

Appendix II: Survey Instrument for Occupational Health Practitioners



Introduction

This questionnaire asks for information about treatment; actions such as OSHA recordkeeping pertaining to work-related injuries and illnesses; work site safety-incentive programs; and your perspectives on factors that affect the completeness and accuracy of employer records of workplace injuries and illnesses.

Background

The U.S. Government Accountability Office (GAO) is an agency that assists the U.S. Congress in evaluating federal programs. We have been asked to provide Congress with information about the accuracy of the injury and illness records that OSHA requires employers to keep for work-related injuries and illnesses. As a part of this review, we are conducting a survey of occupational physicians who diagnose, treat, and/or care for workers with work-related injuries and illnesses. You were randomly selected from the American Medical Association list of practicing occupational physicians to participate in this survey. It should take you about 15 minutes to complete this questionnaire.

Your individual responses to the survey will be kept *confidential* and we will not release individually identifiable information from this questionnaire unless compelled by law or required to do so by the Congress. In addition, as a part of GAO protocols, any dissemination of data compiled in this survey will be stripped of all personally identifiable information. In reporting the results of this questionnaire, we will only present aggregated data, not information that identifies any individual occupational health provider. We will not identify any individuals, occupational physicians, employers, work sites, or workers.

Because you are part of a statistical sample, your cooperation is critical to providing the Congress complete and balanced information about the perspectives of occupational physicians on factors that may affect the accuracy of injury and illness records. The information you provide will aid in evaluating the safety and health of workers.

Instructions

The questionnaire is structured in five main sections. Most of the questions are short and may be easily answered by checking a box next to the appropriate response. Most questions allow for space to provide additional comments.

There are two ways to complete this questionnaire: (1) You can complete it in paper form, or (2) you can go to our Website to complete the Web version if you prefer.

Paper Version: Please complete and return your questionnaire in the enclosed pre-addressed business reply envelope or by fax within 10 business days of receipt. If you should lose or misplace the envelope, please send the completed questionnaire to

U.S. Government Accountability Office
ATTN: Sara Pelton
Applied Research and Methods
P.O. Box 50654
Washington, DC 20077-0075
Fax: (202) 512-2514

Web Version: If you would prefer to complete the web version of this questionnaire instead of the paper version, please follow the instructions on the postcard enclosed in this envelope.

If you have any questions, please contact

Sara Pelton
Tel: (202) 512-8856
Email: peltons@gao.gov

Thank you for your time and assistance!

ID _____

Section 1:

Your Role in Treating Work-Related Injuries and Illnesses

Instructions: Please check the box next to or below the appropriate response. *If you would prefer to complete the web version of this questionnaire*, please follow the instructions on the postcard enclosed in the envelope.

<p>Q1 In calendar year 2008, did you routinely treat or evaluate workers for occupational injuries in your capacity as an occupational physician? <i>(Check only one answer)</i></p>		
<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>	<p>NOT SURE <input type="checkbox"/></p>
<p>Thank you for your cooperation. We do not need any further information from you at this time. Please follow the instructions on the cover sheet to return this questionnaire. <i>It is very important that we get your questionnaire back</i>, even if you only answered this one question.</p>		

<p>Q2 Think about the workers you treated in calendar year 2008. Did any of them work for employers subject to OSHA recordkeeping requirements for recording occupational injuries and illnesses? <i>(Check only one answer)</i></p>		
<p>YES <input type="checkbox"/></p>	<p>NOT SURE <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>Thank you for your cooperation. We do not need any further information from you at this time. Please follow the instructions on the cover sheet to return this questionnaire. <i>It is very important that we get your questionnaire back</i>, even if you only answered the first two questions.</p>		

<p>Q3 Approximately how long have you treated workers as an occupational physician? <i>(Check only one answer)</i></p>	
LESS THAN 1 YEAR.....	<input type="checkbox"/>
1 YEAR TO LESS THAN 5 YEARS	<input type="checkbox"/>
5 YEARS TO LESS THAN 10 YEARS	<input type="checkbox"/>
10 YEARS OR MORE	<input type="checkbox"/>
NO RESPONSE	<input type="checkbox"/>

<p>Q4 In calendar year 2008, about how many workers did you treat or evaluate for work-related injuries or illnesses? <i>(Check only one answer)</i></p>	
LESS THAN 100 WORKERS.....	<input type="checkbox"/>
100 TO 500 WORKERS.....	<input type="checkbox"/>
MORE THAN 500 WORKERS.....	<input type="checkbox"/>
NOT SURE.....	<input type="checkbox"/>

**Appendix II: Survey Instrument for
Occupational Health Practitioners**

Q5 In calendar year 2008, in which of the following industries were the workers you treated for work-related injuries and illnesses employed? <i>(Please choose one response for each item)</i>			
	YES	NO	NOT SURE
Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals and chemical products.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil and gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meatpacking or poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care (e.g., nursing homes, hospitals).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services (e.g., hotels, laundry, cleaning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(If other, please specify)</i> _____			

Q6 In calendar year 2008, in which industry was the majority of workers you treated for work-related injuries and illnesses employed? <i>(Check only one answer)</i>	
Construction	<input type="checkbox"/>
Chemicals and chemical products.....	<input type="checkbox"/>
Manufacturing.....	<input type="checkbox"/>
Oil and gas	<input type="checkbox"/>
Meatpacking or poultry	<input type="checkbox"/>
Health care (e.g., nursing homes, hospitals).....	<input type="checkbox"/>
Services (e.g., hotels, laundry, cleaning)	<input type="checkbox"/>
Mining	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>
Equally divided between two or more industries <i>(please specify which below)</i>	<input type="checkbox"/>
Other <i>(please specify below)</i>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>
<i>(Other industry or list industries if you chose "Equally divided")</i> _____	

Q7 In calendar year 2008, in what capacity did you treat workers?
(Please choose one response for each item)

	YES	NO	NO RESPONSE
I was a <u>contractor</u>			
at one company.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
at two or more companies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was an <u>employee</u>			
at one company.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
at two or more companies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was an <u>employee</u> at one or more occupational health clinics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(If other capacity, please specify): _____

Section 2:
Records and Actions Pertaining to Work-Related Injuries and Illnesses

Q8 Which of the following types of records do you or your office keep when you treat workers? (Please choose one response for each item)

	YES	NO	NOT SURE
Log of patients seen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid log.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient records.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSHA 300 Log.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident report other than OSHA 300 Log.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(If other record, please specify): _____

Q9 In calendar year 2008, what interaction, if any, did you have with the OSHA 300 Log for workers you treated with work-related injuries and illnesses?
(Please choose one response for each item)

	YES	NO	NOT SURE
I knew what got entered into the Log for workers I treated on one or more occasions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I provided input on completing the Log on one or more occasions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was asked to review the Log on one or more occasions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was the primary person to complete the Log at one or more work sites.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(If other interaction, please specify): _____

**Appendix II: Survey Instrument for
Occupational Health Practitioners**

Q10 In calendar year 2008, did you treat workers on-site (at workers' employment sites), off-site (medical offices or health clinics), or some combination of both?
(Check only one answer)

- ON-SITE ONLY AT ONE OR MORE WORK SITES
 A COMBINATION OF ON-SITE AND OFF-SITE LOCATIONS
 OFF-SITE ONLY AT ONE OR MORE LOCATIONS (Go To Q17) →→→→

Q11 At how many on-site work sites did you treat workers?

(Write number in box)

Q12 Consider the on-site work site(s) you counted in Q11. To the best of your knowledge, how often, if ever, did the following actions occur after a worker reported a work-related injury or illness in calendar year 2008?

*If one or more of these actions took place at multiple worker employment sites, please select only one work site to answer the questions listed below. You will then be asked to provide answers for up to two additional work sites in Q14 and Q16.
(Please choose one response for each item)*

	NEVER	ON OCCASION	FAIRLY OFTEN	VERY OFTEN	ALWAYS	NOT SURE
Drug testing for worker responsible for incident.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work-safety training for the worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting between the worker and the health and safety officer..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident report is added to worker's personnel file.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker signs an affirmation of responsibility for incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light duty (e.g., requiring limited standing, lifting) for workers unable to perform usual work duties.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker is forced to return to regular work even if not physically capable of performing the work duties.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker receives physical therapy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker receives an official disciplinary warning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker is fired just for reporting an injury or illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(If other, please specify) _____</i>						

**Appendix II: Survey Instrument for
Occupational Health Practitioners**

Q13 Did you treat workers at two or more worker employment sites, in your capacity as an occupational physician? <i>(Check only one answer)</i>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOT SURE <input type="checkbox"/>
<i>(Go to Q17) →→→→</i>		

Q14 <i>If you treated workers at two or more worker employment sites, please select a second site about which to answer the questions listed below. To the best of your knowledge, how often, if ever, did the following actions occur in calendar year 2008 after a worker reported a work-related injury or illness? (Please choose one response for each item)</i>						
	ON NEVER	FAIRLY OCCASION	VERY OFTEN	VERY OFTEN	ALWAYS	NOT SURE
Drug testing for worker responsible for incident.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work-safety training for the worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting between the worker and the health and safety officer..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident report is added to worker's personnel file.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker signs an affirmation of responsibility for incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light duty (e.g., requiring limited standing, lifting) for workers unable to perform usual work duties.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker is forced to return to regular work even if not physically capable of performing the work duties.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker receives physical therapy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker receives an official disciplinary warning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker is fired just for reporting an injury or illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(If other, please specify) _____</i>						

Q15 Did you treat workers at three or more worker employment sites, in your capacity as an occupational physician? <i>(Check only one answer)</i>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOT SURE <input type="checkbox"/>
<i>(Go To Q17) →→→→</i>		

**Appendix II: Survey Instrument for
Occupational Health Practitioners**

Q16 *If you treated workers at three or more worker employment sites, please select a third site to answer the questions below. To the best of your knowledge, how often, if ever, did the following actions occur after a worker reported a work-related injury or illness in calendar year 2008?
(Please choose one response for each item)*

	ON NEVER	FAIRLY OCCASION	VERY OFTEN	VERY OFTEN	ALWAYS	NOT SURE
Drug testing for worker responsible for incident.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work-safety training for the worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting between the worker and the health and safety officer..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident report is added to worker's personnel file.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker signs an affirmation of responsibility for incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light duty (e.g., requiring limited standing, lifting) for workers unable to perform usual work duties.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker is forced to return to regular work even if not physically capable of performing the work duties.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker receives physical therapy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker receives an official disciplinary warning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker is fired just for reporting an injury or illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other..... (If other, please specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3:

Your Opinions and Experiences with Safety-Incentive Programs

Q17 *Some work sites have incentive programs that reward workers, team leaders, and/or health and safety officers for going a certain amount of time (e.g., 12 months) with few or no work-related injuries or illnesses. Do you disagree or agree with the following statements on worker safety incentive programs?
(Please choose one response for each item)*

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure
Done correctly, work site safety-incentive programs provide an effective way to improve work site safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, incentive programs motivate workers to work in a safer manner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers sometimes avoid reporting work-related injuries and illnesses at work sites that use incentive programs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers at work sites that use incentive programs generally prefer occupational health practitioners who provide medical treatment that is not recordable in OSHA Logs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site incentive programs are the best way to encourage the proper use of personal protective equipment and behavior that can help avoid accidents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Appendix II: Survey Instrument for
Occupational Health Practitioners**

Q18 In calendar year 2008, were there any such incentive programs at work sites where any of the workers you treated were employed? <i>(Check only one answer)</i>		
YES <input type="checkbox"/>	NOT SURE <input type="checkbox"/>	NO <input type="checkbox"/> (Go To Q22) →→→→

Q19 In calendar year 2008, <u>what kind(s) of rewards</u> were provided to workers for going a period of time with no work-related injuries or illnesses at work site(s) where the workers you treat are employed? <i>(Please check applicable responses for up to three work sites where workers you treated were employed)</i>			
	Work Site #1	Work Site #2	Work Site #3
Cash or gift card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonus in paycheck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free meals (e.g., steak dinner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate or plaque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work benefits (e.g., paid time off, parking).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other type of award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(If other type of award, please specify) _____</i>			

Q20 In calendar year 2008, <u>who was offered rewards</u> for going a period of time with no work-related injuries or illnesses at work site(s) where the workers you treated were employed? <i>(Please check applicable responses for up to three work sites where workers you treated were employed)</i>			
	Work Site #1	Work Site #2	Work Site #3
All workers in the work site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers in specific work teams or departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team or group leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site health and safety officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other category of worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(If other category of worker, please specify) _____</i>			

Q21 In your opinion, what impact, if any, did any of the incentive programs have on decisions you made regarding the treatment of workers under your care in calendar year 2008? *(Please check applicable responses for up to 3 work sites where workers you treated were employed)*

	Work Site #1	Work Site #2	Work Site #3
MAJOR IMPACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MINOR IMPACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO IMPACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOT SURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please provide additional details about the impact of incentive programs):

Section 4:
Your Experiences With Recordkeeping and Workplace Injury Logs

Q22 In calendar year 2008, how often did you observe or experience the following types of behavior from workers you treated? *(Please choose one response for each item)*

	NEVER IN 2008	1-5 TIMES	6-20 TIMES	21-50 TIMES	51+ TIMES	NOT SURE
Worker requested incident not be recorded in OSHA log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker discomfort in reporting work site injuries or illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker fear of disciplinary action for reporting injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker pressured me to downplay injuries or illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q23 In calendar year 2008, how often did you observe or experience the following types of behavior from company officials? *(Please choose one response for each item)*

	NEVER IN 2008	1-5 TIMES	6-20 TIMES	21-50 TIMES	51+ TIMES	NOT SURE
Overrecording of injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underrecording of injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overrecording of illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underrecording of illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misinterpretation of OSHA recordability rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willful misrecording of injuries or illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure on me to downplay injuries or illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Appendix II: Survey Instrument for
Occupational Health Practitioners**

Q24 In your experience, do any of the following factors have an impact on whether work-related injuries and illnesses get entered into the OSHA 300 Log accurately? <i>(Please check one response for each item)</i>				
	MAJOR IMPACT	MINOR IMPACT	NO IMPACT	NOT SURE
Work site safety-incentive programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker discomfort in reporting work site injuries or illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker fear of disciplinary action for reporting injuries or illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overrecording of injuries or illnesses by company officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underrecording of injuries or illnesses by company officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misinterpretation of OSHA recordability rules by company officials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willful misrecording of injuries or illnesses by company officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure on occupational health practitioners to downplay injuries or illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other factor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(If other factors have an impact on whether injuries and illnesses get entered into the OSHA 300 Log, please specify)</i>				

Q25 In calendar year 2008, how often did you experience the following types of requests from workers or company officials? <i>(Please check one response for each item)</i>					
Requests to:	NEVER IN 2008	1-5 TIMES	6-20 TIMES	21-50 TIMES	51+ TIMES
Send workers back to work to avoid recording lost work days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send workers home to recover from work injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn treatment of workers over to staff without medical training.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide a less expensive treatment than I would order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide a treatment that is not recordable in the OSHA 300 Log, but is equivalent (e.g., prescribing over-the-counter pain relievers instead of prescription pain relievers).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide a treatment that is not recordable in the OSHA 300 Log, and is not sufficient to properly treat the injury or illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other type of request.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(If other types of requests were made of you, please describe)</i>					

Q26 In calendar year 2008, how often did you experience pressure to follow or obey requests you checked in Q25 from the following categories of people? *(Please check one response for each item)*

Pressure from:	NEVER IN 2008	1-5 TIMES	6-20 TIMES	21-50 TIMES	51+ TIMES
Injured or ill worker seeking treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team or group leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work site health and safety officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other work site or company official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(If other people, please describe)

Section 5:
Final Comments

Q27 If there are any other issues, details, or information regarding factors affecting the accuracy of employers' injury and illness records that you would like us to know about, please use the space below to provide this information.