

Investigation on hospital workplace violence for medical workers

Part 1: Demographic	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Age:	
Marriage status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Ethnicity:	
Education background: <input type="checkbox"/> High school <input type="checkbox"/> Vocational school <input type="checkbox"/> Undergraduate <input type="checkbox"/> Master <input type="checkbox"/> PhD	
Title: <input type="checkbox"/> Senior title <input type="checkbox"/> Middle title <input type="checkbox"/> Junior title <input type="checkbox"/> No title	
Profession	<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Medical technician
Work place in last 12 months	<input type="checkbox"/> Inpatient ward <input type="checkbox"/> Outpatient building <input type="checkbox"/> Other places
Department	<input type="checkbox"/> Internal medical <input type="checkbox"/> Surgery department <input type="checkbox"/> Obstetrics & Gynaecology <input type="checkbox"/> Emergency department <input type="checkbox"/> ICU <input type="checkbox"/> Paediatrics <input type="checkbox"/> Facial features <input type="checkbox"/> Medical technology <input type="checkbox"/> Others
You have worked in this hospital since _____ (month, year)	
Part 2: Physical violence	
<i>(physical force against another person or group, that results in physical, sexual or psychological harm. i.e. beating, kicking, slapping, stabbing, shooting, pushing, biting, and pinching)</i>	
Have you ever experienced physical violence in last 12 months?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (jump to Part 3)	
Are you injured from of physical violence	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part 3: Psychological violence	
<i>(intentional use of power, including threat of physical force, against another person or group, that can result in harm to physical, mental, spiritual, moral, or social development. i.e. verbal abuse, threatening events, and sexual harassment)</i>	
Have you ever experienced psychological violence in last 12 months?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	