OIS EMPLOYER 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 Employer 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. 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?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Please rate your satisfaction with the following aspects of your service:					
2. Helpfulness of the reception staff	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. Was the worker seen promptly by the doctor?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. The clinical staff treated me with respect	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. The clinical staff discussed the employee's job demands with me.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. The clinical staff discussed prevention of employee's re-injury with me.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. The clinical staff discussed the employee's fitness to perform regular or modified job duties	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8. The clinical staff discussed the employee's return to work date with me.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. The clinic helped the employee return to work (or to stay at work)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10. I would continue to use this clinic for the work related injuries of our employees	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11. I would recommend this clinic to other employers.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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.

131 Airport Road, Edmonton, AB, T5G 0W6, Phone: (780) 498-3219

Please feel free to write any additional comments you may have about the service you received.

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