

Appendix 1. SOVES-A questionnaire

This questionnaire was based on the original Survey of Violence Experienced by Staff (SOVES).

- 1 Please specify your job title:
 - 2 Please indicate status of post:
 - Full time ☐
 - Part time/Job Share ☐
 - Relief ☐
 - Please state average weekly hours worked, **excluding overtime**
 - 3 Please describe your current workplace (eg medical unit, surgical unit, psychiatric unit, community care, emergency care, child care, care of the elderly, administration, etc.)
 - 4 Please estimate the percentage of your working time that involves contact with patients/clients:
 - 5 Please indicate whether your post is **primarily**:
 - Office based ☐
 - Clinic based ☐
 - Community based ☐
 - Residential and/or hostel ☐
 - Hospital based ☐
 - 6 Please state length of service working in health/social care:
 - Years Months
 - 7 Please state length of service in your **current position**
 - Years Months
 - 8 Please indicate whether you are:
 - Male ☐
 - Female ☐
 - 9 Please enter your current age in years in the box provided
 - 10 In your **current role**, have you **ever** been subjected to **verbal abuse** directed towards you in your workplace? (eg abusive or offensive language, personally derogatory remarks, profanity, or obscene comments):
 - Yes ☐
 - No ☐
- If Yes, please indicate the categories which best describe the source(s) and frequency of that abuse **within the past 4 weeks** (Please tick all applicable boxes):

Source of verbal abuse	Frequency within past 4 weeks		
	1–5	6–10	More than 10
Patient/client			
Relative/visitor			
Co-worker			
Other			

If other, please specify

- 11 In your **current role**, have you ever been **threatened** in your workplace (eg warnings of intent to injure, harassment, physical intimidation, threat with a weapon)?

Yes ☐
No ☐

If Yes, please indicate the categories which best describe the source(s) and frequency of threats directed towards you **within the past 4 weeks** (please tick all applicable boxes):

Source of threats	Frequency within past 4 weeks		
	1–5	6–10	More than 10
Patient/Client			
Relative/Visitor			
Co-Worker			
Other			

If other, please specify

- 12 In your **current role**, have you **ever** been **physically assaulted** in your workplace (eg slapping, pinching, pushing, shoving, spitting, kicking, use of a weapon)?

Yes ☐
No ☐

If yes, please indicate the categories which best describe the source(s) and frequency of that abuse **within the past 4 weeks** (please tick all applicable boxes):

Source of physical assault	Frequency within past 4 weeks		
	1– 5	6–10	More than 10
Patient/Client			
Relative of patient/client			
Co-Worker			
Other			

If other, please specify

- 13 Following **the most recent occurrence** of **physical assault** in the workplace, how would you classify any physical injury sustained?

None: no physical injury of any sort ☐
 Minor: injury required no treatment or first aid ☐
 Major: injury required medical assessment and/or treatment ☐

- 14 Have you had formal de-escalation and/or breakaway training in the last 3 years?

Yes ☐
No ☐

- 15 Have you ever received training in the management of potentially violent individuals?

Yes ☐
No ☐

Thank you for your valuable contribution to this study. All information in this questionnaire is confidential, and no individual responses will be identifiable.