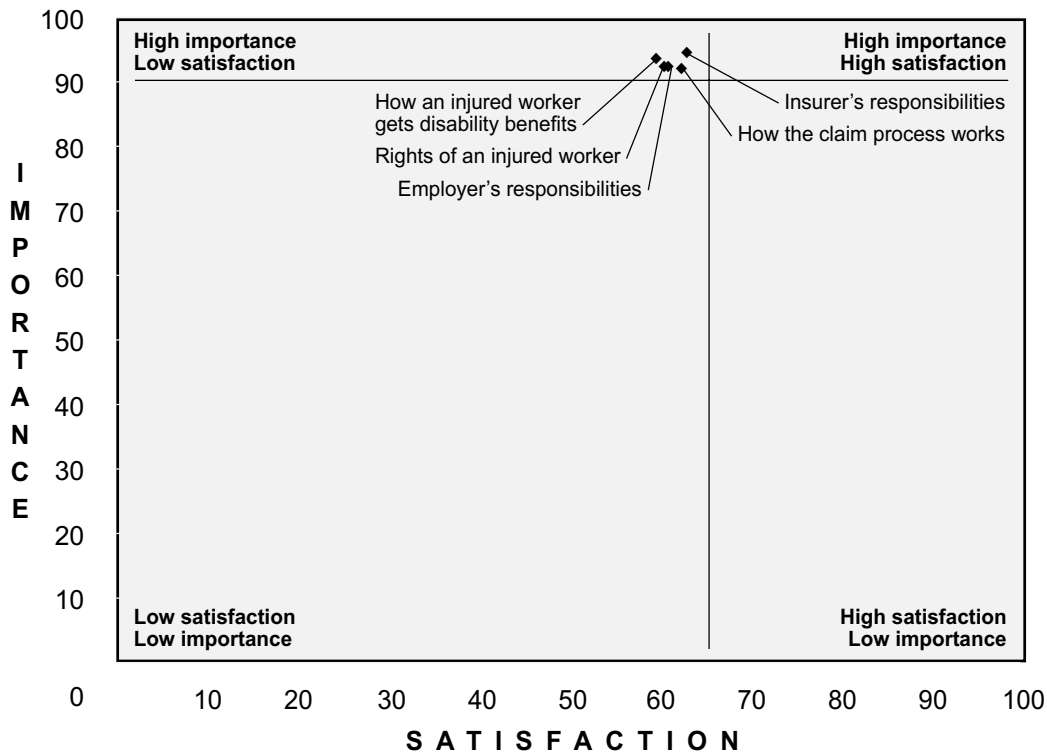
Injured workers were asked to identify their primary sources of information. The table below shows a comparison of the top five sources for workers and for employers who responded to a similar survey. Both workers and employers use WCD as one of their top sources of information – workers 35 percent and employers 50 percent. While the insurer/claims examiner is a source of information for 85 percent of employers, only 29 percent of the workers use this as a source. Doctors are a primary source for workers (51 percent). Both also use lawyers at a similar rate, 18 percent for workers and 22 percent for employers.

**Table 7. Comparison of sources of information for employers and injured workers**

<b>Source</b>	<b>Worker</b>	<b>Employer</b>
Doctor	51	9
Employer	48	Not a choice
WCD	35	50
Insurer/claims adjuster	29	85
Lawyer	18	22
Training seminars	Not a choice	36
Internet/Web sites	2	30

Workers were asked to rate their satisfaction with and the importance of information received in nine areas of rights and responsibilities related to a worker’s compensation claim. The matrix below shows the five areas rated high in importance and low in satisfaction: how the claim process works, the rights of an injured worker, employers’ and insurers’ responsibilities, and how an injured worker receives disability benefits. These are areas in which WCD may want to direct more resources.

**Figure 6: Matrix of satisfaction and importance of information received**



Injured workers also registered views on the importance of, and satisfaction with, information received in five areas of workers’ compensation. The highest satisfaction scores were 60 percent for information on whom the worker should call with a question and 59 percent for information on services available to injured workers. The lowest satisfaction score was for information on finding a lawyer. Services available to injured workers (88 percent), whom to call with questions (93 percent), and how WCD can be of assistance (86 percent) were those rated as highest in importance. While 38 percent of injured workers said that they did not receive information on the services of the Ombudsman for Injured Workers and 37 percent received no information about finding a lawyer, 20 percent received no information on WCD services.

Workers also rated their satisfaction with and the importance of information received relating to returning to work. Satisfaction scores were low: information on return to work assistance (53 percent), vocational rehabilitation (43 percent) and the rights of an injured worker regarding light-duty work (56 percent). These same areas rated highest in importance.

## Services used following injury

Injured workers were asked which WCD services they used. Twenty-five percent used toll-free phone numbers, 17 percent used benefit consultants, 12 percent reconsideration of claims closure, 11 percent Preferred Worker Program wage subsidy, and 10 percent dispute resolution. These were the most frequently used WCD services. However, the highest number, 45 percent, was injured workers who used none of the 10 WCD services listed in the survey. The lowest ranking services included training seminars (one percent), fraud or abuse investigation (one percent), and Preferred Worker Program purchases (two percent).

The survey asked injured workers which other services they used; almost 57 percent responded that they did not use any other services. The top four other services used included lawyers (16 percent), appeals of insurer decisions to the Workers' Compensation Board (10 percent), the Ombudsman for Injured Workers (7 percent), and the Vocational Rehabilitation Division counselors (6 percent).

In response to the question of what other services were used, the top two were medical services and physical therapy. Also mentioned were community-college counselors and employment services. There were also workers who stated they were unaware of any services.

Many of the services used by injured workers are also used by employers, according to WCD's Employer Survey. See the comparison below of services used by the two groups. Toll-free phone numbers and legal assistance are two services used similarly by injured workers and employers. Training workshops and Internet Web site services were used by more than 30 percent of the employers, but just over one percent of injured workers said they used training workshops, and only three percent used Internet Web sites. According to the survey, injured workers make greater use of WCD's benefit consultants, 17 percent of injured workers compared to 6 percent of employers.

**Table 8. Services used by employers and injured workers**

<b>Services/Assistance</b>	<b>Percent of employers using</b>	<b>Percent of workers using</b>
Preferred Worker Program	38	18
Training workshop	36	1
Internet/Web sites	33	3
Toll-free phone numbers	30	25
Worksite modification	22	5
Legal assistance	21	16
Fraud/abuse investigation	18	1
Private consultant	13	2
WCD benefit consultant	6	17
Ombudsman for Injured Workers	3	7

Of all the services used, injured workers indicated that the most helpful were toll-free phone numbers (59 percent), benefit consultants (50 percent), Preferred Worker Program wage subsidy, (48 percent), dispute resolution (44 percent), and reconsideration of claim closure (42 percent). Forty-five percent indicated they used none of the WCD services and 57 percent did not use any the other services listed in the survey. The survey asked injured workers to identify the least helpful among services used. Of the top five services used, they identified dispute resolution (34 percent) and reconsideration of claim closure (33 percent) as the least helpful.

The survey asked injured workers about services or information they needed but did not receive. There was a wide variety of answers; however, most frequently identified were legal advice, help finding appropriate doctors, information about injured-worker rights, and information about returning to work.

**Overall**

Overall, 53 percent of injured workers surveyed were satisfied with the information received after injury, 22 percent were dissatisfied, and 21 percent were undecided. Fifty-three percent of respondents were satisfied overall with services they used after injury, and 17 percent were dissatisfied; 25 percent were undecided. Fifty percent of workers rated their overall experience with the workers’ compensation system as “satisfactory,” 28 percent as “unsatisfactory,” and 19 percent as “undecided.” In WCD’s employer survey, 82 percent of employers rated their overall experience as satisfactory, 10 percent were dissatisfied, and 8 percent had no opinion.

**Table 9. Overall satisfaction with the workers’ compensation system**

	<b>Percent of injured workers</b>	<b>Percent of employers</b>
Satisfied	50	82
Dissatisfied	28	10
Undecided/no opinion	19	8
Blank	4	0
Total	101	100

Note: Due to rounding, percents may not total 100.

## Appendix

### Methodology

Two focus groups provided input for drafting the survey. The first group met on February 26, 2002, in Portland. The group consisted of five injured workers and a spouse of one of the workers. The second group, which met in Salem on March 1, 2002, included six injured workers and a spouse. Participants in the focus groups shared their experiences with their injuries, medical treatment, and workers' compensation claim processes. They discussed concerns and priorities related to their injuries, workers' compensation information and services they needed and used, and needs that were not met. This input was key to the development of the survey. The same injured workers were asked to test the survey and provide feedback to help improve its design.

After revising the survey based on feedback from the test survey, criteria were developed for selecting a survey sample of injured workers. To cover a broader range of experience with the workers' compensation system, the criteria selected those injured workers who had recently completed most or all of the workers' compensation process related to their injury. A random sample of 1,262 injured workers was selected from those who had accepted disabling claims with a notice of closure or settlement (claims disposition agreement) in 2001. If a worker had more than one claim that closed or settled in the 12-month period, the claim with the most recent action was selected. Injured workers were excluded from consideration if their claims were being litigated or if they were selected to participate in another survey of injured workers regarding managed care organizations being conducted about the same time. This latter exclusion was to avoid overburdening workers and to improve the response rate, because workers might be less likely to respond to two surveys.

The number of survey responses needed for a statistically valid survey was 379. This number would adequately represent all of the injured workers meeting the selection criteria, at a 95-percent confidence level with a margin of error of plus or minus five percent. To ensure at least 379 responses, the survey was mailed to 1,262 injured workers. This figure assumed a 30-percent response rate.

The first mailing was sent on July 16, 2002. Although respondents could reply on the Internet or by mail, no responses were received electronically. Only 15 percent of the 1,262 surveys in the first mailing were returned. A second mailing was sent on October 14 to the injured workers who had not yet responded. This mailing resulted in another 11 percent of returned survey, boosting the return rate to 26 percent. A final mailing on December 5, brought in enough surveys to bring the response rate to 34 percent.



# Injured Worker Survey

Thank you for filling out this survey. Your answers will help us improve our information and services to all injured workers. You may fill out this paper survey or the online survey at [www.oregonwcd.org/iwsurvey.html](http://www.oregonwcd.org/iwsurvey.html). It is important that you use the identification number listed on the cover letter of this survey. Your personal information will be kept confidential. Answers to the survey will be summarized for reporting purposes. If you have any questions about this survey, please contact Kara Null at (503) 947-7523, or send e-mail to [kara.r.null@state.or.us](mailto:kara.r.null@state.or.us).

1. What is your ID number from the cover letter on the survey you received in the mail? \_\_\_\_\_

2. Please rate the following statements. (Check **one** box for each statement.)

- After I was injured:**
- |   | Strongly agree           | Agree                    | Undecided                | Disagree                 | Strongly disagree        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I received prompt medical treatment .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I received quality medical treatment ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had control over medical decisions ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Please rate the following statements. (Check **one** box for each statement.)

- While I was off work from my injury:**
- |  | Strongly agree           | Agree                    | Undecided                | Disagree                 | Strongly disagree        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I received enough workers' compensation disability (time-loss) income to pay my bills ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I received timely workers' compensation disability checks .....                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My employer communicated with me on a regular basis .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The workers' compensation insurer kept me informed.....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Please check 5 boxes next to the statements that best describe your top needs or concerns after your injury.

(Check no more than 5 boxes.)

- |   |  |
|---|--|
| <input type="checkbox"/> Prompt medical treatment                                   | <input type="checkbox"/> Assurance that the workers' comp insurer was following the laws |
| <input type="checkbox"/> A list of doctors who treat workers' compensation injuries | <input type="checkbox"/> Someone to call with questions                                  |
| <input type="checkbox"/> My choice of doctors                                       | <input type="checkbox"/> Information on advocacy/support groups                          |
| <input type="checkbox"/> Quality medical care                                       | <input type="checkbox"/> Ability to return to my original job                            |
| <input type="checkbox"/> Pain management  | <input type="checkbox"/> Help in returning to work                                       |
| <input type="checkbox"/> Quicker claim decisions                                    | <input type="checkbox"/> Steady income   |
| <input type="checkbox"/> Timely information on my claim                             | <input type="checkbox"/> Being treated with respect                                      |
| <input type="checkbox"/> Legal advice   | <input type="checkbox"/> Maintaining social relationships                                |
| <input type="checkbox"/> A list of workers' comp lawyers                            | <input type="checkbox"/> Returning to my normal activities                               |
| <input type="checkbox"/> Assurance that my employer was following the laws          |  |

Questions 5 through 13 pertain to **information** you received or needed when you were injured on the job.

5. From whom or where did you get information? (Check all that apply.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Advocacy/support group | <input type="checkbox"/> Family/friends          | <input type="checkbox"/> Ombudsman for Injured Workers            |
| <input type="checkbox"/> Co-workers             | <input type="checkbox"/> Insurer/claims adjuster | <input type="checkbox"/> Publications                             |
| <input type="checkbox"/> Doctor                 | <input type="checkbox"/> Internet/Web sites      | <input type="checkbox"/> Union representative                     |
| <input type="checkbox"/> Employer               | <input type="checkbox"/> Lawyer                  | <input type="checkbox"/> The state Workers' Compensation Division |

6a. Which provided you the most useful information? (Check one.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Advocacy/support group | <input type="checkbox"/> Family/friends          | <input type="checkbox"/> Ombudsman for Injured Workers            |
| <input type="checkbox"/> Co-workers             | <input type="checkbox"/> Insurer/claims adjuster | <input type="checkbox"/> Publications                             |
| <input type="checkbox"/> Doctor                 | <input type="checkbox"/> Internet/Web sites      | <input type="checkbox"/> Union representative                     |
| <input type="checkbox"/> Employer               | <input type="checkbox"/> Lawyer                  | <input type="checkbox"/> The state Workers' Compensation Division |

Si necesita asistencia en Español para completar esta encuesta comuníquese con Mary Lou Garcia al (503) 947-7533.

6b. Why was it most useful? \_\_\_\_\_

7. Please rate the following.

**How satisfied were you with the information you received about each of the following:**

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Didn't receive
a. How to file a workers' compensation claim .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How the claim process works .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your rights as an injured worker .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your responsibilities as an injured worker .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your employer's responsibilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The workers' comp insurer's responsibilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your doctor's responsibilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How an injured worker gets disability benefits .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. How claim disputes/disagreements are resolved .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please rate the following.

**How important was it for you to have had information about the following:**

	Very important	Important	Unimportant	Very unimportant	No opinion
a. How to file a workers' compensation claim .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How the claim process works .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your rights as an injured worker .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your responsibilities as an injured worker .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your employer's responsibilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The workers' comp insurer responsibilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your doctor's responsibilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How an injured worker gets disability benefits .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. How claim disputes/disagreements are resolved .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please rate the following.

**How satisfied were you with the information you received about each of the following:**

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Didn't receive
a. Services available to injured workers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Whom to call when you have a question .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Finding a lawyer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Services of the Ombudsman for Injured Workers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. What the Workers' Compensation Division (WCD) can do for you .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please rate the following.

**How important was it for you to have had information about the following:**

	Very important	Important	Unimportant	Very unimportant	No opinion
a. Services available to injured workers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Whom to call when you have a question .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Finding a lawyer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Services of the Ombudsman for Injured Workers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. What the Workers' Compensation Division (WCD) can do for you .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please rate the following.

**How satisfied were you with the information you received about the following:**

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Didn't receive
a. Return to work assistance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vocational rehabilitation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your rights as an injured worker regarding light-duty work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please rate the following.

**How important was it for you to have had information about the following:**

	Very important	Important	Unimportant	Very unimportant	No opinion
a. Return to work assistance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vocational rehabilitation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your rights as an injured worker regarding light-duty work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 13 through 16 pertain to **services** you used or needed when you were injured on the job.

13. **What WCD services did you use?** (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Benefit consultants                            | <input type="checkbox"/> Preferred Worker wage subsidy     |
| <input type="checkbox"/> Dispute resolution                             | <input type="checkbox"/> Publications                      |
| <input type="checkbox"/> Fraud or abuse investigation                   | <input type="checkbox"/> Reconsideration of claims closure |
| <input type="checkbox"/> On-line services (WCD Web site)                | <input type="checkbox"/> Toll-free phone numbers           |
| <input type="checkbox"/> Preferred Worker Program worksite modification | <input type="checkbox"/> Training seminars                 |
| <input type="checkbox"/> Preferred Worker purchases                     | <input type="checkbox"/> None of these                     |

14a. **What other services did you use?** (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Advocacy/support group   | <input type="checkbox"/> Ombudsman for Injured Workers assistance                    |
| <input type="checkbox"/> Appeal of an insurer decision to the Workers' Compensation Board | <input type="checkbox"/> On-line services (Internet Web sites)                       |
| <input type="checkbox"/> Bureau of Labor & Industries discrimination investigators        | <input type="checkbox"/> Private counseling services                                 |
| <input type="checkbox"/> Employment Department job search                                 | <input type="checkbox"/> Union assistance  |
| <input type="checkbox"/> Lawyer services  | <input type="checkbox"/> Vocational Rehabilitation Division rehabilitation counselor |
|   | <input type="checkbox"/> None of these   |

14b. **Please list any other services you used that were not listed above:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15a. **Of the services you used, which were the *most* helpful?** (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Advocacy/support group   | <input type="checkbox"/> Preferred Worker Program purchases                          |
| <input type="checkbox"/> Appeal of an insurer decision to the the Workers' Compensation Board | <input type="checkbox"/> Preferred Worker Program worksite modification              |
| <input type="checkbox"/> Benefit consultants  | <input type="checkbox"/> Preferred Worker wage subsidy                               |
| <input type="checkbox"/> Bureau of Labor & Industries discrimination investigators            | <input type="checkbox"/> Private counseling services                                 |
| <input type="checkbox"/> Dispute resolution   | <input type="checkbox"/> Publications  |
| <input type="checkbox"/> Employment Department job search                                     | <input type="checkbox"/> Reconsideration of claims closure                           |
| <input type="checkbox"/> Fraud or abuse investigation   | <input type="checkbox"/> Toll-free phone numbers                                     |
| <input type="checkbox"/> Lawyer services  | <input type="checkbox"/> Training seminars   |
| <input type="checkbox"/> Ombudsman for Injured Workers assistance                             | <input type="checkbox"/> Union assistance  |
| <input type="checkbox"/> On-line services (Internet Web sites)                                | <input type="checkbox"/> Vocational Rehabilitation Division rehabilitation counselor |
|   | <input type="checkbox"/> Other   |
|   | <input type="checkbox"/> Did not use any   |

15b. **Of the services you used, which were the *least* helpful?** (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Advocacy/support group   | <input type="checkbox"/> Preferred Worker Program purchases                          |
| <input type="checkbox"/> Appeal of an insurer decision to the the Workers' Compensation Board | <input type="checkbox"/> Preferred Worker Program worksite modification              |
| <input type="checkbox"/> Benefit consultants  | <input type="checkbox"/> Preferred Worker wage subsidy                               |
| <input type="checkbox"/> Bureau of Labor & Industries discrimination investigators            | <input type="checkbox"/> Private counseling services                                 |
| <input type="checkbox"/> Dispute resolution   | <input type="checkbox"/> Publications  |
| <input type="checkbox"/> Employment Department job search                                     | <input type="checkbox"/> Reconsideration of claims closure                           |
| <input type="checkbox"/> Fraud or abuse investigation   | <input type="checkbox"/> Toll-free phone numbers                                     |
| <input type="checkbox"/> Lawyer services  | <input type="checkbox"/> Training seminars   |
| <input type="checkbox"/> Ombudsman for Injured Workers assistance                             | <input type="checkbox"/> Union assistance  |
| <input type="checkbox"/> On-line services (Internet Web sites)                                | <input type="checkbox"/> Vocational Rehabilitation Division rehabilitation counselor |
|   | <input type="checkbox"/> Other   |
|   | <input type="checkbox"/> Did not use any   |



Department of Consumer & Business Services

**Oregon Workers' Compensation Division**

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