



This survey is from the Ontario Network of Injured Workers' Groups (ONIWG). We are working with Bonnie Heath, a PhD student at York University, and a committee of injured workers and injured workers advocates to conduct this survey. ONIWG has been working for several years to gather information about the poverty many injured workers face.

If you were injured in Ontario AND, in your opinion, you have a permanent, work-related injury or illness, please help us gather information by filling in the survey. This survey should take you about 20 to 30 minutes. It looks long, but many questions can be answered very quickly.

How will this information be used?

ONIWG will use the information collected in this survey to raise awareness and advocate for changes on behalf of injured workers. This survey is anonymous: the WCB/WSIB will never find out who filled in this survey. Your name is not attached to the survey. We will put the report on the Injuredworkersonline.org web site, but the report will not reveal anyone's identity.

Voluntary participation

Participation is voluntary. You may change your mind and stop at any time. Some questions in this survey are very personal and may bring up bad memories of your experiences with work injury or illness. If you would like to have someone with you when you fill it out, please contact Bonnie Heath or the person or organization closest to you in the list below. If you start to feel anxious or depressed, please stop filling out the survey and call a friend or family member, your family doctor, or your local distress centre.

Survey assistance

Bonnie Heath (Toronto) injuredworkersurvey@gmail.com 416 519 6007;
Injured Workers Consultants (Toronto) 416 461 2411;
Jean Martel (Hamilton) jeanniehdwig@live.ca (905) 317-1832;
Steve Mantis (Thunder Bay) smantis@tbaytel.net 807 767 9633.

Please send completed surveys to

Bonnie Heath
3701 Lake Shore Blvd. W.
PO Box 48582
Etobicoke, ON M8W 1P0

1. Consent Form

I understand that this survey asks personal questions about my work injury or illness, my finances, and my health. Some of these questions may upset me or bring up bad memories. I understand that I can change my mind and stop filling out the survey at any time. I know that there are people I can call if I want to have someone with me when I fill out the survey.

I know that my name is not linked to the survey and that the WSIB will never find out the names of the people who fill out this survey. Whether I choose to answer none, some, or all of the questions will not affect my relationship with my workers' compensation representative, doctor or health care provider, or my workers' compensation claims or benefits in any way.

I understand that my information cannot be used unless I fill out a consent form.

Signature

Date

Name **(Please print)**

If you would like more information, please fill out the form below:

- I would like to get a copy of the report sent to me in the mail.
- I am willing to participate in an interview about my injury or illness.
- I would like more information about my local injured workers group.

If you checked any of the above, please give your contact information.

Street Address

City or Town

Province

Postal Code

Phone number (optional)

Email address (optional)

2. In YOUR OPINION, do you have a permanent, work-related injury or illness?

- Yes No

If you answered “No”, you should not fill out the rest of this survey. Thank you for your time and interest.

3. Did you get this permanent, work-related injury or illness while working at a job in Ontario?

- Yes No

If you answered “No”, you should not fill out the rest of this survey. Thank you for your time and interest.

4. How did you find out about this survey? **(Please check only one.)** If you saw the survey in more than one place, please check the one where you decided you would fill it out.)

- At my injured workers group
- At my legal clinic
- At my lawyer's office
- At my doctor's office or health care clinic
- From my union
- On the internet
- Other (Please explain, e.g., community bulletin board)

5. Are you a

- Man? Woman?

6. What year were you born?

19_____

7. Were you born in Canada?

- Yes No Prefer not to answer

8. If you answered “No” to Question 7 (you were NOT born in Canada) how long have you been a resident or citizen? **(Please choose only one.)**

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years

9. Where do you live now? **(Please include city/town and province.)**

| City/Town | Province |
|-----------|----------|
|-----------|----------|

10. What is your education? **(Please check all that apply to you.)**

- Did not finish high school
- High school
- High school plus some post-secondary
- Trades certificate
- College diploma
- University degree
- Other (please specify)

11. What was your work situation BEFORE your permanent, work-related injury or illness? **(Please check only one.)**

- Permanent full-time
- Permanent part-time
- Temporary full-time (e.g., on contract, seasonal)
- Temporary part-time (e.g., on contract, seasonal)

12. BEFORE your permanent, work-related injury or illness what was YOUR personal gross (before-tax) yearly income from all sources? **(Please check only one.)**

- | | |
|--|--|
| <input type="radio"/> Up to \$4,999 | <input type="radio"/> \$25,000 to 34,999 |
| <input type="radio"/> \$5,000 to 9,999 | <input type="radio"/> \$35,000 to 49,999 |
| <input type="radio"/> \$10,000 to 14,999 | <input type="radio"/> \$50,000 to 74,999 |
| <input type="radio"/> \$15,000 to 19,999 | <input type="radio"/> \$75,000 and over |
| <input type="radio"/> \$20,000 to 24,999 | <input type="radio"/> Don't know |

13. BEFORE your permanent, work-related injury or illness, did you have a husband, wife, or common-law partner who lived with you?

- Yes No

If you answered “No” to Question 13, please skip to Question 15.

14. BEFORE your permanent, work-related injury or illness, what was your WIFE'S, HUSBAND'S, OR PARTNER'S (or other main earner in your household) gross (before-tax) yearly income?

- No spouse or other earner
- Up to \$4,999
- \$5,000 to 9,999
- \$10,000 to 14,999
- \$15,000 to 19,999
- \$20,000 to 24,999
- \$25,000 to 34,999
- \$35,000 to 49,999
- \$50,000 to 74,999
- \$75,000 and over
- Don't know

15. Have you ever received workers' compensation (WCB/WSIB) benefits?

- Yes
- No

16. What are the years that you received workers' compensation benefits (WCB/WSIB)?

| | Month injury or illness began | Year injury or illness began | Month injury or illness ended (or ongoing) | Year injury or illness ended (or ongoing) |
|--------------------------|---|--|--|---|
| First injury or illness | | | | |
| Second injury or illness | | | | |
| Third injury or illness | | | | |
| Fourth injury or illness | | | | |

17. Did you have one or more work-related injuries or illnesses for which you were off work AND you did NOT get WCB/WSIB benefits?

- Yes
- No

18. If you had time off because of a work-related injury or illness, **(you answered "Yes" to Question 17)** but did not get benefits, how long were you off work?

- Less than 1 month
- 1 to 6 months
- 7 months to 1 year
- More than 1 year

19. In what year did you have the injury or illness that you think left you permanently disabled? If you have more than one permanent disability, please give the year of injury/illness for each one.

Year of first injury or illness _____

Year of second injury or illness _____

Year of third injury or illness _____

Year of fourth injury or illness _____

20. Did workers' compensation (WCB/WSIB) say you have a permanent, work-related injury or illness?

Yes No Don't know

If yes, what was the year of that injury or illness?

Year of permanent injury or illness _____

21. Are you getting workers' compensation (WSIB) benefits now?

Yes No

If you answered "Yes" to Question 21, please go to Question 22.

If you answered "No" to Question 21, please go to Question 23.

22. How much money do you get from the WSIB? **Please give only one answer for "Range" and one answer for "How often?"**

| \$ Range | | How often? |
|---------------------------------|-----------------------------------|-------------------------------------|
| <input type="radio"/> \$100–199 | <input type="radio"/> \$700–799 | <input type="radio"/> Every week |
| <input type="radio"/> \$200–299 | <input type="radio"/> \$800-899 | <input type="radio"/> Every 2 weeks |
| <input type="radio"/> \$300–399 | <input type="radio"/> \$900-999 | <input type="radio"/> Every month |
| <input type="radio"/> \$400–499 | <input type="radio"/> \$1000–1099 | |
| <input type="radio"/> \$500–599 | <input type="radio"/> \$1100–1099 | |
| <input type="radio"/> \$600–699 | <input type="radio"/> \$1100–1499 | |
| | <input type="radio"/> \$1500+ | |

23. Has the WCB/WSIB ever paid for you to go back to school or get training, (vocational rehabilitation or labour market re-entry [LMR])?

- Yes No Don't know

If you answered "Yes" to Question 23, please go to Question 24.

If you answered "No" to Question 23, please go to Question 32.

If you answered "Don't know" to Question 23, please go to Question 32.

24. **If you answered yes to Question 23**, please answer these questions about your training.

Month and year training started _____

Month Year

Month and year training ended _____

Month Year

I am currently doing the training. Yes No

25. Where did you take the training that the WCB/WSIB paid for?

- Community college
- Private school or college
- On the job with new employer
- Other (please specify in the box below)

26. Has the WCB/WSIB ever told you that you should be able to do certain types of jobs?

- Yes No

27. What kinds of job did the WCB/WSIB say you can do?

28. Did the school/training help you get the type of job that the WCB/WSIB said you could do?

- Yes No

If you answered “Yes” to Question 28, please go to Question 30.

If you answered, “No” to Question 28, please go to Question 29.

29. If no, please explain why the training didn't help you get a job. You may use the other side of the page if you need more room.

30. After the training or after the WCB/WSIB said you should be able to do certain types of jobs, did your workers' compensation benefits change? **Please check only one.**

- Yes, my benefits were cut off
- Yes, I got less money from WSIB
- Yes, I got more money from WSIB
- No, my benefits did not change

31. Did the training include information about how to find and get a new job?

- Yes No

32. What is your work situation now? **Please check only one.**

- Working full-time with accident employer
- Working part-time with accident employer
- Working full-time with new employer
- Working part-time with new employer
- Occasional work
- Return to school
- Not working at the present time
- Retired
- Other (please specify)

If you have returned to school, please go to Question 35.

33. If you are retired, would you say your retirement was

- Voluntary (your choice)
- Not Voluntary (forced)

If you answered “Not voluntary” to Question 33, please go to Question 34.

If you answered “Voluntary” to Question 33, please go to Question 35.

34. If you are not working now or feel you were forced to retire, what are the reasons?

Check all that apply to you.

- My health condition or injury or illness prevents me from working
- I have not be able to find work (no jobs available)
- I would lose some or all of my current income if I got a job.
- I would lose my drug plan if I went to work.
- My family and friends have discouraged me from going to work.
- I worry that I will not be able to keep working because my injury or illness would get worse.
- I worry that I will get injured or ill again
- My training does not qualify me for the job.
- Other (please specify):

35. Do you have a husband, wife, or common-law partner that currently lives with you?

- Yes
- No

If you answered “No” to Question 35, please go to Question 38.

36. Right now, what is your husband/wife/partner's (or other main earner in your household) personal gross (before-tax) yearly income now from all sources? **Please check only one.**

- No spouse or other earner
- Up to \$4,999
- \$5,000 to 9,999
- \$10,000 to 14,999
- \$15,000 to 19,999
- \$20,000 to 24,999
- \$25,000 to 34,999
- \$35,000 to 49,999
- \$50,000 to 74,999
- \$75,000 and over
- Don't know

37. AFTER your injury or illness, what happened to your husband/wife/partner's income and employment? **Check only one.**

- Partner needed to earn more money (e.g., work more hours, take a second job)
- Partner had to stay at home more
- No effect on husband/wife/partner
- Other (please explain)

38. Right now, what are ALL the sources of income in your household? **Check all that apply.**

- Husband/wife/partner (or other main earner)
- Wages and salaries, income from self-employment
- Employment Insurance, including EI Sick Benefits
- Workers' compensation (WSIB)
- Disability pension from Canada or Quebec Pension Plan (CPP-D)
- Income from private insurance plans, such as private or employer disability insurance plan
- Veteran disability pension plan (DVA)
- Social assistance (e.g., welfare or ODSP)
- Retirement income (e.g., Canada Pension, Old Age Security, RRSPs, company pension)
- Other (e.g., savings, alimony, child support, scholarships)
- Other (please specify):

39. Right now, which source gives your household the most money? **Please check only one.**

- Husband/wife/partner (or other main earner)
- Wages and salaries, income from self-employment
- Employment Insurance, including EI Sick Benefits
- Workers' compensation (WSIB)
- Disability pension from Canada or Quebec Pension Plan (CPP-D)
- Income from private insurance plans, such as private or employer disability insurance plan
- Veteran disability pension plan (DVA)
- Social assistance (e.g., welfare or ODSP)
- Retirement income (e.g., Canada Pension, Old Age Security, RRSPs, company pension)
- Other (e.g., savings, alimony, child support, scholarships)
- Other Please specify:

40. Right now, what is YOUR personal gross (before-tax) yearly income from all sources, including WCB/WSIB? **Check only one.**

- | | |
|--|--|
| <input type="radio"/> Up to \$4,999 | <input type="radio"/> \$25,000 to 34,999 |
| <input type="radio"/> \$5,000 to 9,999 | <input type="radio"/> \$35,000 to 49,999 |
| <input type="radio"/> \$10,000 to 14,999 | <input type="radio"/> \$50,000 to 74,999 |
| <input type="radio"/> \$15,000 to 19,999 | <input type="radio"/> \$75,000 and over |
| <input type="radio"/> \$20,000 to 24,999 | <input type="radio"/> Don't know |

41. How many people live in your household? Include yourself, your wife/husband/partner, your children, and others who live with you.

The number of people in my household is _____

42. If you do not have a husband, wife, or partner, please skip this question.
 If you have a husband, wife, or partner, what happened in your relationship since your work-related injury or illness?

- No change
- Our relationship has become stronger
- My partner still lives with me, but we are not as happy as we used to be
- We are separated/divorced
- Other (please explain)

43. The following statements looks at how you have felt or acted over the last week. How do the following statements apply to you on a scale of 1 to 4?

- 1 = none or rarely, meaning less than once a day**
- 2 = some or a little of the time, meaning 1 or 2 days a week**
- 3 = some of the time, meaning 3 or 4 days a week**
- 4 = most or all of the time, meaning 5 to 7 days a week**

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| You were bothered by things that usually don't bother you. | | | | |
| You did not feel like eating: your appetite was poor. | | | | |
| You felt that you could not shake off the blues even with help from your family or friends. | | | | |
| You felt that you were just as good as other people. | | | | |
| You had trouble keeping your mind on what you were doing. | | | | |
| You felt depressed. | | | | |
| You felt that everything you did was an effort. | | | | |
| You felt hopeful about the future. | | | | |
| You thought your life had been a failure. | | | | |
| You felt fearful. | | | | |
| Your sleep was restless. | | | | |
| You were happy. | | | | |
| You talked less than usual. | | | | |
| You felt lonely. | | | | |
| People were unfriendly. | | | | |
| You enjoyed life. | | | | |
| You had crying spells. | | | | |
| You felt sad. | | | | |
| You felt that people dislike you. | | | | |
| You could not get "going". | | | | |

44. In the past six months, have you ever considered suicide?

- Yes No

45. If you could choose only one, what would you say is the major source of stress in your life right now? **Please check only one.**

- Work
- Lack of work
- Family
- Friends
- Personal health
- Financial
- Dealing with compensation system
- Dealing with accident employer
- Dealing with the medical profession
- Other (please explain)

46. BEFORE your injury or illness, did you ever use a food bank, soup kitchen or other sources of free meals in the community?

- Yes No

47. In the last six months, have you used a food bank, soup kitchen or other sources of free meals in the community now?

- Yes No

48. How often do you use food banks or other community food programs? **Please check only one.**

- Weekly
- Monthly
- From time to time

49. Have you changed your housing since your permanent, work-related injury or illness?

- Yes No

50. How has your housing changed? **Check all that apply to you.**

- Sold your house or condo and started renting a home
- Moved to a more expensive rental house or apartment
- Moved to a cheaper house that you own
- Moved to a more expensive house that you own
- Moved to subsidized housing
- Moved in with friends or family
- Other (please explain)

51. At the time of your injury or illness, did you own a car?

- Yes No

52. Do you now own a car?

- Yes No

If you used to own a car and do not now, why do you no longer own a car?

53. In general, would you say your health is

- Excellent?
- Very good?
- Good?
- Fair?
- Poor?

54. As compared to one year ago, how would you say health is now? Is it

- Much better than 1 year ago?
- Somewhat better now than 1 year ago?
- About the same?
- Somewhat worse now than 1 year ago?
- Much worse now than 1 year ago?

55. Compared to the day before your permanent, work-related injury or illness began, how would you say your health is now? Is it

- Much better now than the day before my work-related injury or illness?
- Somewhat better now than the day before my work-related injury or illness?
- About the same as the day before my work-related injury or illness?
- Somewhat worse now than the day before my work-related injury or illness?
- Much worse now than the day before my work-related injury or illness?

56. In the past 12 months, was there ever a time when you felt you needed health care services, but couldn't get them?

- Yes
- No

57. What kind of health care service did you need that you couldn't get? Please check all that apply to you.

- Family doctor
- Medical specialist
- Physiotherapist
- Occupational therapist
- Massage therapist
- Chiropractor
- Home care (such as nursing, help with the housework)
- Other (please specify)

58. In the past 12 months, have you had to stay overnight in a hospital?

- Yes
- No

59. Was this hospital stay related to your permanent, work-related injury or illness?

- Yes
- No

60. In the past 12 months, were you ever UNABLE TO GET medications or health products you were supposed to or wanted to use, because of the cost?

- Yes No

61. In the past 12 months, did you ever use your medication or health products LESS OFTEN than you were supposed to, because of the cost?

- Yes No

62. In the past 12 months, have you attended a meeting of an injured worker group?

- Yes No Don't remember

63. Is there anything else about your situation that you think we should know? If you need more room, please use the other side of the page.

Thank you for completing this survey. The information you have given is valuable and will be kept anonymous and confidential.