

# Survey of Worker Experiences With Work-Related Health Problems

## PART 1 MEDICAL CARE AND DOCTOR SELECTION

Q1. Did you receive medical care as a result of your work-related injury or illness?  
(Select only one)

[Source: 2005 TDI Injured Worker Survey]

- (1) Yes
- (2) No (GO TO Q29)
- (99) Don't Know / Refused to Answer (DK/RF) (GO TO Q29)

Q2. What type of injury did you sustain?

[Source: WCRI Survey]

**NOTE TO INTERVIEWER: ASK OPEN ENDED QUESTION. CODE INTO CATEGORIES SHOWN BELOW AND USE "OTHER-SPECIFY" -CODE 11- FOR RESPONSES OF MULTIPLE INJURIES OR IF RESPONSE CANNOT BE CODED INTO CATEGORIES.)**

- (1) Back injury
- (2) Head or neck injury
- (3) Shoulder injury
- (4) Chest/Torso injury
- (5) Hand or wrist injury
- (6) Arm injury
- (7) Foot or ankle
- (8) Leg or knee injury
- (9) Internal injury (including lung injury & hernia)
- (10) Carpal Tunnel Syndrome
- (11) Other (Please Specify) \_\_\_\_\_

Q3. Is the medical care for your work-related injury provided within a workers' compensation health care network?

- (1) Yes
- (2) No (GO TO Q5)
- (3) DK/RF (GO TO Q5)

Q4. How did your employer notify you that you were to seek medical care for work-related injuries from your employer's workers compensation health care network? (Select all that apply)

- (1) A written notice delivered to my home

- (2) A written notice delivered to me at work
- (3) Written notices posted at work
- (4) During a meeting at work
- (5) Employer did not provide notice, but I became aware when I was seeking care for my work-related injury
- (6) Other (please specify) \_\_\_\_\_

**NOW, I WOULD LIKE TO ASK YOU QUESTIONS ABOUT THE MEDICAL CARE THAT YOU RECEIVED FOR YOUR WORK-RELATED INJURY OR ILLNESS. SOME OF THE FOLLOWING QUESTIONS PERTAIN TO YOUR TREATING DOCTOR. A TREATING DOCTOR DECIDES WHAT TYPE OF MEDICAL CARE YOU'LL GET FOR YOUR WORK-RELATED INJURY OR ILLNESS, DETERMINES WHEN YOU CAN RETURN TO WORK AND REFERS YOU TO SPECIALISTS, IF NECESSARY.**

Q5. Who chose your treating doctor? Did you . . . (Select only one)

[Source: 2005 TDI Injured Worker Survey – amended to add network option]

- (1) Select a treating doctor from a list that your employer provided or recommended to you
- (2) Select a treating doctor from a list provided by the workers' compensation health care network
- (3) Select a treating doctor on your own
- (4) Other (please specify) \_\_\_\_\_
- (99) DK/RF

Q6. What kind of doctor was your treating doctor? Was it a(n).... (Select only one)

[Source: 2005 TDI Injured Worker Survey]

- (1) Medical doctor (M.D.)
- (2) Chiropractor (D.C.)
- (3) Osteopath (D.O.)
- (4) Other (please specify) \_\_\_\_\_
- (99) DK/RF

Q7. Was the treating doctor who saw you for your work-related injury or illness the doctor that you normally see for your routine medical care? [Source: 2005 TDI Injured Worker Survey]

- (1) Yes
- (2) No
- (99) DK/RF

Q8. At any time during the treatment for your work-related injury or illness, did you change treating doctors? [Source: URAC Survey of Workers' Experiences]

- (1) Yes
- (2) No (GO TO Q10)

(99) DK/RF (GO TO Q10)

Q9. Why did you change your treating doctor? Was it because . . . (Select all that apply) [Source: 2005 TDI Injured Worker Survey]			
	Yes	No	DK/RF
	(1)	(2)	(99)
a. You were dissatisfied with the doctor's manner and caring .....			
b. You felt the treatment was not helping you.....			
c. Your doctor released you to go back to work and you didn't feel ready to go back.....			
d. Your doctor was no longer seeing workers' compensation patients.....			
e. You saw an emergency or urgent care physician for your first visit .....			
f. You saw a company doctor for your first visit .....			
g. You saw a doctor outside the workers' compensation network for your first visit.....			
h. Other reasons (please specify) _____			

Q10. What kind of doctor did you change to? Was it a(n).... (Select only one)  
[Source: 2005 TDI Injured Worker Survey]

- (1) Medical doctor (M.D.)
- (2) Chiropractor (D.C.)
- (3) Osteopath (D.O.)
- (4) Other (please specify) \_\_\_\_\_
- (99) DK/RF

**PART 2 ACCESS TO CARE**

Q11. How long did you have to wait between first trying to get care and actually seeing a provider for your work-related injury? (Select only one)  
[Source: URAC Survey of Workers' Experiences]

- (1) Same day
- (2) Less than one week
- (3) 1-2 weeks
- (4) 2-3 weeks
- (5) More than 3 weeks

(6) DK/RF

Q12. Overall for your work-related injury or illness, how much of a problem, if any, was it to get a treating doctor you were happy with? Was it a .... (Select only one)  
[Source: CAHPS Health Plan Survey, Version 3.0]

- (1) A big problem
- (2) A small problem
- (3) Not a problem (GO TO Q14)
- (99) DK/RF (GO TO Q14)

Q13. What was the problem? Was it that... (Select all that apply)  
[Source: 2005 TDI Injured Worker Survey]

- (1) There were not enough treating doctors to select from
- (2) You could not find a treating doctor that would take workers' compensation patients
- (3) Travel to the doctor's office was too difficult to arrange
- (4) Your treating doctor was not willing to give the care you believed was necessary
- (5) Other (please specify) \_\_\_\_\_
- (99) DK/RF

Q14. Overall for your work-related injury or illness, how much of a problem, if any, was it to see a specialist you needed to see? Was it a .... (Select only one)  
[Source: CAHPS Health Plan Survey, Version 3.0]

- (1) A big problem
- (2) A small problem
- (3) Not a problem (GO TO Q16)
- (98) Did not see a specialist (GO TO Q16)
- (99) DK/RF (GO TO Q16)

Q15. What was the problem? Was it that... (Select all that apply)  
[Source: 2005 TDI Injured Worker Survey]

- (1) You could not get an appointment with a specialist soon enough
- (2) You could not find a specialist that would take workers' compensation patients
- (3) Travel to the specialist's office was too difficult to arrange
- (4) Your treating doctor was not willing to send you to a specialist
- (5) The insurance company or health care network did not want this care provided
- (6) Other (please specify) \_\_\_\_\_
- (99) DK/RF

Q16. Overall for your work-related injury or illness, how much of a problem, if any, was it to get the kind of care, tests, or treatment you or a doctor believed was necessary? Was it a..... (Select only one)

[Source: CAHPS Health Plan Survey, Version 3.0]

- (1) A big problem
- (2) A small problem
- (3) Not a problem (GO TO Q18)
- (99) DK/RF (GO TO Q18)

Q17. What was the problem? Was it that... (Select all that apply)

[Source: 2005 TDI Injured Worker Survey]

- (1) There was difficulty in diagnosing your work-related injury or illness
- (2) Travel was too difficult to arrange
- (3) The treating doctor did not want to provide the care
- (4) The insurance company or health care network did not want this care provided
- (5) You could not get care soon enough
- (6) Other (please specify) \_\_\_\_\_
- (99) DK/RF

Q18. For your work-related injury or illness, how much of a problem, if any, were delays in health care while you waited for approval from the health care network or insurance carrier? Was it a..... (select only one)

[Source: CAHPS Health Plan Survey, Version 3.0]

- (1) A big problem
- (2) A small problem
- (3) Not a problem
- (99) DK/RF

Q19. Since you were injured, how often did you get care as soon as you wanted when you needed care right away? (Select only one)

[Source: CAHPS Health Plan Survey, Version 3.0]

- (1) Never
- (2) Sometimes
- (3) Usually
- (4) Always
- (99) DK/RF/NA

Q20. Since you were injured, not counting the times you needed care right away, how often did you get an appointment for your health care as soon as you wanted? (Select only one)

[Source: CAHPS Health Plan Survey, Version 3.0]

- (1) Never
- (2) Sometimes
- (3) Usually
- (4) Always
- (99) DK/RF/NA

Q21. Since you were injured, how often were you taken to the exam room within 15 minutes of your appointment? (Select only one)  
[Source: CAHPS Health Plan Survey, Version 3.0]

- (1) Never
- (2) Sometimes
- (3) Usually
- (4) Always
- (99) DK/RF

Q22. Compared to the **medical care** you usually receive when you are injured or sick would you say the care you received for your **work-related** injury or illness was...  
(Select only one) [Source: 2005 TDI Injured Worker Survey]

- (1) Better
- (2) About the same
- (3) Worse
- (4) (I have not received other medical care recently) DO NOT READ
- (99) DK/RF

Q23. Compared to the **medical care** you usually receive when you are injured or sick would you say your ability to schedule a doctor's appointment for your **work-related** injury or illness was...(Select only one) [Source: 2005 TDI Injured Worker Survey]

- (1) Better
- (2) About the same
- (3) Worse
- (4) (I have not received other medical care recently) DO NOT READ
- (99) DK/RF

**PART 3 SATISFACTON WITH CARE**

**IN THIS NEXT SECTION I AM GOING TO READ YOU A SERIES OF STATEMENTS ABOUT YOUR TREATING DOCTOR FOR YOUR WORK-RELATED INJURY. FOR EACH STATEMENT I READ, PLEASE INDICATE WHETHER YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE WITH THE STATEMENT. IF THE STATEMENT DOES NOT APPLY TO YOUR WORK-RELATED INJURY OR ILLNESS, JUST TELL ME AND I WILL NOTE THAT IT DOES NOT APPLY.**

Q24. On a 1 to 5 scale where 1 is extremely dissatisfied and 5 is extremely satisfied, how satisfied were you with the quality of medical care you received from the treating doctor for your work-related injury or illness? (Select only one)

[Source: 2005 TDI Injured Worker Survey]

Extremely Dissatisfied					Extremely Satisfied	DK/RF
1	2	3	4	5		(99)

Q25. The treating doctor for your work-related injury or illness...(Select only one)  
[Source: 2005 Injured Worker Survey]

	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree	Refused/ Does Not Apply
	(1)	(2)	(3)	(4)	(5)	(99)
a. Took your medical condition seriously.						
b. Gave you a thorough medical examination.....						
c. Explained your medical condition in a way that you could understand.....						
d. Tried to understand your daily job tasks and duties .....						
e. Seemed willing to answer any medical or treatment questions that you had.....						
f. Is generally the type of doctor you would recommend to a relative or friend for this type of problem.....						
g. Talked to you about a mutually agreed upon return to work date .....						
h. Overall, provided you with very good medical care that met your needs .....						

Q26. On a 0 to 10 scale where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care for your work-related injury? (Select only one) [Source: CAHPS Health Plan Survey, Version 3.0]

Worst Health Care											Best Health Care	DK/RF
0	1	2	3	4	5	6	7	8	9	10		(99)

Q27. On a 0 to 10 scale where 0 is extremely dissatisfied and 10 is extremely satisfied, how satisfied were you with the **number** of doctors or health care providers you could choose from? (Select only one) [Source: URAC Survey of Workers' Experiences]

Extremely Dissatisfied											Extremely Satisfied	DK/RF
0	1	2	3	4	5	6	7	8	9	10		(99)

Q28. Did you file a complaint regarding the medical treatment of your work-related injury with: (select all that apply)

- (1) No one, I have not filed a complaint regarding the medical treatment provided for my work-related injury.
- (2) The Texas Department of Insurance
- (3) A Workers' Compensation Health Care Network
- (4) The Office of Injured Employee Counsel
- (5) Other (please specify) \_\_\_\_\_
- (99) DK/RF

**PART 4 CURRENT HEALTH STATUS**

**THIS NEXT SECTION OF QUESTIONS RELATE TO YOUR CURRENT HEALTH STATUS. PLEASE TRY TO ANSWER EVERY QUESTION. IF YOU ARE UNSURE ABOUT HOW TO ANSWER, PLEASE GIVE THE BEST ANSWER YOU CAN.**

Q29. In general, would you say your health is: (Select only one)  
[Source: SF-12 Health Survey, Version 2]

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor



Q30. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Select only one)  
 [Source: SF-12 Health Survey, Version 2]

	Yes, <i>Limited a lot</i> (1)	Yes, <i>limited a little</i> (2)	No, <i>not limited at all</i> (3)
a. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports			
b. <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling or playing golf			
c. Lifting or carrying groceries			
d. Climbing <b>several</b> flights of stairs			
e. Climbing <b>one</b> flight of stairs			
f. Bending, kneeling, or stooping			
g. Walking <b>more than a mile</b>			
h. Walking <b>several hundred yards</b>			
i. Walking <b>one hundred yards</b>			
j. Bathing or dressing yourself			

Q31. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?** (Select only one) [Source: SF-12 Health Survey, Version 2]

	<i>All of the time</i> (1)	<i>Most of the time</i> (2)	<i>Some of the time</i> (3)	<i>A little of the time</i> (4)	<i>None of the time</i> (5)
a. <b>Accomplished less</b> than you would like					
b. Were limited in the <b>kind</b> of work or other activities you could do					

Q32. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? (Select only one)  
 [Source: SF-12 Health Survey, Version 2]

	<i>All of the time</i>	<i>Most of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>
	(1)	(2)	(3)	(4)	(5)
a. <b>Accomplished less</b> than you would like					
b. Did work or other activities less <b>carefully</b> than usual					

Q33. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? (Select one)

[Source: SF-12 Health Survey, Version 2]

- (1) Not at all
- (2) A little bit
- (3) Moderately
- (4) Quite a bit
- (5) Extremely

Q34. The following questions are about how you feel about how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time **during the past 4 weeks**...(Select only one) [Source: SF-12 Health Survey, Version 2]

	<i>All of the Time</i>	<i>Most of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>
	(1)	(2)	(3)	(4)	(5)
a. Have you felt calm and peaceful.....					
b. Did you have a lot of energy .....					
c. Have you felt downhearted and depressed.....					

Q35. During the **past 4 weeks**, how much of the time has **your physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)? (Select only one) [Source: SF-12 Health Survey, Version 2]

- (1) All of the time
- (2) Most of the time
- (3) Some of the time
- (4) A little of the time
- (5) None of the time

**PART 5 EMPLOYMENT STATUS AND RETURN TO WORK ISSUES**

**THE NEXT FEW QUESTIONS DEAL WITH YOUR CURRENT WORKING SITUATION.**

Q36. Are you currently working? [Source: 2005 TDI Injured Worker Survey]

- (1) Yes (GO TO Q39)
- (2) No
- (99) DK/RF (GO TO Q43)

Q37. Why not? Is it because: [Source: 2005 TDI Injured Worker Survey]	Yes	No	DK/RF
	(1)	(2)	(99)
a. You retired from that job			
b. You were laid off after your injury or illness			
c. You were fired after your injury or illness			
d. You took another job			
e. Due to your work-related injury, you weren't physically able to perform any of the jobs available for that employer			
f. Some other reason (please specify)			

Q38. Has your current treating doctor... (Select only one)  
 [Source: 2005 TDI Injured Worker Survey]

- (1) Released you to go back to work **without any** physical restrictions (GO TO Q43)
- (2) Released you to go back to work **with certain** physical restrictions (GO TO Q43)
- (3) **Not** released you to go back to any type of work (GO TO Q43)
- (99) DK/RF (GO TO Q43)

Q39. Are you currently working full-time or part-time? (Select only one)  
 [Source: 2005 TDI Injured Worker Survey]

- (1) Full-time
- (2) Part-time
- (3) Other (please specify) \_\_\_\_\_
- (99) DK/RF

Q40. Are you doing the same kind of work you did before your injury or illness?  
 [Source: 2005 TDI Injured Worker Survey]

**(INTERVIEWER NOTE: FOR EXAMPLE, IF THE INJURED WORKER WAS AN ELECTRICIAN BEFORE THE INJURY, IS HE STILL AN ELECTRICIAN OR IS HE A CABDRIVER?)**

- (1) Yes
- (2) No
- (99) DK/RF

Q41. Are you currently working for the same employer as you did before your work related injury or illness? [Source: 2005 Injured Worker Survey]

- (1) Yes (GO TO Q43)
- (2) No
- (99) DK/RF (GO TO Q43)

Q42. Why not? Is it because: [Source: 2005 TDI Injured Worker Survey]	Yes	No	DK/RF
	(1)	(2)	(99)
a. You retired from that job			
b. You were laid off after your injury or illness			
c. You were fired after your injury or illness			

d. You took another job			
e. Due to your work-related injury, you weren't physically able to perform any of the jobs available for that employer			
f. Some other reason (please specify)			

Q43. What would you say is the approximate total time you were off work because of your work-related injury or illness? (Select one) [Source: 2005 TDI Injured Worker Survey]

**NOTE TO INTERVIEWER: ASK OPEN ENDED QUESTION AND CODE INTO CATEGORIES SHOWN BELOW.  
 USE -CODE 998- WHEN RESPONDENT DID NOT MISS ANY DAYS OF WORK.  
 USE -CODE 999- WHEN RESPONSE CANNOT BE CODED INTO CATEGORIES.**

- (0) Less than one week
- (1-401) 1-401 weeks
- (998) Did not miss any workdays as a result of my work-related injury
- (999) DK/RF

Q44. Did the employer you were working for when your work-related injury or illness occurred...			
[Source: 2005 TDI Injured Worker Survey]	Yes	No	DK/RF
	(1)	(2)	(99)
a. Treat you with respect when you were injured/ill and off work			
b. Work with your treating doctor and his/her recommendations regarding treatment and return to work			
c. Try to understand what tasks you were able to physically perform when you returned to work			
d. Offer you an alternate duty or light duty position			
e. Offer to reduce your work hours until you were able to work your regular schedule			

f. Allow you to leave work for medical appointments			
g. Had been a good employer to work for, <u>before</u> your work-related injury or illness			
h. Seem concerned about the safety of employees			

**PART 6 DEMOGRAPHIC INFORMATION**

**I APPRECIATE YOUR PATIENCE, THE SURVEY IS ALMOST OVER. FINALLY, I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOURSELF. REMEMBER ALL YOUR RESPONSES ARE STRICTLY CONFIDENTIAL.**

Q45. How long had you been with your employer before you were injured? (select one)  
 [Source: 2005 TDI Injured Worker Survey]

- (1) Less than one month
- (2) One month to less than six months
- (3) Six months to less than one year
- (4) One year to less than five years
- (5) More than five years
- (99) DK/RF

Q46. Which of the following **best** describes the level of education you had completed at the time of your injury or illness? (select one)  
 [Source: 2005 TDI Injured Worker Survey]

- (1) Less than eighth grade
- (2) Eighth grade or some high school
- (3) High school graduate/GED
- (4) Some technical training, vocational training, or college
- (5) College graduate
- (6) Attended graduate school/received post-graduate or professional degree
- (99) DK/RF

Q47. At the time of your work-related injury or illness, did you have health insurance coverage **for non-work-related illnesses and injuries**?  
 [Source: 2005 TDI Injured Worker Survey]

- (1) Yes

- (2) No
- (99) DK/RF

Q48. Which best describes your race or ethnicity? (select one)

- (1) Anglo, White, Caucasian
- (2) Latino, Hispanic
- (3) African American, Black
- (4) Asian, Asian American, Pacific Islander
- (5) American Indian or Alaska Native
- (5) Other (please specify)\_\_\_\_\_
- (99) DK/RF

DON'T ASK, BUT NOTE THE GENDER OF THE RESPONDENT.

- (1) Male
- (2) Female

**THIS CONCLUDES OUR STUDY. THANK YOU VERY MUCH FOR YOUR TIME AND PATIENCE. HAVE A GOOD EVENING.**