

Survey of Workplace Violence Prevention



U.S. Department of Labor
Bureau of Labor Statistics

Please correct your company address as needed

Note: The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies will use the information you provide for statistical purposes only. This information will be held in confidence, as provided by the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws. Your responses will not be disclosed in identifiable form without your informed consent.

We estimate it will take an average of 20 minutes to complete this survey, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates or any other aspect of this survey, including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Occupational Safety and Health Statistics, 2 Massachusetts Avenue, N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No. 1220-0177
Approval expires 08/31/2007
BLS-2005 WPV

Dear Employer:

The U.S. Department of Labor, Bureau of Labor Statistics, is working with the National Institute for Occupational Safety and Health (NIOSH) to survey employers about the prevention of workplace violence. The *Survey of Workplace Violence Prevention* includes questions about your establishment's operations, programs, and policies regarding workplace violence. Other questions are included about your establishment's training programs to prevent workplace violence.

We realize that you and your colleagues are very busy. Therefore, we have made the survey relatively quick and easy to complete. Your participation in this survey is voluntary, but we rely on establishments like yours to help us with this important research.

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. You will NOT be visited by any regulatory agency as a result of your participation in this survey.

The results of this survey can be found at www.bls.gov by clicking on the 'Safety and Health' link. A News Release detailing the major findings will be available in the summer of 2006. If you would like a copy of the final results sent to you via mail or e-mail, please check a box under "Contact Information" on page 1 of the survey.

Your participation will result in a survey that produces valuable and important information. Thank you for helping us collect accurate information and for participating in the effort to make America's workplaces safer and healthier.

Bureau of Labor Statistics
U.S. Department of Labor

What do you need to do?

- **Please forward this survey to the person(s) who is (are) most informed about the prevention of workplace violence, including training policies, throughout your establishment.** This person should be knowledgeable about your establishment's operations and programs or policies; training; and procedures on workplace violence prevention; and incidences of workplace violence. This may include persons from Safety and Health, Risk Management, Security, Loss Prevention, and/or Human Resources.
- Complete this survey only for the establishment(s) noted on the cover under **Reporting Site**.
- Verify the information printed on the cover under **Your Company Address** and make corrections where necessary.
- On Page 1, fill in the **Contact Information (name, title, and telephone number)** of the person whom we should contact for information.
- Please return the entire package – everything that we sent you – in the enclosed envelope or by e-mail within **30 days** of the date your establishment received it.

If you need help in completing our survey form or if you have questions, please call **202-691-6170** (not a toll-free number).

Options for Reporting Your Survey of Workplace Violence Prevention Data

Bureau of Labor Statistics
U.S. Department of Labor

The Bureau of Labor Statistics is pleased to offer two methods of reporting your Survey of Workplace Violence Prevention data.

1. You can complete your survey booklet by hand and return it to us by using the enclosed Business Reply Mail envelope.
 2. You can receive an electronic copy of the survey form by e-mail, enter your data, and then return it to us via e-mail.
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Reporting Your Survey of Workplace Violence Prevention Data By E-Mail

Before you can report your data via e-mail you must obtain an electronic copy of the survey form.

Note: If you report your survey data by e-mail, you do not need to mail back your survey form to us.

As a participant in a U.S. Bureau of Labor Statistics (BLS) statistical survey, you should be aware that use of electronic transmittal methods in reporting data involves certain inherent risks to the confidentiality of those data. Further, you should be aware that responsible electronic transmittal practices employed by the BLS cannot completely eliminate those risks.

The BLS is committed to the responsible treatment of the data you report and will take appropriate steps within their ability to protect the confidentiality of those data.

The survey form is a Microsoft Word ® template that is formatted to allow you to type your information into each of the data fields. The fields in the electronic survey form correspond exactly to the fields on the hard copy survey form you received in the mail.

1. To obtain an electronic copy of the survey form, send an e-mail to: WPVSURVEY@idcf.bls.gov. By an automated response, you will receive an electronic copy of the survey form to complete. Do not reply to this message—it is from an unattended mailbox and any replies will not be responded to or forwarded.
2. Save the form to your computer and open it using Microsoft Word ®.

3. Begin by entering your establishment's identifying information on the cover page of the survey form. You will need to refer to the label on the front cover of the survey form you received in the mail. You must provide us with your establishment ID number and your company name and address.

An example label is shown below.

The image shows a sample label for a survey form. It contains the following information:

- U.S. DEPARTMENT OF LABOR
C/O BLS PROCESSING CENTER
P.O. BOX 206
CLAYSBURG, PA 16625-0206
- Address for Return Envelope:
U.S. DEPARTMENT OF LABOR
C/O BLS PROCESSING CENTER
P.O. BOX 206
CLAYSBURG, PA 16625-0206
- Company name and address (indicated by a box and arrow)
- Reporting Site:
SAME AS YOUR COMPANY ADDRESS
- Your Company Address:
77-123456789-0000
YOUR COMPANY
987 YOUR STREET
YOUR CITY, US 12345-0000
- Establishment ID number:
77-123456789-003 (indicated by a box and arrow)

4. Once you have filled in your identifying information on the cover page, you can navigate through the fields on the form by using the TAB key.
5. When you have completed the survey form, save it on your computer.
6. Attach your completed survey form to an e-mail and send to: WPVDATA@idcf.bls.gov. You will receive an automated response when your survey form has been received by the BLS. Do not reply to this message—it is from an unattended mailbox and any replies will not be responded to or forwarded.

Survey of Workplace Violence Prevention

----- START HERE -----

BEFORE you start answering the survey, please complete the following tasks:

- ⇒ Report information only about the **Reporting Site** identified on the address label.
- ⇒ Verify the information printed on the cover under **Your Company Address** and make corrections where necessary.
- ⇒ **Forward** this to the person who is most informed about workplace violence prevention in your establishment.

1 CONTACT INFORMATION — PLEASE PRINT:

Name of person completing the survey:

Job title:

Phone number: (_____) _____ -- _____

Ext. _____

Fax number: (_____) _____ -- _____

Month and day completed: _____, 2005
Month Day

If you would like a copy of the survey results, please check one or both of the boxes below.

- I would like a copy of the survey results sent to my e-mail address listed below.

E-mail address:

- I would like a copy of the survey results sent to my mail address listed below.

Mail address:

2 How many employees are currently employed by your establishment?

- ⇒ **Include all paid employees** (full-time, part-time, hourly, salaried, temporary, and seasonal).

NUMBER OF CURRENT EMPLOYEES: _____ →

DEFINITION of Workplace Violence

Please use the following definition of workplace violence to answer the questions in this survey.

Workplace Violence violent acts directed towards a person at work or on duty (i.e. physical assaults, threats of assault, harassment, intimidation, or bullying).

Workplace violence can occur at the workplace, on official travel, at field locations, and at client's homes or workplaces. Violence that occurs in the workplace may be classified in the following ways:

- **Criminal:** when the perpetrator has no legitimate relationship to the business or its employees and is usually committing a crime in conjunction with the violence (e.g. robbery, shoplifting, or trespassing).
- **Customer or Client:** when the perpetrator has a legitimate relationship with the business and becomes violent while being served by the business (e.g. customers, clients, patients, students, inmates, or for any other group that the business provides services).
- **Co-Worker:** when the perpetrator is an employee, past employee of the business, or contractor who works as a temporary employee on your site and who attacks or threatens another employee.
- **Domestic Violence:** when the perpetrator, who has no legitimate relationship to the business (but has a personal relationship with the intended victim), threatens or assaults the employee at the workplace (e.g. family member, boyfriend, or girlfriend).

Section I: Operations

- Answer questions for ALL employees including contractors and subcontractors who work for the reporting site.

- 3** Which of the following types of security features are provided at your establishment, even if used as needed?

3a Electronic Surveillance — Check ALL that apply

- No electronic surveillance
- Intruder/Burglar alarm systems
- Surveillance cameras
- Motion detectors
- Metal detectors
- X-ray inspection of items brought into workplace (e.g. bags, briefcases, packages)
- Electronic badge or ID scanners at entrances and exits to building or work areas
- Employees' personal alarms
- Other _____

3b Security Staff — Check ALL that apply

- No security staff
- Campus or site-specific police
- Security guards, including contracted
- Guard dogs
- Other _____

3c Physical Security — Check ALL that apply

- No physical security features
- Limited access (e.g. secured entrances or doors that are kept locked during working hours)
- Physical barriers or fences between work areas and the public (includes protective barriers in vehicles)
- Visibility of work areas (e.g. lighting)
- Cash handling processes (e.g. drop safes)
- Other _____

- 4** Is your establishment open to the general public?

- No → Go to Question 5
- Yes → (If yes) Select ALL of the hours that your establishment is open to the general public.
 - Hours between 6 a.m. and 5 p.m.
 - Hours between 5 p.m. and 11 p.m.
 - Hours between 11 p.m. and 2 a.m.
 - Hours between 2 a.m. and 6 a.m.

- 5** Select ALL of the hours that employees work at your establishment, regardless of whether your establishment is open or closed to the general public during those times.

- Hours between 6 a.m. and 5 p.m.
- Hours between 5 p.m. and 11 p.m.
- Hours between 11 p.m. and 2 a.m.
- Hours between 2 a.m. and 6 a.m.

(If 11 p.m. to 2 a.m. and/or 2 a.m. to 6 a.m. are checked) Which of the following procedures are used between 11 p.m. and 6 a.m.? Check ALL that apply.

- Limited contact with the public (e.g. cash and small items exchanged using a pass-through window)
- Minimum of two employees working together
- Limiting the amount of cash on-hand (e.g. drop safes)
- Escorts to parking areas
- Employees' personal alarm systems
- Security systems (e.g. cameras)
- Visibility of work areas (e.g. lighting)
- Other _____
- No procedures are used

6 Which of the following situations apply to employees who work at your establishment? Check ALL that apply.

- Working in direct contact with the public
- Exchanging money with customers
- Having a mobile workplace (e.g. working out of a vehicle) or delivering passengers, goods, or services (e.g. taxicab, police cruisers, postal route, or take-out food delivery)
- Working with unstable or volatile persons in health care, social service, or criminal justice settings
- Working in high crime areas
- Guarding valuable goods or property (e.g. a museum or armored car guard)
- Working in small numbers (fewer than 5)
- Working in community-based settings or going door-to-door to residences (e.g. home health care, social services, child welfare, or meter readers)
- Other_____
- None of the above

7 Do employees at your establishment work alone at any time? Examples include a clerk working alone at a convenience store, a taxicab driver, a social worker making house visits, or a nurse on a ward by him or herself.

- No → Go to Question 8
- Yes → (If yes) Which of the following prevention strategies are used when this happens? Check ALL that apply.
 - Limited contact with the public (e.g. cash and small items exchanged using a pass-through window)
 - Limited amount of cash on-hand (e.g. drop safes)
 - Escorts to parking areas
 - Personal alarm systems for employees
 - Security systems (e.g. cameras)
 - Visibility of work areas (e.g. lighting)
 - Other_____
 - No prevention strategies are used

8 Which of the following are your staff, including security staff, authorized to do at your establishment? Check ALL that apply.

- Register or check in visitors before entering the office/building
- Check employees' badges or IDs before employees enter the office/building
- Stop entry due to restraining/protective orders
- Use photographs of persons to screen entry of possible offenders who may resort to violence
- Screen calls for victims of harassment or domestic violence
- Have authority to arrest or detain persons for police
- Have authority to seize weapons
- Other_____
- None of the above

9 Does your establishment have a PROCESS OR METHOD to identify clients, customers, visitors, and/or patients with a history of violence?

- No
- Yes

10 Does your establishment have a PROCESS OR METHOD (e.g. background checks, security clearance, employment or personal reference checks) to identify potential employees or current employees with a history of violence?

- No
- Yes

11 Does your establishment provide additional security arrangements (e.g. panic alarms, workstation barriers) for employees who have been victims of workplace violence?

- No → **Go to Question 12**
- Yes → (If yes) Which of the following security measures does your establishment provide? Check ALL that apply.
 - Panic alarms
 - Workstation barriers
 - Relocation to another workplace (e.g. working at a different location)
 - More secure parking places made available
 - Cell phones provided for commute or work-related travel
 - Enforcement of restraining/protective orders
 - Other _____

Section II: Programs and Policies

► Answer questions for ALL employees including contractors and subcontractors who work for the reporting site.

12 Does your establishment have a program or policy that includes workplace violence prevention?

- No → **Go to Question 17**
- Yes → (If yes) Which type of format? Check ALL that apply.
 - Written program or policy
 - Verbal program or policy

13 Which of the following situations does your establishment's workplace violence program or policy address? Check ALL that apply.

- Criminal: when the perpetrator has no legitimate relationship to the business or its employees and is usually committing a crime in conjunction with the violence (e.g. robbery, shoplifting, or trespassing).
- Customer or Client: when the perpetrator has a legitimate relationship with the business and becomes violent while being served by the business (e.g. customers, clients, patients, students, inmates, or for any other group that the business provides services).
- Co-Worker: when the perpetrator is an employee, past employee of the business, or contractor who works as a temporary employee on your site and who attacks or threatens another employee.
- Domestic Violence: when the perpetrator, who has no legitimate relationship to the business (but has a personal relationship with the intended victim), threatens or assaults the employee at the workplace (e.g. family member, boyfriend, or girlfriend).

14 Does the program or policy instruct employees about how to report concerns or incidents of workplace violence?

- No → **Go to Question 15**
- Yes → (If yes) Which of the following reporting methods are included in your establishment's workplace violence program or policy? Check ALL that apply.
 - How employees report incidents
 - How supervisors report incidents
 - How to fill out an incident report form
 - How to access an anonymous "800", toll free, or hotline number
 - Other _____

15 Does your establishment's workplace violence program or policy address incidents that occur outside the workplace but have a workplace component or connection (e.g. harassment, stalking, physical harm, or verbal threats)?

- No
- Yes

16 Does your establishment periodically review the effectiveness or impact of the workplace violence program or policy?

- No → **Go to Question 17**
- Yes → (If yes) What is included in such a review? Check ALL that apply.
 - Employee survey
 - Number of violent incidents recorded
 - Costs associated with incidents (e.g. worker's compensation)
 - Other _____

17 Which office or persons are responsible for addressing the prevention of workplace violence in your establishment?

- No office or person has this responsibility → **Go to Question 19**
- Management/Supervisors
- Designated Employees
- Union Representatives
- Employee Assistance Program
- Human Resources
- Owner/CEO
- Security
- Occupational Safety and Health
- Risk Management
- Loss Prevention
- Other _____
- Don't know → **Go to Question 19**

18 If more than one office or person is responsible, who has the PRIMARY responsibility or would take the lead in addressing the prevention of workplace violence? Check only ONE.

- No single office or person. It's a shared responsibility.
- Management/Supervisors
- Designated Employees
- Union Representatives
- Employee Assistance Program
- Human Resources
- Owner/CEO
- Security
- Occupational Safety and Health
- Risk Management
- Loss Prevention
- Other _____

19 Does your establishment currently have a committee, team, or working group that addresses workplace violence prevention?

- No, but had a committee, team, or working group in the past → **Go to Question 20**
- No, never had a committee, team, or working group → **Go to Question 21**
- Yes → **(If yes) Who makes up the workplace violence committee, team, or working group? Check ALL that apply.**
 - Management/Supervisors
 - Designated Employees
 - Union Representatives
 - Employee Assistance Program
 - Human Resources
 - Owner/CEO
 - Security
 - Occupational Safety and Health
 - Risk Management
 - Loss Prevention
 - Other _____

20 What are or were the functions of the workplace violence prevention committee, team, or working group? Check ALL that apply.

- Develop an initial workplace violence program or policy
- Raise workplace violence awareness
- Conduct workplace violence training
- Establish workplace violence prevention strategies
- Evaluate the workplace for risk factors
- Recommend additional security measures
- Maintain security equipment
- Respond to and/or investigate any workplace violence incidents
- Review all workplace violence reports or incidents to identify patterns
- Other _____

Section III: Training

► Answer questions for ALL employees including contractors and subcontractors who work for the reporting site.

21 Does your establishment provide material on workplace violence prevention to employees?

- No → **Go to Question 22**
- Yes → **(If yes) What types of material are available? Check ALL that apply.**
 - Brochures on workplace violence prevention
 - Posters on workplace violence prevention
 - Newsletters, notices on the Intranet, or bulletins in newsletters on workplace violence prevention
 - Memo or guidelines regarding how to report an incident related to workplace violence
 - Memo or guidelines regarding security measures (e.g. card keys, ID badges) that specifically address workplace violence prevention
 - Other _____

22 Does your establishment provide training to employees on workplace violence prevention, even if it is given during company trainings such as new employee orientation?

- No → **Go to Question 26**
- Yes → **(If yes) Which of the following topics are addressed in your workplace violence prevention training? Check ALL that apply.**
 - Workplace violence program or policy
 - How to address Domestic Violence by a family member, boyfriend, or girlfriend at the workplace
 - Risk factors for workplace violence (e.g. working alone, working in high crime areas)
 - Prevention strategies (e.g. limiting the amount of cash on-hand, escorts to parking areas)
 - How employees should report concerns and incidents of workplace violence
 - Other _____

23 During the past 12 months, how many hours of training specific to workplace violence prevention did ***EACH*** employee group receive?

Check **ONE** box for each group.

A. Newly hired employees

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No training | 1 hour or less | 1-2 hours | 3-4 hours | 5-8 hours | 9 or more hours |

B. Non-supervisory employees

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No training | 1 hour or less | 1-2 hours | 3-4 hours | 5-8 hours | 9 or more hours |

C. Supervisory / managerial employees

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No training | 1 hour or less | 1-2 hours | 3-4 hours | 5-8 hours | 9 or more hours |

D. Contractors / sub-contractors

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No such staff | No training | 1 hour or less | 1-2 hours | 3-4 hours | 5-8 hours | 9 or more hours |

E. High-risk employees

Include employees that may be at greater risk of workplace violence than other employees (e.g. clerks in convenience stores, emergency department staff in hospitals, security guards, and receptionists).

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No such staff | No training | 1 hour or less | 1-2 hours | 3-4 hours | 5-8 hours | 9 or more hours |

24 Which of the following training methods are used in your workplace violence training? Check ***ALL*** that apply.

- Classroom, instructor led (formal classroom)
- Self-paced (includes computer-based)
- On-the-job; one-on-one (informal)
- Written policies or manuals (references)

A. Newly hired employees

- | | | | | | |
|--------------------------|---------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No training | Classroom, instructor led | Self-paced | On-the-job; one-on-one | Written policies or manuals | Other (list)* |

*Other (list): _____

B. Non-supervisory employees

- | | | | | | |
|--------------------------|---------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No training | Classroom, instructor led | Self-paced | On-the-job; one-on-one | Written policies or manuals | Other (list)* |

*Other (list): _____

C. Supervisory / managerial employees

- | | | | | | |
|--------------------------|---------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No training | Classroom, instructor led | Self-paced | On-the-job; one-on-one | Written policies or manuals | Other (list)* |

*Other (list): _____

D. Contractors / sub-contractors

- | | | | | | | |
|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No such staff | No training | Classroom, instructor led | Self-paced | On-the-job; one-on-one | Written policies or manuals | Other (list)* |

*Other (list): _____

E. High-risk employees

Include employees that may be at greater risk of workplace violence than other employees (e.g. clerks in convenience stores, emergency department staff in hospitals, security guards, and receptionists).

- | | | | | | | |
|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No such staff | No training | Classroom, instructor led | Self-paced | On-the-job; one-on-one | Written policies or manuals | Other (list)* |

*Other (list): _____

25 How often are employees required to participate in workplace violence prevention training at your establishment?

Check ONE box for each group.

A. Non-supervisory employees

- | | | | | | |
|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not required | One or more times per year | Every 1-2 years | Every 3-5 years | After an incident occurs | Other (list)* |

*Other: _____

B. Supervisory / managerial employees

- | | | | | | |
|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not required | One or more times per year | Every 1-2 years | Every 3-5 years | After an incident occurs | Other (list)* |

*Other: _____

C. Contractors / sub-contractors

- | | | | | | | |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No such staff | Not required | One or more times per year | Every 1-2 years | Every 3-5 years | After an incident occurs | Other (list)* |

*Other: _____

D. High-risk employees

Include employees that may be at greater risk of workplace violence than other employees (e.g. clerks in convenience stores, emergency department staff in hospitals, security guards, and receptionists).

- | | | | | | | |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No such staff | Not required | One or more times per year | Every 1-2 years | Every 3-5 years | After an incident occurs | Other (list)* |

*Other: _____

26 Does your establishment provide separate training on Domestic Violence prevention?

- No
 Yes

Section IV: Reporting

► Answer questions for ALL employees including contractors and subcontractors who work for the reporting site.

27 During the past 12 months, have employees at your establishment experienced any incidents of workplace violence, even those that did not result in injury?

- No → **Go to Question 32**
- Yes → **(If yes) Which of the following types of workplace violence incidents occurred? Check ALL that apply.**
- Criminal:** when the perpetrator has no legitimate relationship to the business or its employees and is usually committing a crime in conjunction with the violence (e.g. robbery, shoplifting, or trespassing).
 - Customer or Client:** when the perpetrator has a legitimate relationship with the business and becomes violent while being served by the business (e.g. customers, clients, patients, students, inmates, or for any other group that the business provides services).
 - Co-Worker:** when the perpetrator is an employee, past employee of the business, or contractor who works as a temporary employee on your site and who attacks or threatens another employee.
 - Domestic Violence:** when the perpetrator, who has no legitimate relationship to the business (but has a personal relationship with the intended victim), threatens or assaults the employee at the workplace (e.g. family member, boyfriend, or girlfriend).

28 When did the most recent incident of workplace violence occur? Check only ONE.

- Within the last 30 days
- 1 to 3 months ago
- 4 to 6 months ago
- 7 to 12 months ago

29 Did your establishment's workplace violence prevention program or policy change after an incident occurred? Check only ONE.

- No
- Yes
- No program or policy

30 During the past 12 months, have incidents of workplace violence..... Check only ONE.

- Increased
- Decreased
- Stayed about the same

31 In your opinion, during the past 12 months, has an incident of workplace violence affected employees at your establishment?

- No → **Go to Question 32**
- Yes → **(If yes) In which of the following ways? Check ALL that apply.**
 - Absenteeism
 - Health insurance premiums
 - Turnover
 - Fear levels
 - Productivity
 - Morale
 - Other _____
 - Don't know

32 Do you think that your establishment is..... Check only ONE.

- Very safe from workplace violence
- Safe from workplace violence
- Unsafe from workplace violence
- Very unsafe from workplace violence
- Don't know

33 Do you think that your establishment is..... Check only ONE.

- Very safe from crime
- Safe from crime
- Unsafe from crime
- Very unsafe from crime
- Don't know

34 Do you think that the neighborhood around your establishment is..... Check only ONE.

- Very safe from crime
- Safe from crime
- Unsafe from crime
- Very unsafe from crime
- Don't know

35 Does your establishment track the cost of workplace injuries and illnesses?

- No
- Yes

36 Does your establishment track costs related to incidents of workplace violence?

- No
- Yes → **(If yes) What types of costs related to workplace violence do you track? Check ALL that apply.**
 - Workers' compensation
 - Third party insurance
 - Absenteeism, accident or injury-related leave
 - Replacement workers
 - Property damage
 - Training or prevention costs
 - Other _____

If you need help in completing our survey or if you have questions, please call 202-691-6170 (not a toll-free number).

Please return the entire package – everything that we sent you – in the enclosed envelope or by e-mail within 30 days of the date your establishment received it.

Thank you very much for your help. Your cooperation is appreciated.