

2022 Have Your Say Bargaining Survey

Section 1 - Basic Information

1. Employment Status (primary position):
 - Full-time
 - Regular part-time
 - Job Sharer
 - Casual part-time
 - Temporary/Contract

2. Are you currently employed in your preferred employment status?
 - Yes
 - No

3. If no, what status would you prefer?
 - Full-time
 - Regular part-time
 - Job Sharer
 - Casual part-time

4. Please select the primary sector in which you work. Please respond to the remainder of the questionnaire based on your response below.
 - Hospital
 - Public Health Unit
 - Home & Community Care Support Services (LHIN)
 - Nursing Home
 - Home Care Provider
 - Home for the Aged
 - Industry
 - Canadian Blood Services
 - Developmental Centre
 - Community Health Centre or Family Health Team (Primary Care)

5. Identify your qualifications/designations. Select all that apply.

- Registered Nurse
- Nurse Practitioner/Registered Nurse Extended Class
- Registered Nurse First Assist
- Registered Practical Nurse
- Respiratory Therapist
- Occupational Therapist
- Physiotherapist
- Radiation Therapist
- Social Worker
- Other Regulated Health Care Professional
- Personal Support Worker
- Other (Please Specify)

6. ONA Region: Please identify your ONA region.

- Region 1: Districts of Kenora, Rainy River, Thunder Bay, Algoma, Temiskaming, Nipissing, Cochrane, Manitoulin, City of Greater Sudbury
- Region 2: Counties of Prescott, Russell, Glengarry, Renfrew, Lanark, Grenville, Leeds, Dundas, Stormont, Frontenac, Hastings, Prince Edward, Lennox, Addington, Haliburton, Victoria, Peterborough, Northumberland, Regional Municipalities of Ottawa Carleton and Kingston
- Region 3: Regional Municipality of Durham, Municipalities of York, Peel, and Toronto
- Region 4: Counties of Simcoe, Brant, Wellington, Dufferin, Haldimand, Norfolk, Regional Municipalities of Waterloo, Hamilton-Wentworth, Niagara, Halton, District Municipality of Muskoka and District of Parry Sound
- Region 5: Counties of Bruce, Grey, Huron, Perth, Oxford, Middlesex, Lambton, Elgin, Kent and Essex

7. Select the number of years you have worked at your current place of employment.

- 5 years or less
- 6-10 years
- 11-15 years
- 16-20 years
- 21-25 years
- 26-30 years
- 31 years or more

Section 2 - About You

1. Please identify your age.

- Under 30
- 30-39
- 40-49
- 50-54
- 55-64
- 65-69
- 70 and over

2. Please identify your gender identity. Select all that apply. For definitions and additional terms, please go to https://www.ohf.on.ca/media/n5ynhsqj/glossary_of_terms.pdf.

- Agender
- Gender Fluid
- Male – Cisgender
- Male – Transgender
- Non-binary
- Transitioning
- Female – Cisgender
- Female – Transgender
- I do not wish to answer
- Not listed (Please Specify)

3. Please identify your sexual orientation.

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Pansexual
- I do not wish to answer
- Not listed (Please Specify)

4. Do you self-identify as an Indigenous Canadian? Select all that apply.

- No, I am not an Indigenous Canadian
- Yes, First Nations (Status Indian, Non-Status Indian)
- Yes, Inuit
- Yes, Métis
- I do not wish to answer
- Not listed (Please Specify)

5. Which race category best describes you? Select all that apply.

- Black (African, Afro-Caribbean, African-Canadian descent)
- East Asian (Chinese, Korean, Japanese, Taiwanese, etc. descent)
- Indigenous (Canadian (First Nations, Métis, Inuit)
- Latin American (Brazilian, Colombian, Mexican, etc. descent)
- Middle Eastern (Arab, Persian, Afghan, Egyptian, Iranian, etc. descent)
- Mixed Race
- South Asian (East India, Pakistani, Sri Lankan, Indo-Caribbean, etc. descent)
- Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, etc. descent)
- White (European descent)
- I do not wish to answer
- Not listed (Please Specify)

6. Are you a person with a disability?

- Yes
- No
- I do not wish to answer

7. What is your religious affiliation, if any? Select all that apply.

- Atheist
- Buddhist
- Christian (Anglican, Baptist, Catholic, Christian Orthodox, United Church, etc.)

- Hindu
- Jewish
- Muslim
- Sikh
- Traditional (Aboriginal) Spirituality
- No religion
- I do not wish to answer
- Not listed (Please Specify)

8. Language of preference:

- English
- French
- Not listed (Please Specify)

9. Have you attended a union meeting in the last three years?

- Yes
- No

10. Are you active within the union?

- Yes
- No

If no, please explain what would assist you to become more active.

Section 3 - Leaves of Absence

Not at all Important	Somewhat Important	Important	Very Important	Extremely Important	For each of the following leaves of absence, indicate how important each leave is to you and your level of satisfaction with the provision of the leave in your current contract. (Vacation is addressed under Section 10).	Not Applicable	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Level of Importance						Level of Agreement					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Leave of Absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy and Parental Leave of Absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bereavement Leave of Absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jury/Witness Duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Union Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Leave/Family Medical Leave/Emergency Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepaid Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please identify other leaves of absence.

2. Please provide additional comments on areas for improvement relating to leaves of absence.

Survey to be completed online

Section 4 - Sick Leave FULL-TIME ONLY

Not at all Important	Somewhat Important	Important	Very Important	Extremely Important	For each of the following, indicate the level of importance to you and your level of satisfaction with the provision in your current contract.	Not Applicable	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Level of Importance						Level of Agreement					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short-Term Sick Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Long-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please identify any additional areas relating to sick leave or long-term disability where you would like to see improvements and provide comments.

2. Please identify any return-to-work issues.

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Section 5 - Wages

Not at all Important	Somewhat Important	Important	Very Important	Extremely Important	For each of the following, indicate the level of importance to you and your level of satisfaction with the provision in your current contract.	Not Applicable	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Level of Importance						Level of Agreement					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hourly Wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please identify other wage-related issues (e.g., recent related experience, movement on the grid) where you would like to see improvement and provide comments.

REGULAR PART-TIME OR JOB SHARER ONLY

Not at all Important	Somewhat Important	Important	Very Important	Extremely Important	For each of the following, indicate the level of importance to you and your level of satisfaction with the provision in your current contract.	Not Applicable	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Level of Importance						Level of Agreement					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Percent (%) in lieu of health and welfare benefits (e.g., dental, drug plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6 - Wage Increase

Identify what would be an acceptable wage increase in each year of a three-year contract.

1. Select an acceptable wage increase for the first year of the contract.

- Less than 2%
- 2.0%
- 2.5%
- 3.0%
- Greater than 3% (enter amount in box below)

2. Select an acceptable wage increase for any second year of the contract.

- Less than 2%
- 2.0%
- 2.5%
- 3.0%
- Greater than 3% (enter amount in box below)

3. If there is an opportunity to negotiate a collective agreement longer than two years, select an acceptable wage increase for any third year of the contract.

- Less than 2%
- 2.0%
- 2.5%
- 3.0%
- Greater than 3% (enter amount in box below)

4. Please provide any comments on wage increases and/or the Provincial Government's 1% wage restraint policy/legislation (Bill 124):

5. Please provide any comments on wage increases:

Section 7 - Premiums

Not at all Important	Somehwat Important	Important	Very Important	Extremely Important	For each of the following, indicate the level of importance to you and your level of satisfaction with the provision in your current contract.	Not Applicable	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Level of Importance						Level of Agreement					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evening Premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Night Premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekend Premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On Call/Standby Premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsibility and/or Team Leader/Charge Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation/Mileage allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student Supervision Premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mentorship Premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outbreak Premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please identify other areas of premiums or allowances where you would like to see improvement and provide comments.

2. Are there any new or alternative premiums or allowances that you would like to see? Please specify.

Section 8 - Hours of Work

Not at all Important	Somehwat Important	Important	Very Important	Extremely Important	Hours of work includes issues such as normal daily hours of work, overtime, and scheduling issues, including premiums paid for scheduling violations. For each of the following, indicate the level of importance to you and your level of satisfaction with the provision in your current contract.	Not Applicable	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Level of Importance						Level of Agreement					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily/Weekly hours of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scheduling of overtime or additional tours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scheduling of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overtime pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Premium pay for consecutive weekends worked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Premium pay for hours worked when "ordered into work" by the employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please identify other areas relating to hours of work or overtime where you would like to see improvements and provide comments.

2. Please provide examples of scheduling issues for improvement.

Section 9 - Professional Practice Issues

Not at all Important	Somewhat Important	Important	Very Important	Extremely Important	For each of the following, indicate the level of importance to you and your level of satisfaction with the provision in your current contract.	Not Applicable	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Level of Importance						Level of Agreement					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skill mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education/in service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please identify other workload/professional practice areas (e.g., short staffing, vacancies, shifts not filled, etc.) where you would like to see improvement and provide comments.

2. Please identify other education/in service areas where you would like to see improvement and provide comments.

3. How often are you working short staffed?

- Every day
- Twice a week
- Three times a week
- Not applicable
- Other, please comment:

4. Are you completing Professional Workload Reporting Forms?

- Yes
- No

5. If yes, how frequently?

6. If no, why not?

7. Please identify any other areas where you would like to see improvement.

8. If you are a Nurse Practitioner, please provide specific details to address your professional NP needs (e.g., mentorship, documentation, clinical/non-clinical time, scope of practice).

9. If you are a Nurse Practitioner, please provide specific details to address your educational needs to meet NP continuing education requirements (e.g., paid education days, education leave, mentorship payment, etc.).

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Section 10 - Job Security

Not at all Important	Somewhat Important	Important	Very Important	Extremely Important	Job security includes protecting the scope or role of your profession, the erosion of your position to other regulated or other unregulated health-care professionals and agency workers, layoffs, bumping and recall rights, protection for continuing employment in the case of layoffs based on seniority and job skills, severance or retirement options in the case of layoffs, and job posting requirements.	Not Applicable	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Level of Importance					For each of the following, indicate the level of importance to you and your level of satisfaction with the provision in your current contract.	Level of Agreement					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recall Rights from Layoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severance/Retirement Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Posting Provisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seniority Continuation while on approved leave of absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protection of bargaining unit work/preventing erosion of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please identify other areas where you would like to see improvement.

Section 11 - Other Compensation

Not at all Important	Somewhat Important	Important	Very Important	Extremely Important	For each of the following, indicate the level of importance to you and your level of satisfaction with the provision in your current contract.	Not Applicable	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Level of Importance						Level of Agreement					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benefits (the next question will ask for specifics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid holidays (stat holidays)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount of vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vacation scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retiree benefits (Extended Health Care/Dental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Part-time benefits option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please identify any other areas where you would like to see improvement.

Section 12 - Benefits

Not at all Important	Somehwat Important	Important	Very Important	Extremely Important	For each of the following, indicate the level of importance to you and your level of satisfaction with the provision in your current contract.	Not Applicable	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Level of Importance						Level of Agreement					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chiropractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental (crowns, implants, bridgework and repairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orthodontics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychotherapy/Psychologist/Mental Health Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orthotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wellness/Health Promotion/Gym Reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health Care Spending Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Select your top three priorities for improvement from the list of benefits below:

- Vision
- Physiotherapy
- Chiropractor
- Hearing Aids
- Drug Coverage
- Massage
- Life Insurance
- Dental (crowns, implants, bridgework and repairs)
- Orthodontics

- Retiree Benefits under age 65
- Psychotherapy/Psychologist/Mental Health Practitioner
- Drug Card
- Orthotics
- Wellness/Health Promotion/Gym Reimbursement
- Health Care Spending Account

2. Please identify other benefits that you would like to see and provide any comments.

Survey to be completed online

Section 13 - Retirement

1. When do you plan to retire?
 - Within the next three years
 - Over three and up to five years
 - Over five and up to ten years
 - More than ten years

2. Are you planning to work on a part-time/casual basis, after retirement?
 - Yes
 - No

3. Are you currently receiving a retirement pension?
 - Yes
 - No
 - Don't Know

Survey to be completed online

Section 14 - Health and Safety

1. Have you experienced violence in your workplace?
- Yes
 - No

If yes, what types of violence have you experienced in your workplace? Select all that apply.

- Verbal abuse
- Sexual abuse
- Physical abuse e.g., hitting, spitting, etc.
- Psychological abuse
- Physician abuse
- Weapons

Additional comments:

2. What safety measures has your employer put in place to provide you with a safe workplace?

3. Did you contract COVID-19 at work?

- Yes
- No

4. Do you have unrestricted access to personal protective equipment (PPE)?

- Yes
- No
- Not applicable

5. Have you had adequate education in infection control procedures, such as donning and doffing of personal protective equipment (PPE)?

- Yes
- No
- Not applicable

6. Does your employer support your point-of-care risk assessment?
- Yes
 - No
 - Not applicable
7. Did your employer provide you with leave for self-isolation during the pandemic?
- Yes
 - No
 - Not applicable
8. Was it paid or unpaid?
- Paid
 - Unpaid
9. Did your employer provide you with paid time off to have COVID-19 testing completed?
- Yes
 - No
10. Were you given access to voluntary testing with expedited results for COVID-19?
- Yes
 - No
 - Not applicable
- If yes, what type of testing?
- PCR (polymerase chain reaction)
 - RAT (rapid antigen test)
11. Have you been fit tested for an N95 respirator?
- Yes
 - No
 - Not applicable
12. How often does your employer conduct fit testing to ensure supply matches the testing results?
-

13. Do you know if your employer has a supply of N95 respirators to match your fit test?

- Yes
- No
- Not applicable

Survey to be completed online

Section 15 - Other Feedback

1. Have we captured the issues that are important to you in your work life?

Yes

No

2. If not, please comment on those issues.

3. Please provide any other comments you wish to provide to the bargaining team(s).

Survey to be completed online