QUESTIONNAIRE ON WORKPLACE VIOLENCE AMONG HEALTHCARE WORKERS

Section A: Sociodemographic Information

1. Age (in years): _____

2. Sex: ■ Male ■ Female

3. Marital status: ■ Single ■ Married ■ Divorced ■ Widowed

4. Educational level: ■ Diploma ■ Bachelor ■ Master ■ Doctorate ■ Other: _____

5. Residence: ■ Urban ■ Rural

Section B: Occupational Information

6. Professional category: ■ Doctor ■ Nurse ■ Lab technician ■ Pharmacist ■ Other: _____

7. Hospital: _____

8. Department / unit: ■ Emergency ■ Medicine ■ Surgery ■ Pediatrics ■ ICU ■ Other: _____

9. Years of professional experience: _____ years

10. Average working hours per week: _____ hours

11. Usual shift pattern: ■ Morning only ■ Rotating shifts ■ Night shifts ■ Other: _____

12. Perceived workload: ■ Low ■ Moderate ■ High ■ Very high

13. Availability of security personnel: ■ Yes ■ No ■ Don't know

14. Availability of workplace violence policy: ■ Yes ■ No ■ Don't know

15. Availability of a formal reporting mechanism: ■ Yes ■ No ■ Don't know

Section C: Workplace Violence During the Previous 12 Months

16. Have you experienced any form of workplace violence during the previous 12 months? ■ Yes ■ No *(If No, skip to end.)*

17. Which forms have you experienced? *(You can choose more than one.)*

■ Verbal abuse ■ Threats ■ Physical violence ■ Sexual harassment

■ Bullying ■ Psychological violence ■ Other: _____

18. How many incidents did you experience in the last 12 months? _____

19. Who was the perpetrator? *(You can choose more than one.)*

■ Patient ■ Patient's relative/family ■ Colleague ■ Supervisor ■ Other: _____

20. Where did the most recent/significant incident occur?

■ Patient room/ward ■ Emergency department ■ Corridor/waiting area

■ Outside hospital ■ Other: _____

21. During which shift did it occur? ■ Morning shift ■ Evening shift ■ Night shift

22. Did the incident result in physical injury? ■ Yes ■ No

23. Did you seek medical attention? ■ Yes ■ No

Section D: Reporting

24. Was the incident reported? ■ Yes ■ No

25. If yes, to whom was it reported?

■ Direct supervisor ■ Hospital administration ■ Security office ■ Police ■ Other: _____

26. If no, what was the main reason for not reporting?

■ Not considered important ■ Fear of negative consequences

■ Lack of trust in reporting system ■ No reporting mechanism available ■ Other: _____

Section E: Consequences

Question	Yes	No
27. Did the incident affect your psychological well-being (anxiety, stress, fear)?	■	■
28. Did it affect your job satisfaction?	■	■
29. Did it affect your work performance or concentration?	■	■
30. Did it cause absence from work?	■	■
31. Dissatisfied / Not applicable	■	■

Thank you for your participation.