**Invitation** [Sent as plain text to avoid formatting issues when forwarded]



**Subject Line:** Return to Work Survey

**From:** Washington State DOC & Sentis Research

Dear employee,

The Washington State Department of Corrections is committed to helping employees return to work after a workplace injury. We’d like to know about your experience so we can learn what is working and what should be improved.

The survey is easy and will take **7-8 minutes**. All responses will be kept completely confidential.

Click this link to start the survey:

[INSERT UNIQUE LINK]

Thank you for helping us serve you better.

Sincerely,

Washington State Department of Corrections

Having trouble? Please email us at DOC@sentis.ca
and reference claim #[INSERT CLAIM NUMBER].

Privacy Policy

Unsubscribe



Sentis Market Research Inc.

 6th flr, 543 Granville Street l Vancouver, BC, V6C 1X8

**Reminder** [Sent as plain text to avoid formatting issues when forwarded]



**Subject Line:** Reminder: Return to Work Survey

**From:** Washington State DOC & Sentis Research

Dear employee,

This is a friendly reminder to let us know about your recent experience returning to work. The deadline to provide feedback is **[INSERT DATE 10 DAYS POST-INVITE, e.g. ‘Friday May 26, 2017’]**.

The Washington State Department of Corrections is committed to helping employees return to work after a workplace injury. Your feedback is important to us and will be used to let us know what is working and what should be improved.

The survey is easy and will take **7-8 minutes**. All responses will be kept completely confidential.

Click this link to start the survey:

[INSERT UNIQUE LINK]

If you already started but didn’t complete the survey, you can click the link above and start from where you left off.

Thank you for helping us serve you better.

Sincerely,

Washington State Department of Corrections

Having trouble? Please email us at DOC@sentis.ca
and reference claim #[INSERT CLAIM NUMBER].

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 6th floor, 543 Granville Street l Vancouver, BC, V6C 1X8

**DOC Return To Work Survey**

DOC is committed to helping employees return to work after a workplace injury.

We’d like to know about your experience so we can learn what is working and what should be improved.

The questions in this survey are easy and will take **7-8 minutes**. All responses will be kept completely confidential.

**Overall Experience**

1. Taking everything into account, how would you rate your overall experience with DOC during your time away due to your injury at work?

Very good

Good

Fair

Poor

Very poor

1. What made it [INSERT ANS TO Q1]?

Please type in your answer here.

**Your Injury**

ANCHOR AT TOP OF SCREEN FOR Q3&4: **Thinking back to when you had the injury …**

1. Did you receive **timely treatment** for your injury?

Yes

No

Don’t know or N/A

1. Was it easy to **find a doctor or medical provider** to provide treatment for your workplace injury?

Yes

No

Don’t know or N/A

1. Which of these steps did you do after you were injured?

*Please select all that apply.*

1. You reported your injury to DOC (e.g. your supervisor or trainer)

POP UP IF ITEM #1 WAS SELECTED: When did you do this?

 Right away (that day)

 Within a couple days

 After several days

1. You completed an Accident/Injury Report (Form 03-133)
2. You reviewed your Blue Packet
3. You filed a claim with L&I
4. You saw your doctor
5. You completed an Activity Prescription Form (APF) with your doctor
6. You contacted your HR Consultant
7. You contacted your DOC Claims Consultant
8. None / no steps
9. Did you find any of these steps confusing, difficult or problematic?

*Please select all that apply.*

1. Reporting your injury
2. Completing an Accident/Injury Report (Form 03-133)
3. Reviewing/understanding your Blue Packet
4. Filing a claim with L&I
5. Seeing your doctor
6. Completing an Activity Prescription Form (APF) with your doctor
7. Getting in contact with your HR Consultant
8. Getting in contact with your DOC Claims Consultant
9. No / no problems

PROGRAMMER: POP UP A COMMENT BOX IF ANYTHING WAS CHALLENGING IN Q6:

Do you have any comments or suggestions to improve these steps?

1. **How long** were you off work?

*Please enter the number of days, weeks OR months*

\_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months

**DOC Support**

|  |  |  |  |
| --- | --- | --- | --- |
| **BUILD SEQUENTIALLY.****DO NOT RANDOMIZE.** | **Yes** | **No / not really** | **N/A or Not Needed** |
| 1. Did someone at DOC help you with your **L&I claim to make sure it was started off correctly**?
 |  |  |  |
| 1. Did someone at DOC **walk you through the necessary steps of your L&I claim** so you knew what to expect?
 |  |  |  |
| 1. Did you **feel supported by DOC during your L&I process**?
 |  |  |  |
| 1. Did someone at DOC **explain your role and responsibilities** during the process of recovering and getting back to work?
 |  |  |  |
| 1. Was someone at DOC **available to answer questions**, if you had them?
 |  |  |  |

**Q13 and Q14 on same page**

1. How would you describe the **involvement of your DOC HR Consultant?**

*The DOC HR Consultant is the primary person that oversees your leave and transition back to the workplace.*

My DOC HR Consultant (person from HR) provided me with…

Full support (throughout the process or when I needed it)

Some contact and support

Minimal contact and no support

I don’t know who this is

1. How would you describe the **involvement of your DOC Claims Consultant?**

*The DOC Claims Consultant may work with L&I on claims-related issues or with the doctor on medical issues.*

My DOC Claims Consultant provided me with…

Full support (throughout the process or when you needed it)

Some contact and support

Minimal contact and no support

I don’t know who this is

**Your HR Claims Consultant**

[SKIP SECTION IF HAD MINIMAL CONTACT OR UNAWARE WHO THIS IS IN Q13]

1. *The next few questions are regarding your HR Consultant who is the primary person that oversees your leave and transition back to the workplace.*

Overall, how would you rate your **HR Consultant**?

Very good

Good

Fair

Poor

Very poor

1. Did your **HR Consultant**…

|  |  |  |  |
| --- | --- | --- | --- |
| **BUILD SEQUENTIALLY.****DO NOT RANDOMIZE.** | **Yes** | **No / not really** | **Don’t know or N/A** |
| 1. Listen and understand your needs?
 |  |  |  |
| 1. Answer your questions?
 |  |  |  |
| 1. Get back to you in a timely manner?
 |  |  |  |
| 1. Provide you with helpful, friendly support?
 |  |  |  |
| 1. Actively involve you in planning your return to work?
 |  |  |  |
| 1. Care about your well-being?
 |  |  |  |

1. **How often** were you in contact with your HR Consultant?

\_\_\_\_ times in total

**Your DOC Claims Consultant**

[SKIP SECTION IF HAD MINIMAL CONTACT OR UNAWARE WHO THIS IS IN Q14]

30. *This question is regarding the DOC Claims Consultant, who may work with L&I on claims-related issues or with the doctor on medical issues.*

How often were you in contact with your DOC Claims Consultant?

\_\_\_\_ times in total

**While You Were Off Work**

ANCHOR AT TOP OF SCREEN FOR Q18 & 19: **When you were injured and off work, did you feel your supervisor/manager…**

1. **Cared** about your well-being?

Yes

No

N/A

1. **Gave you support** that you needed?

Yes

No

N/A

1. **How often were you in contact with your supervisor/manager**, while you were off work?

\_\_\_\_ times in total

N/A

1. Did you feel that **DOC, as your Employer, cared** about your well-being?

Yes

No

N/A

**Returning To Work**

1. Which best describes your involvement in **planning your return to work**?

I was actively involved and fully consulted with

I provided some input

I was not involved at all – I was just told what to do

1. When it came to **planning your return to work**, did you feel that…

| **BUILD SEQUENTIALLY.****DO NOT RANDOMIZE** | **Yes** | **No** | **Don’t know or N/A** |
| --- | --- | --- | --- |
| 1. You were included in planning next steps?
 |  |  |  |
| 1. Your concerns about returning to work were listened to?
 |  |  |  |
| 1. Your concerns about returning to work were addressed?
 |  |  |  |

1. When you returned to work did you **initially return to Transitional Duties**?

Yes

No, I came back to full duties – SKIP TO Q27

1. Did you **feel welcomed** when you came back to transitional duty?

Yes

No / not really

1. Was there a **plan in place to transition you** back to your regular duties?

Yes

No / not really / couldn’t tell

1. Were you **happy to be back at work**?

Yes

No / not really

**Wrap Up**

1. If you were speaking to a co-worker about DOC’s Return to Work Program, **how likely would you be to speak positively** about it?

Definitely would

Probably would

Might or might not

Probably would not

Definitely would not

1. If you have any final comments or suggestions about your experience or about DOC’s Return To Work Program, please provide them below.

Your feedback is very much appreciated!

**Thank you, those are all of our questions!**

**Please click SUBMIT to complete the survey.**

**[SUBMIT]**