

Appendices

Data collection tool

An anonymous self-administered questionnaire about sexual harassment at XXXX.
Answer the questions with X, you can choose more than one option.

Definition of sexual harassment:

Any unwanted physical contact and conduct, gesture, verbal and non-verbal communication of sexual nature independent of the number of incidents and gender of the victim or perpetrator.

PART A: DEMOGRAPHIC INFORMATION

1. What is your gender?

Female: ____ Male: ____ Other: ____

Select your age bracket:

18-29: ____ 30-41: ____ 42-53: ____ 54-65: ____ 65+: ____

2. What is your occupation?

Nurse: ____ Nursing student: ____

3. **If you are a nurse**, what kind of nurse are you?

Assistant nurse officer: ____ Nurse Officer: ____ Enrolled Nurse: ____

How many years have you been working as a **nurse**:

Less than 1 y: ____ 1-5 y: ____ 5-10 y: ____ 10-20 y: ____ more than 20 y: ____

4. **If you are a nursing student**, which nursing program are you attending?

In-service BS: ____ Pre-service: ____ Diploma: ____

Which year are you in?

First: ____ Second: ____ Third: ____ Fourth: ____

PART B: SEXUAL HARASSMENT

5. Do you know if there is a law against sexual harassment in Tanzania?

Yes: ____ No: ____

6. Have you ever been a victim of sexual harassment as a nurse or a nursing student? (*If yes, please answer questions 7-15*)

Yes: ____ No: ____ Don't want to say: ____

If No, have you ever heard of a fellow student and/or a colleague, that has been sexually harassed?

Yes: ____ No: ____ (*if yes, please answer questions 8,9,10 &11*)

7. How many times have you been sexually harassed?

1: ____ 2: ____ 3: ____ 4: ____ more than 5 times: ____

8. What kind/s of sexual harassment/s was it? (*It is possible to mark more than one option.*)

Have you ever had an intimate relationship to obtain your position at work or to pass your clinical practice? ____

Unwelcome touching (for example pinching or grabbing): ____

Unwelcome hugging or kissing: ____

Inappropriate physical contact that made you feel uncomfortable: ____

Inappropriate invitations to go out: ____

Request or pressure for sex/other sexual acts: ____

Any other unwelcome conduct of sexual nature: ____

Sexual jokes or comments: ____

Inappropriate staring: ____

Has anyone showed, given or sent you sexual pictures or messages: ____

Attempts to have sex: ____

If you want to, please describe the event:

9. When did it happen?

During workhours: ____ Before / after your shift: ____?

10. Who was the perpetrator/s? (*the person/s responsible for the sexual harassment/s. It is possible to mark more than one option.*)

Supervisor/boss: ____

Doctor: ____

Nurse: ____

Student: ____

Patient: ____

A patient's family member: ____

Other health care staff: ____

Stranger: ____

11. What was the gender of the perpetrator/s?

Female: ____ Male: ____

12. Did you tell anyone about it?

Yes: ____ No: ____

If no, please describe why you did not tell anyone:

If yes, who/whom did you tell? (It is possible to mark more than one option.)

Family member: _____

Friend: _____

Colleague: _____

Husband/ wife/ girlfriend/ boyfriend: _____

If other/s, please describe your relationship to that person/s: _____

13. Did you report it to your supervisor/boss at KCMC?

Yes: _____ No: _____

If you are a student, did you report it to your school?

Yes: _____ No: _____

14. How did you feel at that time?

Upset: _____

Angry: _____

Ashamed: _____

Afraid: _____

Other, please describe:

15. How did you feel after the event?

Upset: _____

Angry: _____

Ashamed: _____

Afraid: _____

Depressed: _____

Sad: _____

The event affected your work performance: _____

Uncomfortable going back to work/ clinic practice: _____

Irritated: _____

Trouble sleeping: ____

Others, please describe:

If you want to add something more please do it here:

Thank you for your participation!