

Orthopaedic Surgeon Questionnaire

Thank you for your interest in this study entitled ‘*Prevalence of Gender-Based and Sexual Harassment in the Field of Orthopaedic Surgery*’. We greatly value your willingness to review the questions below. Your responses will help orthopaedic researchers, educators and societies better understand the issues surrounding gender-based and sexual harassment within the specialty of orthopaedic surgery.

This questionnaire should take you approximately 10-15 minutes to complete. Completion of the enclosed questionnaire is voluntary. Return of a completed questionnaire implies your consent to participate. A master list of society members will be maintained during the data collection phase for the purposes of tracking questionnaire completion. This list will not be linked to questionnaire responses – your questionnaire responses will remain completely anonymous, even to the study team.

Some of the questions may be uncomfortable for you to answer, or you may be irritated if the questions have no bearing on your life. However, we ask that you try your best in answering all questions. Your participation is important to us and for those whom would benefit from this research.

Due to the sensitive nature of this study, we ask that you find a private location to complete this questionnaire.

SECTION A: DEMOGRAPHICS & CURRENT EDUCATION / WORK DETAILS

This section asks a few basic questions to let us know a little bit more about you.

1. What is your gender?

- | | |
|---|--|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Man |
| <input type="checkbox"/> Transgender Woman | <input type="checkbox"/> Transgender Man |
| <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Other (specify): _____ |

2. What is your age?

_____ years

3. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native/Aboriginal |
| <input type="checkbox"/> African/Caribbean | <input type="checkbox"/> East Asian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Mixed (specify): _____ | |

4. What is your marital status?

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Single | Separated | Divorced | Common Law | Married | Widowed |

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5. Where did you complete your medical education?

- | | |
|--|--|
| <input type="checkbox"/> Canada | <input type="checkbox"/> USA |
| <input type="checkbox"/> Oceania (specify): _____ | <input type="checkbox"/> Europe (specify): _____ |
| <input type="checkbox"/> Caribbean (specify): _____ | <input type="checkbox"/> Asia (specify): _____ |
| <input type="checkbox"/> Africa (specify): _____ | <input type="checkbox"/> South America (specify): _____ |
| <input type="checkbox"/> Other (specify): _____ | |

6. What is your highest level of education?

- | | |
|--|--|
| <input type="checkbox"/> Undergraduate Medical Degree | <input type="checkbox"/> Residency Training |
| <input type="checkbox"/> Fellowship Training | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> Other (specify): _____ | |

7. Please indicate your current occupation:

- Orthopaedic Surgery RESIDENT → GO TO QUESTION 8**
- Orthopaedic Surgery FELLOW → GO TO QUESTION 15**
- STAFF Orthopaedic Surgeon → GO TO QUESTION 29**
- RETIRED Orthopaedic Surgeon → GO TO QUESTION 51**

PLEASE COMPLETE THIS PAGE IF YOU ARE CURRENTLY AN ORTHOPAEDIC SURGERY RESIDENT.

8. Where are you currently completing your residency?

- | | |
|---|--|
| <input type="checkbox"/> Canada | <input type="checkbox"/> USA |
| <input type="checkbox"/> Oceania (specify): _____ | <input type="checkbox"/> Europe (specify): _____ |
| <input type="checkbox"/> South America (specify): _____ | <input type="checkbox"/> Asia (specify): _____ |
| <input type="checkbox"/> Africa (specify): _____ | <input type="checkbox"/> Other (specify): _____ |

9. Are you planning to complete an orthopaedic fellowship?

- Yes No

If **yes**, please specify the sub-specialty: _____

10. Do you feel your **current** educational environment is safe / healthy?

- Yes No

If **no**, why not? _____

11. Are you aware of any gender-based harassment policies within your **current** training institution?

- Yes No

If **yes**, how effective do you believe these policies are?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

12. Are you aware of any sexual harassment policies within your **current** training institution?

- Yes No

If **yes**, how effective do you believe these policies are?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

13. Are you aware of any gender-based harassment resources within your **current** training institution?

- Yes No

If **yes**, how effective do you believe these resources are?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

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14. Are you aware of any sexual harassment resources within your current training institution?

Yes **No**

If yes, how effective do you believe these resources are?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Effective	Somewhat Effective	Neither Effective Nor Ineffective	Somewhat Ineffective	Very Ineffective	Not Sure

PLEASE PROCEED TO SECTION B (QUESTION 73) OF THE QUESTIONNAIRE.

PLEASE COMPLETE THIS PAGE IF YOU ARE CURRENTLY AN ORTHOPAEDIC SURGERY FELLOW.

15. Please specify your orthopaedic sub-specialty: _____

16. Where are you currently completing your fellowship?

- | | |
|---|--|
| <input type="checkbox"/> Canada | <input type="checkbox"/> USA |
| <input type="checkbox"/> Oceania (specify): _____ | <input type="checkbox"/> Europe (specify): _____ |
| <input type="checkbox"/> South America (specify): _____ | <input type="checkbox"/> Asia (specify): _____ |
| <input type="checkbox"/> Africa (specify): _____ | <input type="checkbox"/> Other (specify): _____ |

17. Do you supervise residents in training?

- Yes No

18. Do you feel your current educational environment is safe / healthy?

- Yes No

If **no**, why not? _____

19. Are you aware of any gender-based harassment policies within your current training institution?

- Yes No

If **yes**, how effective do you believe these policies are?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

20. Are you aware of any sexual harassment policies within your current training institution?

- Yes No

If **yes**, how effective do you believe these policies are?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

21. Are you aware of any gender-based harassment resources within your current training institution?

- Yes No

If **yes**, how effective do you believe these resources are?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

DOI: 10.1503/cjs.013120

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22. Are you aware of any sexual harassment resources within your current training institution?

- Yes No

If **yes**, how effective do you believe these resources are?

-
- Very Effective Somewhat Effective Neither Effective Nor Ineffective Somewhat Ineffective Very Ineffective Not Sure

23. Where did you complete your residency?

- Canada USA
 Oceania (specify): _____ Europe (specify): _____
 South America (specify): _____ Asia (specify): _____
 Africa (specify): _____ Other (specify): _____

24. Do you feel your residency educational environment was safe / healthy?

- Yes No

If **no**, why not? _____

25. Were you aware of any gender-based harassment policies within your residency training institution?

- Yes No

If **yes**, how effective do you believe these policies were?

-
- Very Effective Somewhat Effective Neither Effective Nor Ineffective Somewhat Ineffective Very Ineffective Not Sure

26. Were you aware of any sexual harassment policies within your residency training institution?

- Yes No

If **yes**, how effective do you believe these policies were?

-
- Very Effective Somewhat Effective Neither Effective Nor Ineffective Somewhat Ineffective Very Ineffective Not Sure

27. Were you aware of any gender-based harassment resources within your residency training institution?

- Yes No

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If *yes*, how effective do you believe these resources were?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Effective	Somewhat Effective	Neither Effective Nor Ineffective	Somewhat Ineffective	Very Ineffective	Not Sure

28. Were you aware of any sexual harassment resources within your [residency](#) training institution?

Yes **No**

If *yes*, how effective do you believe these resources were?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Effective	Somewhat Effective	Neither Effective Nor Ineffective	Somewhat Ineffective	Very Ineffective	Not Sure

PLEASE PROCEED TO SECTION B (QUESTION 73) OF THE QUESTIONNAIRE.

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PLEASE COMPLETE THIS PAGE IF YOU ARE CURRENTLY A STAFF ORTHOPAEDIC SURGEON.

29. In what country do you currently practice?

- | | |
|---|--|
| <input type="checkbox"/> Canada | <input type="checkbox"/> USA |
| <input type="checkbox"/> Oceania (specify): _____ | <input type="checkbox"/> Europe (specify): _____ |
| <input type="checkbox"/> South America (specify): _____ | <input type="checkbox"/> Asia (specify): _____ |
| <input type="checkbox"/> Africa (specify): _____ | <input type="checkbox"/> Other (specify): _____ |

30. How many years have you been in practice?

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 – 4 | 5 – 9 | 10 – 14 | 15 – 19 | 20 – 24 | 25+ |

31. Which type of hospital describes your institution?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Academic (University Affiliated) | <input type="checkbox"/> Non-Academic |
|---|---------------------------------------|

32. Do you supervise residents in training?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

33. Do you feel your current work environment is safe / healthy?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If **no**, why not? _____

34. Are you aware of any gender-based harassment policies within your current institution?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If **yes**, how effective do you believe these policies are?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

35. Are you aware of any sexual harassment policies within your current institution?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If **yes**, how effective do you believe these policies are?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

36. Are you aware of any gender-based harassment resources within your current institution?

Yes No

If **yes**, how effective do you believe these resources are?

Very Effective Somewhat Effective Neither Effective Nor Ineffective Somewhat Ineffective Very Ineffective Not Sure

37. Are you aware of any sexual harassment resources within your current institution?

Yes No

If **yes**, how effective do you believe these resources are?

Very Effective Somewhat Effective Neither Effective Nor Ineffective Somewhat Ineffective Very Ineffective Not Sure

38. Where did you complete your residency?

Canada USA
 Oceania (specify): _____ Europe (specify): _____
 South America (specify): _____ Asia (specify): _____
 Africa (specify): _____ Other (specify): _____

39. Do you feel your residency educational environment was safe / healthy?

Yes No

If **no**, why not? _____

40. Were you aware of any gender-based harassment policies within your residency training institution?

Yes No

If **yes**, how effective do you believe these policies were?

Very Effective Somewhat Effective Neither Effective Nor Ineffective Somewhat Ineffective Very Ineffective Not Sure

41. Were you aware of any sexual harassment policies within your residency training institution?

Yes No

If **yes**, how effective do you believe these policies were?

Very Effective Somewhat Effective Neither Effective Nor Ineffective Somewhat Ineffective Very Ineffective Not Sure

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42. Were you aware of any gender-based harassment resources within your [residency](#) training institution?

Yes **No**

If **yes**, how effective do you believe these resources were?

Very Effective Somewhat Effective Neither Effective Nor Ineffective Somewhat Ineffective Very Ineffective Not Sure

43. Were you aware of any sexual harassment resources within your [residency](#) training institution?

Yes **No**

If **yes**, how effective do you believe these resources were?

Very Effective Somewhat Effective Neither Effective Nor Ineffective Somewhat Ineffective Very Ineffective Not Sure

44. Did you complete an orthopaedic fellowship?

Yes **No → GO TO QUESTION 73**

If **yes**, please specify the sub-specialty: _____

PLEASE COMPLETE QUESTIONS 45 – 50 ONLY IF YOU ANSWERED YES TO QUESTION 44.

45. Where did you complete your fellowship?

- | | |
|---|--|
| <input type="checkbox"/> Canada | <input type="checkbox"/> USA |
| <input type="checkbox"/> Oceania (specify): _____ | <input type="checkbox"/> Europe (specify): _____ |
| <input type="checkbox"/> South America (specify): _____ | <input type="checkbox"/> Asia (specify): _____ |
| <input type="checkbox"/> Africa (specify): _____ | <input type="checkbox"/> Other (specify): _____ |

46. Do you feel your [fellowship](#) educational environment was safe / healthy?

- Yes No

If **no**, why not? _____

47. Were you aware of any gender-based harassment policies within your [fellowship](#) training institution?

- Yes No

If **yes**, how effective do you believe these policies were?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

48. Were you aware of any sexual harassment policies within your [fellowship](#) training institution?

- Yes No

If **yes**, how effective do you believe these policies were?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

49. Were you aware of any gender-based harassment resources within your [fellowship](#) training institution?

- Yes No

If **yes**, how effective do you believe these resources were?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

50. Were you aware of any sexual harassment resources within your [fellowship](#) training institution?

- Yes No

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If *yes*, how effective do you believe these resources were?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Effective	Somewhat Effective	Neither Effective Nor Ineffective	Somewhat Ineffective	Very Ineffective	Not Sure

PLEASE PROCEED TO SECTION B (QUESTION 73) OF THE QUESTIONNAIRE

PLEASE COMPLETE THIS PAGE IF YOU ARE CURRENTLY A RETIRED ORTHOPAEDIC SURGEON.

51. In what country did you practice as a Staff Orthopaedic Surgeon? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Canada | <input type="checkbox"/> USA |
| <input type="checkbox"/> Oceania (specify): _____ | <input type="checkbox"/> Europe (specify): _____ |
| <input type="checkbox"/> South America (specify): _____ | <input type="checkbox"/> Asia (specify): _____ |
| <input type="checkbox"/> Africa (specify): _____ | <input type="checkbox"/> Other (specify): _____ |

52. How many years were you in practice?

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 – 4 | 5 – 9 | 10 – 14 | 15 – 19 | 20 – 24 | 25+ |

53. Which type of hospital describes any of the institutions you practiced at?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Academic (University Affiliated) | <input type="checkbox"/> Non-Academic |
|---|---------------------------------------|

54. Did you supervise residents in training?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

55. Did you feel your work environment was safe / healthy?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If **no**, why not? _____

56. Were you aware of any gender-based harassment policies within any of your practice institutions?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If **yes**, how effective do you believe these policies were?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

57. Were you aware of any sexual harassment policies within any of your practice institutions?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If **yes**, how effective do you believe these policies were?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

58. Were you aware of any gender-based harassment resources within any of your practice institutions?

Yes No

If **yes**, how effective do you believe these resources were?

Very Effective Somewhat Effective Neither Effective Nor Ineffective Somewhat Ineffective Very Ineffective Not Sure

59. Were you aware of any sexual harassment resources within any of your practice institutions?

Yes No

If **yes**, how effective do you believe these resources were?

Very Effective Somewhat Effective Neither Effective Nor Ineffective Somewhat Ineffective Very Ineffective Not Sure

60. Where did you complete your *residency*?

Canada USA
 Oceania (specify): _____ Europe (specify): _____
 South America (specify): _____ Asia (specify): _____
 Africa (specify): _____ Other (specify): _____

61. Do you feel your [residency](#) educational environment was safe / healthy?

Yes No

If **no**, why not? _____

62. Were you aware of any gender-based harassment policies within your [residency](#) training institution?

Yes No

If **yes**, how effective do you believe these policies were?

Very Effective Somewhat Effective Neither Effective Nor Ineffective Somewhat Ineffective Very Ineffective Not Sure

63. Were you aware of any sexual harassment policies within your [residency](#) training institution?

Yes No

If **yes**, how effective do you believe these policies were?

Very Effective Somewhat Effective Neither Effective Nor Ineffective Somewhat Ineffective Very Ineffective Not Sure

DOI: 10.1503/cjs.013120

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64. Were you aware of any gender-based harassment resources within your [residency](#) training institution?

Yes **No**

If **yes**, how effective do you believe these resources were?

Very Effective **Somewhat Effective** **Neither Effective Nor Ineffective** **Somewhat Ineffective** **Very Ineffective** **Not Sure**

65. Were you aware of any sexual harassment resources within your [residency](#) training institution?

Yes **No**

If **yes**, how effective do you believe these resources were?

Very Effective **Somewhat Effective** **Neither Effective Nor Ineffective** **Somewhat Ineffective** **Very Ineffective** **Not Sure**

66. Did you complete an orthopaedic fellowship?

Yes **No → GO TO QUESTION 73**

If **yes**, please specify the sub-specialty: _____

PLEASE COMPLETE QUESTIONS 67 – 72 ONLY IF YOU ANSWERED YES TO QUESTION 66.

67. Where did you complete your fellowship?

- | | |
|---|--|
| <input type="checkbox"/> Canada | <input type="checkbox"/> USA |
| <input type="checkbox"/> Oceania (specify): _____ | <input type="checkbox"/> Europe (specify): _____ |
| <input type="checkbox"/> South America (specify): _____ | <input type="checkbox"/> Asia (specify): _____ |
| <input type="checkbox"/> Africa (specify): _____ | <input type="checkbox"/> Other (specify): _____ |

68. Do you feel your [fellowship](#) educational environment was safe / healthy?

- Yes No

If **no**, why not? _____

69. Were you aware of any gender-based harassment policies within your [fellowship](#) training institution?

- Yes No

If **yes**, how effective do you believe these policies were?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

70. Were you aware of any sexual harassment policies within your [fellowship](#) training institution?

- Yes No

If **yes**, how effective do you believe these policies were?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

71. Were you aware of any gender-based harassment resources within your [fellowship](#) training institution?

- Yes No

If **yes**, how effective do you believe these resources were?

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Effective | Somewhat Effective | Neither Effective Nor Ineffective | Somewhat Ineffective | Very Ineffective | Not Sure |

72. Were you aware of any sexual harassment resources within your [fellowship](#) training institution?

- Yes No

DOI: 10.1503/cjs.013120

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If *yes*, how effective do you believe these resources were?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Effective	Somewhat Effective	Neither Effective Nor Ineffective	Somewhat Ineffective	Very Ineffective	Not Sure

DOI: 10.1503/cjs.013120

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SECTION B: HARASSMENT IN THE WORKPLACE

This section asks questions about your experiences with gender-based and / or sexual harassment in your workplace.

Part One: Gender-Based Harassment

Gender-based harassment occurs when a person experiences discrimination or unequal treatment based on their gender or gender identity. The harassment does not need to be based anything of a sexual nature. Instead, gender-based harassment usually involves stereotypes based on the *traditional* roles and functions associated with a gender.

73. Have you ever been in a situation where a supervisor, colleague or patient treated you 'differently' because of your gender (i.e., mistreated, slighted, or ignored you)?

- Yes No

If **yes**, when did this type of behavior take place? (Check all that apply)

- Medical School Residency Fellowship Current Profession

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- Direct Supervisor Someone more senior than me but not a Direct Supervisor
 Peer Supervisee
 Someone less senior than me but not a Supervisee Patient
 Allied Health Professional Other (specify): _____

If **yes**, how often did this type of behavior take place?

- Rarely (1 – 5 times) Sometimes (6 – 10 times) Often (once a month) Almost Always (once a week)

74. Have you ever been in a situation where a supervisor, colleague or patient told offensive jokes or remarks?

- Yes No

If **yes**, when did this type of behavior take place? (Check all that apply)

- Medical School Residency Fellowship Current Profession

DOI: 10.1503/cjs.013120

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If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone more senior than me but not a Direct Supervisor |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Supervisee |
| <input type="checkbox"/> Someone less senior than me but not a Supervisee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Other (specify): _____ |

If **yes**, how often did this type of behavior take place?

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rarely
(1 – 5 times) | Sometimes
(6 – 10 times) | Often
(once a month) | Almost Always
(once a week) |

75. Have you ever been in a situation where a supervisor, colleague or patient made sexist comments or displayed sexist materials (such as suggesting that people of your gender are not suited for the kind of work you do)?

- Yes No

If **yes**, when did this type of behavior take place? (Check all that apply)

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical School | Residency | Fellowship | Current Profession |

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone more senior than me but not a Direct Supervisor |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Supervisee |
| <input type="checkbox"/> Someone less senior than me but not a Supervisee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Other (specify): _____ |

If **yes**, how often did this type of behavior take place?

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rarely
(1 – 5 times) | Sometimes
(6 – 10 times) | Often
(once a month) | Almost Always
(once a week) |

76. Have you ever been in a situation where a supervisor, colleague or patient put you down or was condescending to you because of your gender?

- Yes No

If **yes**, when did this type of behavior take place? (Check all that apply)

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical School | Residency | Fellowship | Current Profession |

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If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone more senior than me but not a Direct Supervisor |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Supervisee |
| <input type="checkbox"/> Someone less senior than me but not a Supervisee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Other (specify): _____ |

If **yes**, how often did this type of behavior take place?

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rarely
(1 – 5 times) | Sometimes
(6 – 10 times) | Often
(once a month) | Almost Always
(once a week) |

77. Have you ever been in a situation where a supervisor, colleague or patient suggested that you don't act how someone of your gender is supposed to act?

- Yes No

If **yes**, when did this type of behavior take place? (Check all that apply)

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical School | Residency | Fellowship | Current Profession |

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone more senior than me but not a Direct Supervisor |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Supervisee |
| <input type="checkbox"/> Someone less senior than me but not a Supervisee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Other (specify): _____ |

If **yes**, how often did this type of behavior take place?

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rarely
(1 – 5 times) | Sometimes
(6 – 10 times) | Often
(once a month) | Almost Always
(once a week) |

78. Have you ever been in a situation where you felt you received an inferior training / work experience due to your gender (such as fewer opportunities or being held to a higher standard than your peers of other genders)?

- Yes No

If **yes**, when did this type of behavior take place? (Check all that apply)

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical School | Residency | Fellowship | Current Profession |

If **yes**, how often did this type of behavior take place?

Rarely
(1 – 5 times)

Sometimes
(6 – 10 times)

Often
(once a month)

Almost Always
(once a week)

79. If you were the target of any of the above gender-based harassment behaviors tomorrow, how would you act / react? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I would ignore it | <input type="checkbox"/> I would talk to the person(s) responsible |
| <input type="checkbox"/> I would report it to a supervisor | <input type="checkbox"/> I would request a change in my rotation schedule |
| <input type="checkbox"/> I would request a change in the rotation schedule of the person(s) responsible | <input type="checkbox"/> I would leave the institution |
| <input type="checkbox"/> Other (specify): _____ | |

80. If you witnessed any of the above gender-based harassment behaviors tomorrow, how would you act / react? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I would ignore it | <input type="checkbox"/> I would talk to the person(s) responsible |
| <input type="checkbox"/> I would supportively talk to the victim | <input type="checkbox"/> I would report it to a supervisor |
| <input type="checkbox"/> Other (specify): _____ | |

81. Have you ever considered, or are you considering, changing your career / specialty path due to gender-based harassment?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes , please specify the career or specialty: _____ | |
| <input type="checkbox"/> Not Applicable → I have never experienced gender-based harassment | |

82. Do you know of anyone who changed, or is considering, changing career / specialty path due to gender-based harassment?

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes , please specify the career or specialty: _____ | |

Part Two: Sexual Harassment

Sexual harassment is bullying or coercion of a sexual nature, or the unwelcome or inappropriate promise of rewards in exchange for sexual favors. Such harassment can include unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.

83. Have you ever been in a situation where a supervisor, colleague or patient made crude sexual remarks?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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If **yes**, when did this type of behavior take place? (Check all that apply)

Medical School

Residency

Fellowship

Current Profession

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone <u>more</u> senior than me but not a Direct Supervisor |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Supervisee |
| <input type="checkbox"/> Someone less senior than me but not a Supervisee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Other (specify): _____ |

If **yes**, how often did this type of behavior take place?

Rarely
(1 – 5 times)

Sometimes
(6 – 10 times)

Often
(once a month)

Almost Always
(once a week)

84. Have you ever been in a situation where a supervisor, colleague or patient attempted to establish a romantic sexual relationship with you despite your attempts to discourage them (such as continuing to ask you for dates, drinks, dinner, etc., even though you said 'No')?

- Yes** **No**

If **yes**, when did this type of behavior take place? (Check all that apply)

Medical School

Residency

Fellowship

Current Profession

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone <u>more</u> senior than me but not a Direct Supervisor |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Supervisee |
| <input type="checkbox"/> Someone less senior than me but not a Supervisee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Other (specify): _____ |

If **yes**, how often did this type of behavior take place?

Rarely
(1 – 5 times)

Sometimes
(6 – 10 times)

Often
(once a month)

Almost Always
(once a week)

85. Have you ever been in a situation where a supervisor, colleague or patient gave you unwanted attention (such as whistles, calls, suggestive looks, gestures or body language)?

- Yes** **No**

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If **yes**, when did this type of behavior take place? (Check all that apply)

Medical School

Residency

Fellowship

Current Profession

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone <u>more</u> senior than me but not a Direct Supervisor |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Supervisee |
| <input type="checkbox"/> Someone less senior than me but not a Supervisee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Other (specify): _____ |

If **yes**, how often did this type of behavior take place?

Rarely
(1 – 5 times)

Sometimes
(6 – 10 times)

Often
(once a month)

Almost Always
(once a week)

86. Have you ever been in a situation where a supervisor, colleague or patient told sexually suggestive stories or displayed sexually suggestive materials?

- Yes** **No**

If **yes**, when did this type of behavior take place? (Check all that apply)

Medical School

Residency

Fellowship

Current Profession

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone <u>more</u> senior than me but not a Direct Supervisor |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Supervisee |
| <input type="checkbox"/> Someone less senior than me but not a Supervisee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Other (specify): _____ |

If **yes**, how often did this type of behavior take place?

Rarely
(1 – 5 times)

Sometimes
(6 – 10 times)

Often
(once a month)

Almost Always
(once a week)

87. Have you ever been in a situation where a supervisor, colleague or patient made inappropriate sexual comments about your appearance or body?

- Yes** **No**

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If **yes**, when did this type of behavior take place? (Check all that apply)

- | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical School | Residency | Fellowship | Current Profession |

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone <u>more</u> senior than me but not a Direct Supervisor |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Supervisee |
| <input type="checkbox"/> Someone less senior than me but not a Supervisee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Other (specify): _____ |

If **yes**, how often did this type of behavior take place?

- | | | | |
|---------------------------------|-------------------------------------|---------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rarely
(1 – 5 times) | Sometimes
(6 – 10 times) | Often
(once a month) | Almost Always
(once a week) |

88. Have you ever been in a situation where a supervisor, colleague or patient made physical contact that made you feel uncomfortable (such as hugs or shoulder rubs, or getting too close)?

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------------------|------------------------------------|

If **yes**, when did this type of behavior take place? (Check all that apply)

- | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical School | Residency | Fellowship | Current Profession |

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone <u>more</u> senior than me but not a Direct Supervisor |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Supervisee |
| <input type="checkbox"/> Someone less senior than me but not a Supervisee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Other (specify): _____ |

If **yes**, how often did this type of behavior take place?

- | | | | |
|---------------------------------|-------------------------------------|---------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rarely
(1 – 5 times) | Sometimes
(6 – 10 times) | Often
(once a month) | Almost Always
(once a week) |

89. Have you ever been in a situation where a supervisor, colleague or patient made unwanted attempts to stroke, fondle or kiss you?

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------------------|------------------------------------|

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If **yes**, when did this type of behavior take place? (Check all that apply)

- | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical School | Residency | Fellowship | Current Profession |

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone <u>more</u> senior than me but not a Direct Supervisor |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Supervisee |
| <input type="checkbox"/> Someone less senior than me but not a Supervisee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Other (specify): _____ |

If **yes**, how often did this type of behavior take place?

- | | | | |
|--------------------------------|------------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rarely
(1 – 5 times) | Sometimes
(6 – 10 times) | Often
(once a month) | Almost Always
(once a week) |

90. Have you ever been in a situation where a supervisor, colleague or patient unsuccessfully attempted to have sex with you without your consent or against your will?

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------------------|------------------------------------|

If **yes**, when did this type of behavior take place? (Check all that apply)

- | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical School | Residency | Fellowship | Current Profession |

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone <u>more</u> senior than me but not a Direct Supervisor |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Supervisee |
| <input type="checkbox"/> Someone less senior than me but not a Supervisee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Other (specify): _____ |

If **yes**, how often did this type of behavior take place?

- | | | | |
|--------------------------------|------------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rarely
(1 – 5 times) | Sometimes
(6 – 10 times) | Often
(once a month) | Almost Always
(once a week) |

91. Have you ever been in a situation where a supervisor, colleague or patient had sex with you without your consent or against your will?

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------------------|------------------------------------|

If **yes**, when did this type of behavior take place? (Check all that apply)

Medical School

Residency

Fellowship

Current Profession

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone <u>more</u> senior than me but not a Direct Supervisor |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Supervisee |
| <input type="checkbox"/> Someone less senior than me but not a Supervisee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Other (specify): _____ |

If **yes**, how often did this type of behavior take place?

Rarely
(1 – 5 times)

Sometimes
(6 – 10 times)

Often
(once a month)

Almost Always
(once a week)

92. Have you ever been in a situation where you felt you were being subtly bribed with some sort of reward (e.g., preferential treatment) to engage in sexual behavior with a supervisor, colleague or patient?

- Yes No

If **yes**, when did this type of behavior take place? (Check all that apply)

Medical School

Residency

Fellowship

Current Profession

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone <u>more</u> senior than me but not a Direct Supervisor |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Supervisee |
| <input type="checkbox"/> Someone less senior than me but not a Supervisee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Other (specify): _____ |

If **yes**, how often did this type of behavior take place?

Rarely
(1 – 5 times)

Sometimes
(6 – 10 times)

Often
(once a month)

Almost Always
(once a week)

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93. Have you ever been in a situation where a supervisor, colleague or patient made you feel threatened with some sort of retaliation for not being sexually co-operative (such as by mentioning an upcoming review)?

- Yes No

If **yes**, when did this type of behavior take place? (Check all that apply)

- Medical School Residency Fellowship Current Profession

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- Direct Supervisor Someone **more** senior than me but not a Direct Supervisor
 Peer Supervisee
 Someone less senior than me but not a Supervisee Patient
 Allied Health Professional Other (specify): _____

If **yes**, how often did this type of behavior take place?

- Rarely (1 – 5 times) Sometimes (6 – 10 times) Often (once a month) Almost Always (once a week)

94. Have you ever been in a situation where you actually experienced negative consequences for refusing to engage in sexual activity with a supervisor, colleague or patient?

- Yes No

If **yes**, when did this type of behavior take place? (Check all that apply)

- Medical School Residency Fellowship Current Profession

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- Direct Supervisor Someone **more** senior than me but not a Direct Supervisor
 Peer Supervisee
 Someone less senior than me but not a Supervisee Patient
 Allied Health Professional Other (specify): _____

If **yes**, how often did this type of behavior take place?

- Rarely (1 – 5 times) Sometimes (6 – 10 times) Often (once a month) Almost Always (once a week)

95. Have you ever been in a situation where a supervisor or colleague made you feel afraid you would be treated poorly in your training / work environment if you didn't sexually co-operate?

- Yes No

If **yes**, when did this type of behavior take place? (Check all that apply)

Medical School

Residency

Fellowship

Current Profession

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- Direct Supervisor Someone **more** senior than me but not a Direct Supervisor
- Peer Supervisee
- Someone less senior than me but not a Supervisee Allied Health Professional
- Other (specify): _____

If **yes**, how often did this type of behavior take place?

Rarely
(1 – 5 times)

Sometimes
(6 – 10 times)

Often
(once a month)

Almost Always
(once a week)

96. Have you ever been in a situation where a supervisor or colleague implied faster promotions or better treatment in your training / work environment if you were sexually co-operative?

- Yes No

If **yes**, when did this type of behavior take place? (Check all that apply)

Medical School

Residency

Fellowship

Current Profession

If **yes**, the perpetrator(s) of this behavior was a _____? (Check all that apply)

- Direct Supervisor Someone **more** senior than me but not a Direct Supervisor
- Peer Supervisee
- Someone less senior than me but not a Supervisee Allied Health Professional
- Other (specify): _____

If **yes**, how often did this type of behavior take place?

Rarely
(1 – 5 times)

Sometimes
(6 – 10 times)

Often
(once a month)

Almost Always
(once a week)

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97. If you were the target of any one the above sexual harassment behaviors tomorrow, how would you act / react? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I would ignore it | <input type="checkbox"/> I would talk to the person(s) responsible |
| <input type="checkbox"/> I would report it to a supervisor or the police | <input type="checkbox"/> I would request a change in my rotation schedule |
| <input type="checkbox"/> I would request a change in the rotation schedule of the person(s) responsible | <input type="checkbox"/> I would leave the institution |
| <input type="checkbox"/> Other (specify): _____ | |

98. If you witnessed the above sexual harassment behaviors tomorrow, how would you act / react? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I would ignore it | <input type="checkbox"/> I would talk to the person(s) responsible |
| <input type="checkbox"/> I would supportively talk to the victim | <input type="checkbox"/> I would report it to a supervisor or the police |
| <input type="checkbox"/> Other (specify): _____ | |

99. Have you ever considered, or are you considering, changing your career / specialty path due to sexual harassment?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes , please specify the career or specialty: _____ | |
| <input type="checkbox"/> Not Applicable → I have never experienced sexual harassment | |

100. Do you know of anyone who changed, or is considering, changing career / specialty path due to sexual harassment?

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes , please specify the career or specialty: _____ | |

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SECTION C: BEHAVIOR DETAILS

This section asks further questions on these types of gender-based and sexual harassment behaviors and how they may have made you feel.

PLEASE COMPLETE THIS SECTION ONLY IF YOU ANSWERED YES TO ANY OF THE BEHAVIORS IN SECTION B.

101. How did this / these behavior(s) either emotionally / mentally affect you? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Upset |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> More cautious or aware | <input type="checkbox"/> Loss of trust in others |
| <input type="checkbox"/> Shock or disbelief | <input type="checkbox"/> Hurt or disappointed |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Suicidal thoughts | <input type="checkbox"/> Ashamed |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Annoyed |
| <input type="checkbox"/> Lowered self-esteem or self-worth | <input type="checkbox"/> Other (specify): _____ |

102. Did someone in authority ever find out about this / these behavior(s) in any way?

- | | |
|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No → GO TO QUESTION 108 |
| <input type="checkbox"/> Unsure → GO TO QUESTION 108 | |

PLEASE COMPLETE QUESTIONS 103-107 ONLY IF YOU ANSWERED YES TO QUESTION 102.

103. Which person(s) in authority found out about this / these behaviors? (Check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Direct Supervisor | <input type="checkbox"/> Someone more senior than me but not my Direct Supervisor |
| <input type="checkbox"/> Police | <input type="checkbox"/> Other person in authority |
104. How did the person(s) in authority learn of this / these behaviors?
- | | |
|----------------------------------|--|
| <input type="checkbox"/> From me | <input type="checkbox"/> Some other way (specify): _____ |
| <input type="checkbox"/> Unsure | |
105. What actions were taken?
- | | |
|--|--|
| <input type="checkbox"/> No actions taken | <input type="checkbox"/> Talked to the person(s) responsible |
| <input type="checkbox"/> Disciplinary actions taken against the person(s) responsible | <input type="checkbox"/> Changed my rotation schedule |
| <input type="checkbox"/> Changed the rotation schedule of the person(s) responsible | <input type="checkbox"/> Referred me to a Sexual Misconduct Response Centre |
| <input type="checkbox"/> Recommended that I speak with a Workplace or Harassment Advisor | <input type="checkbox"/> Recommended that I file a grievance or a formal complaint |
| <input type="checkbox"/> Referred me to the police | <input type="checkbox"/> Referred me to medical or mental health support |
| <input type="checkbox"/> Filed a report | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Other (specify): _____ | |
106. Overall, how satisfied were you with the actions taken by the person(s) in authority?
- | | | | | |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Dissatisfied | Somewhat Dissatisfied | Neither Dissatisfied Nor Satisfied | Somewhat Satisfied | Very Satisfied |
107. Do you still experience this / these behavior(s)?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

PLEASE PROCEED TO **SECTION D** (QUESTION 110) OF THE QUESTIONNAIRE IF YOU ANSWERED YES TO QUESTION 102.

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PLEASE COMPLETE QUESTIONS 108-109 ONLY IF YOU ANSWERED **NO** TO QUESTION 102.

108. What was / were your reason(s) for not contacting someone in authority about this / these behavior(s)? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> A person in authority found out about the behavior(s) in another way | <input type="checkbox"/> The behavior(s) stopped |
| <input type="checkbox"/> I resolved the issue(s) on my own | <input type="checkbox"/> Someone told me not to report the behavior(s) |
| <input type="checkbox"/> I didn't think the issue(s) was / were serious enough to report | <input type="checkbox"/> I didn't know what to do, where to go, or who to ask for help |
| <input type="checkbox"/> I had concerns about the formal complaint process (e.g., confidentiality, didn't think I would be believed) | <input type="checkbox"/> I was afraid of negative work / educational consequences (e.g., career implications, lower grades) |
| <input type="checkbox"/> I was afraid of negative reputation consequences (e.g., being labeled) | <input type="checkbox"/> I was afraid of negative safety consequences (e.g., physical threats) |
| <input type="checkbox"/> I did not believe that it would make a difference | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Other (specify): _____ | |

109. Do you still experience this / these behaviors?

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------------------|------------------------------------|

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SECTION D: FINAL THOUGHTS & OPINIONS

This section asks some questions on your opinion about whether gender-based and sexual harassment are pervasive issues in the orthopaedic training / work environment, as well your thoughts on how orthopaedic training / work environments might better prevent the occurrence of such types of harassment.

110. Do you believe that there is a high prevalence of gender-based harassment in the training and / or work environment?

- Yes** **No**

If **yes**, where?

- TRAINING Only** **WORK Only**
 BOTH

If **yes**, what percentage of orthopaedic residents, fellows or surgeons do you believe have experienced gender-based harassment in the training and / or work environment?

- 0 – 20%** **21 – 40%** **41 – 60%** **61 – 80%** **81 – 100%** **Not Sure**

111. Do you believe that gender-based harassment contributes to the large gender disparity in orthopaedic surgery?

- Strongly Believe** **Somewhat Believe** **Neither Believe nor Disbelieve** **Somewhat Disbelieve** **Strongly Disbelieve** **Not Sure**

112. Do you believe that there is a high prevalence of sexual harassment in the training and / or work environment?

- Yes** **No**

If **yes**, where?

- TRAINING Only** **WORK Only**
 BOTH

If **yes**, what percentage of orthopaedic residents, fellows or surgeons do you believe have experienced sexual harassment in the training and / or work environment?

- 0 – 20%** **21 – 40%** **41 – 60%** **61 – 80%** **81 – 100%** **Not Sure**

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113. Do you believe that sexual harassment contributes to the large gender disparity in orthopaedic surgery?

**Strongly
Believe**

**Somewhat
Believe**

**Neither
Believe nor
Disbelieve**

**Somewhat
Disbelieve**

**Strongly
Disbelieve**

Not Sure

114. Please describe your training and/or work organization's tolerance of gender-based or sexual harassment? (Specify training or work organization)

115. Do you have any suggestions on how training institutions or workplaces can minimize the risk of gender-based or sexual harassment within the training or work environment?

116. Please include any other comments you would like to share here:

***You have reached the end of the questionnaire.
Thank you for participating in this survey!***