



EMPLOYEE SATISFACTION SURVEY COMMUNITY SOCIAL SERVICES EARLY INTERVENTION PROGRAM (CSSEIP)

The Healthcare Benefit Trust (HBT) is committed to providing the highest quality CSSEIP program. Your feedback is valued and will assist to evaluate and improve the program. Please complete this survey and return to HBT in the self-addressed, stamped envelope provided.

CSSEIP Awareness					
1. How did you become aware of CSSEIP? (<i>check all that apply</i>)	<input type="radio"/> Employer	<input type="radio"/> Co-Worker	<input type="radio"/> CSSEA	<input type="radio"/> Union	<input type="radio"/> CSSEIP Team at HBT
<input type="radio"/> Other (please explain):					
2. Have you used the CSSEIP website at www.csseip.ca ?			Yes	No	
			<input type="radio"/>	<input type="radio"/>	
2a. If Yes , did you find the information on the website helpful? Please explain:					
CSSEIP Participation			Yes	No	
3. Did you participate in the CSSEIP program?			(✓) <input type="radio"/>	<input type="radio"/>	
3a. If No , please explain and then go to General Comments on page 2:					
4. Through the support of the CSSEIP Team, were you able to return to work within six (6) months from the first day you were absent due to illness and/or injury?			<input type="radio"/>	<input type="radio"/>	
5. Did your employer accommodate any medical limitations/restrictions approved by your physician and provide you with a graduated and/or modified return-to-work program?			<input type="radio"/>	<input type="radio"/>	
6. In your opinion, was your return to work successful?			<input type="radio"/>	<input type="radio"/>	
6a. If No , please explain:					
CSSEIP Knowledge		Very Familiar	Somewhat Familiar		Very Little
				(✓)	
7. How much did you know about the CSSEIP prior to your participation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please turn over

CSSEIP Satisfaction	Very		Somewhat		Not At All
			(✓)		
8. How accessible were the CSSEIP Early Intervention Coordinator (EIC) and/or the Medical Case Manager (MCM) at HBT?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. How would you rate your satisfaction with the CSSEIP?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General Comments

Thank you for your comments

It is important to us that you were satisfied with your experience at HBT. We may wish to speak with you about your feedback to this survey. Is it acceptable for a CSSEIP team representative to contact you by phone to discuss your comments?

Yes I am willing to be contacted by a CSSEIP team representative. My first name is _____ . The phone number I can be reached at is _____ .

No I do not wish to be contacted by a CSSEIP team representative.

Please return this completed survey in the enclosed self-addressed postage-paid envelope

Or

Fax: 604-630-1475

Or

Mail: CSSEIP, Healthcare Benefit Trust,
#530 – 1285 West Broadway
Vancouver, BC V6H 3X8