

OIS WORKER SATISFACTION SURVEY

Service Type: OIS Initial Visit
 Clinic: **[OIS CLINIC NAME]**
 Service Date: **[DATE OF SERVICE]**

This is a survey designed to evaluate the services you received from this OIS clinic.

The information you provide to the WCB Health Care Services Department via this survey will help us address WCB worker needs. We consider your opinions to be very important in the development and maintenance of high quality rehabilitative care for WCB workers.

All responses are confidential and will not affect your claim in any way. The report generated from these surveys will only deal with group responses with no individuals identified. We need and value your feedback to help us improve services for all WCB clients.

Section 1 - Degree of Satisfaction:

Please use the scale below for the following questions. Please place an X in the box of your choice for each question.

1 = Very Unsatisfied 2 = Somewhat Unsatisfied 3 = Neutral 4 = Somewhat Satisfied 5 = Very Satisfied



Section I	Very Unsatisfied	Somewhat Unsatisfied	Neutral	Somewhat Satisfied	Very Satisfied
1. How would you rate your overall experience with the services you received at this clinic?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Please rate your satisfaction with the following aspects of your service:					
2. Helpfulness of the reception staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. I was seen promptly by the doctor.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. The clinical staff treated me with respect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. The clinical staff discussed my job demands with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. The clinical staff discussed prevention of re-injury with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. The clinical staff discussed my fitness to perform regular or modified job duties	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. The clinical staff discussed my treatment plan with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. The clinical staff discussed my return to work date with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. The clinic helped to return me to work (or to stay at work)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. I would continue to use this clinic for work related injuries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12. I would recommend this clinic to other people I work with.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Now, please think about the decision to go to an OIS Clinic at the time of your injury.					
13. OIS is a voluntary program – did your employer explain this to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
14. Did you feel you were given a choice to go to the OIS Clinic or somewhere else?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Please return the completed survey to Health Care Services in the stamped, self addressed envelope provided, or fax to 780-498-3998 or email to hcs@wcb.ab.ca.

If you have any questions regarding this survey please contact the WCB Health Care Services Department (780) 498-3219.

