

## Supplementary 1:

### English version

#### Investigation on mental health status of healthcare workers under the normalization of COVID-19 pandemic

Questionnaire guidelines: Thank you for taking the time to participate in our survey. Our goal is to understand your experience on the workplace violence, and your opinions and suggestions are very important to us. If you encounter any problems or difficulties while filling out the questionnaire, please feel free to contact us, we will be more than happy to answer your questions. Wish you a pleasant experience!

##### Part 1 Personal Information

1. Your year of birth\_\_\_\_\_ Year\_\_\_\_ Month\_\_\_\_ Day [fill in the blank question]\*
2. Your Gender [Multiple Choice Question] \* A. Male B. Female
3. Your marital status [multiple choice question]\*  
A. Unmarried B. Married C. Divorced D. Widowed
4. Your education level [multiple-choice question]\*  
A. Junior College B. Undergraduate C. Master D. Doctoral E. Other
5. Which county/city where you work: [Multiple choice question]\*  
A. Yuhang District B. Jiande County C. Jianggan District D. Chun'an County  
E. Xihu District
6. Which department you work [fill in the blank question]\* \_\_\_\_\_
7. The grade of your hospital : [Multiple choice question]\*  
A. Grade 3 and first-class hospital B. Grade 3 and second-class hospital  
C. Grade 2 and first-class hospital D. Grade 2 and second-class hospital  
E. Community Health Service Center F. Community Health Service Station  
G. Centers for Disease Control and Prevention H. Other
8. Your annual income after tax salary [multiple choice question]\*  
A. ≤ 60000 B. 6-120000 C. 120000-200000 D. ≥ 200000
9. Your job category: [Multiple choice question]\*  
A. Medicine/Basic sciences B. Clinical medicine C. Oral medicine  
D. Public health and Preventive healthcare

- E. Traditional Chinese medicine (integrated traditional and western medicine)
- H. Pharmacy (traditional Chinese medicine)
- I. Forensic medicine   J. Medical technology   K. Nursing
- L. Administration   M. Others \_\_\_\_\_\*
10. Have you ever worked in COVID-19 frontline work [multiple-choice question] \*
- A. Yes   B. No
11. Your professional title level [multiple choice question]\*
- A. Junior   B. Intermediate   C. Associate Professor (Medical)
- D. Full Professor (Medical)

12. When were you started working in medical work in \_\_\_\_\_ [fill in the blank question]\*

Part 2 Personal Experience

Have you experienced the following in the past 12 months? [Matrix Multiple Choice Question]\*

	Never	Rarely	Occasionally	Often	Frequently	Everyday
Verbal violence (e.g, abuse, sarcasm, insult, etc.)						
Made difficulties (e.g, picky demands, unreasonable requests, non-compliance, ridicule, etc.)						
Smear reputation (unfounded allegations or complaints, defamation, rude damage to reputation, etc.)						
Mobbing behavior (vandalism of public facilities, booing, gathering to stir up trouble, public riots, malicious camera shooting, etc.)						
Intimidation behavior (verbal or written threats, clenched fists, threats with weapons, stalking, etc.)						
Physical violence (biting, pushing, hitting, cutting, throwing things at the body, etc.)						
Sexual harassment (sexually suggestive verbal actions, rape or attempted rape)						

14. Is there any suggestions you have for this questionnaire? (Not mandatory) [Fill in the blank question]\_\_\_\_\_

Supplementary 2:

## Chinese Version

### 新冠肺炎疫情常态化下医务人员心理健康状况调查

问卷指导语：感谢您抽出时间参与我们的调查。我们的目标是了解您的工作场所暴力的经历，您的意见和建议对我们来说非常重要。如果您在填写问卷时遇到任何问题或困难，请随时与我们联系，我们将非常乐意回答您的问题。祝你有愉快的经历！

#### 第一部分 个人信息

1. 您的出生年份\_\_\_\_\_年\_\_\_\_月\_\_\_\_日 [填空题] \*
2. 您的性别 [单选题] \* A. 男 B. 女
3. 您的婚姻现状 [单选题] \*  
A. 未婚 B. 已婚 C. 离异 D. 丧偶
4. 您的受教育程度 [单选题] \*  
A. 大专 B. 本科 C. 硕士 D. 博士 E. 其他
5. 您工作单位所在区县市： [单选题] \*  
A. 余杭区 B. 建德市 C. 江干区 D. 淳安县 E. 西湖区
6. 你所在科室名称 [填空题] \* \_\_\_\_\_
7. 您工作单位性质： [单选题] \*  
A. 三甲 B. 三乙 C. 二甲 D. 二乙 E. 社区卫生服务中心 F. 社区卫生服务站  
G. 疾控中心 H. 其他
8. 您的税后工资年收入 [单选题] \*  
A. ≤6万 B. 6-12万 C. 12-20万 D. ≥20万
9. 您的工作类别： [单选题] \*  
A. 基础医学类 B. 临床医学类 C. 口腔医学类 D. 公共卫生与预防医学类  
E. 中医学类(中西医结合类) H. 药学类(中药学类) I. 法医学类 J. 医学技术类

- K. 护理学类 L. 行政后勤 M. 其他 \_\_\_\_\_ \*
10. 您是否从事过 COVID-19 一线工作 [单选题] \* A.是 B. 否
11. 您的职称等级 [单选题] \*
- A. 初级 B. 中级 C. 副高 D. 正高
12. 您是从\_\_\_\_\_年开始从事医务工作的 [填空题] \*

第二部分 个人经历

13. 最近 12 个月中，你经历过以下这些吗？ [矩阵单选题] \*

	无	极少	有时	经常	频繁	每天
“言语暴力”（讽刺、咆哮、辱骂）						
“刁难”（吹毛求疵、无理要求、依从性差）						
“名誉伤害”（无理投诉）						
“破坏行为”（破坏公共设施、聚众滋事、恶意拍照）						
“被威胁”（口头或者书面威胁、手持凶器威胁、挥拳、跟踪）						
“直接的身体侵害”（被咬、被推搡、被打、被砍、被扔东西砸）						
“性骚扰”（肢体碰触性别特征部位）						

14. 请问您对这份问卷有什么建议？（非必填） [填空题]\_\_\_\_\_