

# Questionnaire

## Workers' Compensation Review

Thank you for taking the time to fill out this questionnaire.

Some things to note:

- Most questions are multiple choice or yes/no answers. There's an opportunity to add comments at the end of the questionnaire, if you wish.
- In this questionnaire, “injury” is used for a physical injury, a psychological injury or an occupational disease.
- At the end of the questionnaire, there is a section relating to your personal identity and possible barriers. Your response is optional but appreciated.
- There are other ways to participate in the Review, besides this questionnaire. For more information, see the [Review website](#).

The questionnaire is focused the experiences of injured workers, employers, health care providers, survivors of deceased workers and others during the process a compensation claim, return to work or retraining. It also asks for recommendations to help improve the compensation system.

**Please complete this questionnaire online (<https://engage.gov.bc.ca/workerscompensationreview/>) or return a copy by July 19, 2019 to:**

Email:  
[info@wcbreview.ca](mailto:info@wcbreview.ca)

Mail:  
Attn: Donna Hanson, Review Coordinator  
PO BOX 97122 Stn Main  
Richmond, B.C.  
V6X 8H3

Fax:  
604 233-6795

**Collection Statement:** Personal information collected through this feedback form will inform the Workers' Compensation Review engagement conducted by the Ministry of Labour under sections 26(c) and 26(e) of the Freedom of Information and Protection of Privacy Act (“FOIPPA”). If you have any questions about the collection, use and disclosure of your personal information, please contact: Manager, Executive Operations, Ministry of Labour. Telephone: 778 698-1614

*Please do not include any personally identifiable information about yourself or others in your responses.*

### 1. Which of the following best describes you?

- Injured worker - go to Q2
- Employer - go to Q32
- Self-Employed - go to Q43
- Family or Friend of a Deceased Worker - go to Q55
- Health Care Professional - go to Q60
- Family or friend of injured worker - go to Q69
- Generally concerned citizen - go to Q69
- Other: - go to Q72

## Injured Worker

### 2. Are you presently a worker in British Columbia?

Please choose **only one** of the following:

- Yes
- No

### 3. What best describes your current employment situation?

Please choose **only one** of the following:

- Full-time employee - go to Q5
- Part-time employee - go to Q5
- Casual/ on call employee - go to Q5
- Contract worker - go to Q4
- Unemployed - go to Q5

### 4. How long was/is the duration of your most recent contract?

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## 5. What industry did you work in most before your injury?

Please choose **only one** of the following:

- Agriculture, forestry, fishing and hunting
- Mining, quarrying, and oil and gas extraction
- Utilities
- Construction
- Manufacturing
- Wholesale trade
- Retail trade
- Transportation and warehousing
- Information and cultural industries
- Finance and insurance
- Real estate and rental and leasing
- Professional, scientific and technical services
- Management of companies and enterprises
- Administrative and support, waste management and remediation services
- Educational services
- Health care and social assistance
- Arts, entertainment and recreation
- Accommodation and food services
- Other services (except public administration)
- Public administration

## 6. What industry did you work in most after your injury?

Please choose **only one** of the following:

- Agriculture, forestry, fishing and hunting
- Mining, quarrying, and oil and gas extraction
- Utilities
- Construction
- Manufacturing
- Wholesale trade
- Retail trade
- Transportation and warehousing
- Information and cultural industries
- Finance and insurance
- Real estate and rental and leasing
- Professional, scientific and technical services
- Management of companies and enterprises
- Administrative and support, waste management and remediation services
- Educational services
- Health care and social assistance
- Arts, entertainment and recreation
- Accommodation and food services
- Other services (except public administration)
- Public administration
- Not applicable

**7. What year was your most serious workplace injury?**

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**8. Which of the following options best describes your most serious work injury? Please provide a brief explanation in text boxes provided.**

	Description
Physical Injury	
Psychological Injury	
Occupational Disease	

**9. Did you file a claim for compensation with WorkSafeBC for this injury?**

Please choose **only one** of the following:

- Yes – go to Q11
- No – go to Q10

**10. Why did you not file a claim?**

Please choose **all** that apply:

- I did not want to deal with WorkSafeBC or the claims process
- My injury was not serious
- I was concerned that my employer would object
- I was concerned that making a claim would result in negative consequences for my employment
- I thought it was likely that WorkSafeBC would deny the claim
- Other:

**Go to Q13**

**11. Was your claim accepted?**

Please choose **only one** of the following:

- Yes
- No

**12. For your claim for compensation with WorkSafeBC, what was your level of satisfaction with the following items?**

Please choose the appropriate response for each item:

	Very satisfied				Very dissatisfied
Claim application process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Board's communication with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of the Board's decision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. Do you have a permanent disability as a result of your injury?**

Please choose **only one** of the following:

- Yes
- No – **go to Q15**

**14. How much has the permanent injury affected your life outside of work?**

Please circle the appropriate response:

- 1 (Not at all)                      2                      3                      4                      5 (Completely changed my life)

**15. After your injury, did you return to work with your previous employer?**

Please choose **only one** of the following:

- Yes – go to Q16
- No – go to Q24

**16. After your injury, did you return to work without any time loss (i.e. which means you could continue work the next day)?**

Please choose **only one** of the following:

- Yes – go to Q17
- No – go to Q18

**17. Why did you not have time loss from your injury?**

Please choose **only one** of the following:

- I could continue to perform my regular duties
- My employer offered light duties

**Go to Q21**

**18. How long were you away from work (time loss from work)?**

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**19. What best describes how you returned to work?**

Please choose **only one** of the following:

- I returned to my regular job, full duties
- I returned to work gradually and was eventually able to return to full duties
- I returned to permanently modified duties
- I returned to a different job with the same employer

**20. For the decision that you should Return to Work (RTW) on modified duties at a certain time, please describe who agreed and who disagreed with this decision.**

Please choose the appropriate response for each item:

	<b>Agreed with the Return to Work (RTW) plan</b>	<b>Disagreed with the Return to Work (RTW) plan</b>	<b>Not applicable / No response</b>
<b>Worker</b>			
<b>Employer</b>			
<b>Case Manager</b>			
<b>Doctor</b>			

**21. Were you ready to return to work?**

Please choose **only one** of the following:

- Yes
- No

**22. How long did your Return to Work (RTW) plan last?**

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**23. Why did your Return to Work (RTW) plan end?**

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**Go to Q28**

**24. When you did not Return to Work (RTW) with your previous employer, did the Board approve Vocational Rehabilitation (VR) benefits to help you find new employment?**

Please choose **only one** of the following:

- Yes – go to Q25
- No – go to Q28

**25. What Vocational Rehabilitation (VR) services did the Board provide?**

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**26. Did these Vocational Rehabilitation (VR) services assist you in finding employment after your injury?**

Please choose **only one** of the following:

- Yes
- No

**27. What was your main type of employment before your injury compared to after Vocational Rehabilitation and compared to the present.**

	Before injury	After Vocational Rehabilitation (VR)	Now	No answer
<b>Regular Full time</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Regular Part time work</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Occasional Full time work</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Occasional Part time work</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Contract work</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Self-employed</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**28. What additional services would you have found helpful to becoming more employable after your injury?**

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**29. What was your annual gross income in the year before your injury?**

Please choose **only one** of the following:

- Less than \$25,000
- \$25,000 to \$50,000
- \$50,000 to \$75,000
- \$75,000 to \$100,000
- \$100,000 to \$125,000
- \$125,000 to \$150,000
- \$150,000 to \$175,000
- \$175,000 or more
- Prefer not to answer

**30. What was your gross income in the last year?**

Please choose **only one** of the following:

- Less than \$25,000
- \$25,000 to \$50,000
- \$50,000 to \$75,000
- \$75,000 to \$100,000
- \$100,000 to \$125,000
- \$125,000 to \$150,000
- \$150,000 to \$175,000
- \$175,000 or more
- Prefer not to answer

**31. Do you have recommendations to improve the compensation system in British Columbia?** *Please do not include any personally identifiable information about yourself or others in your responses.*

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**Go to Q72**

## **Employer Section**

### **32. What industry best describes your primary place of work or business (or that of the employers that you represent).**

Please choose **only one** of the following:

- Agriculture, forestry, fishing and hunting
- Mining, quarrying, and oil and gas extraction
- Utilities
- Construction
- Manufacturing
- Wholesale trade
- Retail trade
- Transportation and warehousing
- Information and cultural industries
- Finance and insurance
- Real estate and rental and leasing
- Professional, scientific and technical services
- Management of companies and enterprises
- Administrative and support, waste management and remediation services
- Educational services
- Health care and social assistance
- Arts, entertainment and recreation
- Accommodation and food services
- Other services (except public administration)
- Public administration
- Other

### **33. What is the form of the business entity?**

Please choose **only one** of the following:

- Sole owner or family business
- Small partnership (2-5) employees
- Large partnership (6 or more)
- Limited company
- Other \_\_\_\_\_

**34. How many employees does the organization have in British Columbia?**

Please choose **only one** of the following:

- Under 5
- 5-10
- 11-19
- 20-49
- 50-99
- 100-499
- Over 500

**35. Has the business interacted directly with a person at WorkSafeBC (the Board) in the past 5 years?**

Please choose **all** that apply:

- Yes
- No

**36. What kind of injury or injuries have the employees reported to the Workers' Compensation Board (WCB) in the past 5 years?**

Please choose **all** that apply:

- Traumatic injuries
- Psychological injuries
- Repetitive strain injuries
- Occupational diseases
- Not applicable

**37. For those claims that were reported and accepted, what type of compensation was involved?**

Please choose **all** that apply:

- Medical aid only – **go to Q72**
- No time loss – worker remained employed on light duties – **go to Q72**
- Worker had time loss and then Returned to Work (RTW) at your business – **go to Q38**
- Worker had time loss and did not return to your employment – **go to Q72**
- Not applicable – **go to Q72**

**38. Which of the following options best represents your Return to Work (RTW) experience?**

*Please answer this question for the most serious work injury that arose in your business.*

Please choose **only one** of the following:

- Worker recovered and returned to full duties
- Worker returned to light or modified duties for a while, then returned to full duties
- Worker returned to modified duties and stayed on modified duties
- Worker returned to a completely different job with you due to disability
- Worker tried to Return to Work (RTW) but was unable to continue or be accommodated

**39. Which of the following options describes the most common experience your company has with RTW?**

Please choose **only one** of the following:

- Worker recovers and returns to full duties
- Worker returns to light or modified duties for a while, then returns to full duties
- Worker returns to modified duties and stays on modified duties
- Worker returns to a completely different job with you, due to disability
- Worker tries to Return to Work (RTW) but is unable to continue or be accommodated

**40. What is your level of agreement with the following statements?**

*Please answer this question for the most serious work injury that arose in your business.*

Please choose the appropriate response for each item:

	<b>1 - Strongly Disagree</b>	<b>2</b>	<b>3 - Neither Agree nor Disagree</b>	<b>4</b>	<b>5 - Strongly Agree</b>	<b>Prefer not to answer</b>
<b>The Board’s Return to Work (RTW) plan was developed in consultation with me.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The Board’s Return to Work (RTW) plan was realistic for my business.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The Return to Work (RTW) plan was one of gradually increasing duties.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The Return to Work (RTW) plan involved a permanent modification of duties.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Your worker was willing to accept the Return to Work (RTW) plan.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The worker’s doctor supported the Return to Work (RTW) plan.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The RTW plan caused no hardship for you or my other employees.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Neither I nor the worker appealed the Board’s Return to Work (RTW) plan.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The worker’s employment in a permanent accommodation has last for more than 1 year.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**41. What is your level of agreement with the following statements?**

Please choose the appropriate response for each item:

	<b>1 - Strongly Disagree</b>	<b>2</b>	<b>3 - Neither Agree nor Disagree</b>	<b>4</b>	<b>5 - Strongly Agree</b>	<b>Prefer not to answer</b>
<b>I was satisfied with the Board’s involvement with my worker’s Return to Work (RTW)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I was satisfied with the Board’s communication with me during the Return to Work (RTW)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Please answer this question for the most serious work injury that arose in your business.*

**42. Please rank the following as most to least important factors in your willingness to offer modified duties to a worker on a Return to Work (RTW).**

Please number each factor in order of importance from 1 to 4

- \_\_\_ Employers’ need for the worker’s skills
- \_\_\_ Possibility of the worker returning to full duties at some point in the future
- \_\_\_ Employers’ duty to accommodate a worker with disability
- \_\_\_ Financial implications of employing a worker with disability

## Self-Employed Section

### 43. What industry best describes your business?

Please choose **only one** of the following:

- Agriculture, forestry, fishing and hunting
- Mining, quarrying, and oil and gas extraction
- Utilities
- Construction
- Manufacturing
- Wholesale trade
- Retail trade
- Transportation and warehousing
- Information and cultural industries
- Finance and insurance
- Real estate and rental and leasing
- Professional, scientific and technical services
- Management of companies and enterprises
- Administrative and support, waste management and remediation services
- Educational services
- Health care and social assistance
- Arts, entertainment and recreation
- Accommodation and food services
- Other services (except public administration)
- Public administration

### 44. Which of the following categories best describe number of years that you have been self-employed?

Please choose **only one** of the following:

- Less than 1 year
- 1 year to 5 years
- 6 to 10 years
- 11 to 15 years
- Over 15 years



**45. Which of the following options best describes your business?**

Please choose **only one** of the following:

- Contract for services only (e.g. consulting, technical services, etc.)
- Sole proprietorship for small business
- Home based business
- Owner/operator of equipment
- Other

**46. What is your level of awareness (or what is your level of understanding) of the following:**

Please choose the appropriate response for each item:

	<b>1 - Not aware at all</b>	<b>2</b>	<b>3 - Somewhat aware</b>	<b>4</b>	<b>5 - Very aware</b>
<b>WorkSafeBC offers Personal Optional Protection (POP) insurance for self-employed individuals to provide compensation benefits in the case of a work injury</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The insured amount for Personal Optional Protection (POP) coverage is for gross wages; benefits on a compensation claim are based on a wage rate of 90% of net wages.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Personal Optional Protection (POP) coverage insures the worker’s income from the business, but does not cover business losses or for loss of business due to injury.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Under Personal Optional Protection (POP) coverage, you are both a “worker” and an “employer”. When a “worker” makes a claim under POP, your assessment as an employer may increase.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**47. What is the best description of your Personal Optional Protection (POP) coverage at this time?**

Please choose **only one** of the following:

- I have POP coverage now
- I had POP coverage in the past but do not have it now
- I have never had POP coverage

**48. Have you ever made a claim on a Personal Optional Protection (POP) account for a workplace injury?**

Please choose **only one** of the following:

- Yes – go to Q49
- No – go to Q72

**49. Was your claim accepted as a work injury?**

Please choose **only one** of the following:

- Yes
- No

**50. Did you have time loss from work as a result of your injury?**

Please choose **only one** of the following:

- Yes
- No

**51. Please rate your satisfaction with the Board during your period of time loss, in the following areas:**

Please choose the appropriate response for each item:

	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Neither satisfied nor dissatisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>
<b>Timeliness of Wage Loss benefits</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Amount of Wage Loss benefits</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Health Care benefits</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**52. Did the Board help you with a (Return to Work) RTW plan from your injury?**

Please choose **only one** of the following:

- Yes
- No

**53. Did your Personal Optional Protection (POP) assessments increase as a result of your claim?**

Please choose **only one** of the following:

- Yes
- No
- Don't know

**54. How satisfied were you with the Board's handling of your claim under Personal Optional Protection (POP)?**

Please choose **only one** of the following:

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

**Go to Q72**

## Family or Friend of a Deceased Worker

### 55. Which of the following most accurately describes the circumstances of the deceased worker?

Please choose **only one** of the following:

- worker was killed at work or died within a few months of the work injuries
- worker was injured at work and died over a year later due to work-caused physical injuries or occupational disease
- worker was injured at work and died from non-work- related physical causes.
- worker was injured at work and died from suicide

### 56. What was your relationship to the deceased worker?

Please choose **only one** of the following:

- Close family (spouse, child, parent)
- Relative
- Friend
- Co-worker or employer
- Other

### 57. If the worker died from suicide, was the suicide related to any of the following in your opinion?

Please choose the appropriate response for each item:

	<b>Strongly related</b>	<b>Related</b>	<b>Somewhat related</b>	<b>Not related at all</b>	<b>Don't know</b>
<b>The physical injuries, occupational disease or their consequences</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The psychological injury or its consequences</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The Board's treatment of the worker or the worker's case</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**58. Is there any additional information you'd like to add related to your answers in the previous question?**

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**59. What is your level of agreement with the following statements?**

Please choose the appropriate response for each item:

	<b>1 - Strongly Disagree</b>	<b>2</b>	<b>3 - Neither Agree nor Disagree</b>	<b>4</b>	<b>5 - Strongly Agree</b>	<b>Prefer not to answer</b>
<b>I was satisfied with the Board's treatment of the deceased worker.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I was satisfied with the Board's treatment of the survivors of a fatally injured worker.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* A **Survivor** is defined as the dependent spouse or adult inter- dependent partner of a deceased worker and/or his or her children.

**Go to Q72**

## Health Care Professional Section

### 60. Please identify the option which best applies to you as a health care provider:

Please choose **only one** of the following:

- Physician
- General practitioner
- Specialist in
- Nurse or nurse practitioner
- Physiotherapist or occupational therapist
- Psychologist
- Psychiatrist
- Other mental health care professional
- Other health care professional (physical)
- Other

### 61. Do you offer medical services through a specific treatment program offered by the Board?

Please choose **only one** of the following:

- Yes
- No

### 62. Do you offer medical services directly to the Board or as directed by the Board?

Please choose **only one** of the following:

- Yes
- No

### 63. Please identify the option which best applies to your medical treatment of injured workers while they are on a compensation claim:

Please choose **only one** of the following:

- I often treat injured workers – go to Q64
- I seldom treat injured workers – go to Q64
- I assess but don't treat injured workers – go to Q67
- Other \_\_\_\_\_

**64. How often have you communicated directly with medical personnel at WorkSafeBC?**

Please choose **only one** of the following:

- Very Often
- Often
- Occasionally
- Seldom
- Never

**65. For those workers who Returned to Work (RTW), how often have you had a significant difference of medical opinion with the Board regarding the RTW issues (such as the timing or specific duties).**

Please choose **only one** of the following:

- Very Often
- Often
- Occasionally
- Seldom
- Never

**66. What is your level of agreement with the following statements?**

Please choose the appropriate response for each item:

	<b>1 - Strongly Disagree</b>	<b>2</b>	<b>3 - Neither Agree nor Disagree</b>	<b>4</b>	<b>5 - Strongly Agree</b>	<b>Prefer not to answer</b>
<b>The Board values my medical opinion.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The Board communicates with me as a treating health professional</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I am satisfied with how the Board resolves differences of medical opinion</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Workers receive appropriate support to Return to Work (RTW)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**67. How has the overall quality of your relationship with the Board changed over the last 5 years?**

Please choose **only one** of the following:

- Improved
- Stayed the same
- Worsened
- Don't know

**68. Please rate your level of satisfaction with the Board in the following areas:**

Please choose the appropriate response for each item:

	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
<b>Administrative Matters</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Medical support to injured workers</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Return to Work (RTW) determinations</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Vocational Rehabilitations services</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Relationship to Medical Professionals</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Quality of Medical Decisions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Go to Q72**



## General Questions and About You (Optional Questions)

**69. What is your connection to compensation issues that made you want to respond to this questionnaire?**

Please choose **only one** of the following:

- I am a relative of injured worker
- I am a friend or co-worker of an injured worker
- I have had a close call myself with a work injury
- I deal with injured workers in my community
- I deal with compensation and OH & S matters in my work
- I have seen some unfair practices by WorkSafe
- I have seen some unfair practices by injured workers
- I have seen some unfair practices by employers

**70. Please rate your knowledge of WorkSafe practices in the acceptance of different types of injuries.**

Please choose the appropriate response for each item:

	<b>1 - No knowledge</b>	<b>2</b>	<b>3 - Somewhat knowledgeable</b>	<b>4</b>	<b>5 - Very knowledgeable</b>
<b>Physical injuries</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Psychological injuries</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Occupational diseases</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**71. What is your level of satisfaction with the following areas?**

	<b>1 - Very dissatisfied</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 - Very satisfied</b>
<b>WorkSafe's response to injured workers</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>WorkSafe's communication to the general public</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**73. Do you identify as an Indigenous person?**

Please choose **only one** of the following:

- Yes – Please go to Q74
- No – Please go to Q75
- Prefer not to answer

**74. Do you reside:**

Please choose **only one** of the following:

- On reserve
- Off reserve
- Prefer not to answer

**Go to Q82**

**75. Are you a temporary foreign worker?**

Only answer this question if the following conditions are met:

Answer was 'Injured worker' at question '1 [Q1]' (Which of the following best describes you?)

Please choose **only one** of the following:

- Yes
- No – **Please go to Q82**

**76. What is your country of origin?**

Only answer this question if the following conditions are met:

Answer was 'Injured worker' at question '1 [Q1]' (Which of the following best describes you?)

Please write your answer here:

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**77. For how long is your Visa valid?**

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**78. Are you a recent immigrant?**

Please choose **only one** of the following:

- Yes
- No – **Go to Q80**

**79. How many years have you been in Canada?**

Please write your answer here:

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**80. What is your primary language?**

Please choose **only one** of the following:

- English – **Please go to Q82**
- French
- Chinese
- Punjabi
- Korean
- Tagalog
- Spanish
- Farsi
- Other \_\_\_\_\_

**81. Please indicate your level of fluency in English:**

Please choose **only one** of the following:

- Good
- I require help
- I need a translator

## 82. What is your gender?

Please choose **only one** of the following:

- Woman
- Man
- Gender X

## 83. Which age range do you belong to?

Please choose **only one** of the following:

- 16-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70 or older

Thank you for sharing your views on the Workers' Compensation System Review. All feedback received throughout this engagement will be reviewed and will inform Ms. Patterson's report to government which is due by September 30, 2019.

**Please complete this questionnaire online (<https://engage.gov.bc.ca/workerscompensationreview/>) or return a copy by July 19, 2019 to:**

Email:  
[info@wcbreview.ca](mailto:info@wcbreview.ca)

Mail:  
Attn: Donna Hanson, Review  
Coordinator  
PO BOX 97122 Stn Main  
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604 233-6795

**Collection Statement:** Personal information collected through this feedback form will inform the Workers' Compensation Review engagement conducted by the Ministry of Labour under sections 26(c) and 26(e) of the Freedom of Information and Protection of Privacy Act ("FOIPPA"). If you have any questions about the collection, use and disclosure of your personal information, please contact: Manager, Executive Operations, Ministry of Labour. Telephone: 778 698-1614

*Please do not include any personally identifiable information about yourself or others in your responses.*