Questionnaire on Gender based Violence Among female Construction workers in Bhaktapur district- A cross-sectional Study.

Section I: Socio-demography profile

1	Participants	
2	Age (in years):	
3	Marital status:	Married/Unmarried /Separated/Divorced/Widow
4	Religion:	Hindu/Buddhist/Muslim/Christian/Atheist:
5	Ethnicity	Janajati/Dalit/Madhesi/Muslim/Brahmin/Chhetri/Others
6	Educational status	No formal education/ Primary/Secondary/High School/Bachelor's/Master's and higher
7	Personal Habits	Smoking/ Alcohol/tobacco
8	Type of work	
9	Income	

Section II: Workplace Violence

1. Have you experienced any forms of workplace violence (physical, verbal, emotional)?
   Yes No
2. If you answered yes, go to question no. 1
1. Place of work:
2. Time of incident: 00-03 03-06 06-09 09-12
   12-15 15-18 18-21 21-24
3. Who showed aggression/violence towards you?

- Contractor
- Co-worker
- Owner of the property
- Others, specify _____

4. In your opinion, was the aggressor.....
    - Mentally ill
    - Senile dement/ mentally retarded
    - Heavily medicated
    - Under the influence of alcohol/narcotics
    - Don/t know

5. Aggressor's sex: Male Female
6. Aggressor's age in years: Under 18 19-30 31-50 51-65 >65
7. Place of incidence:
    - Open space
    - Closed space
    - Others, specify_____
8. Activity that preceded the incident:
    - Conversation
    - While working
    - No activity
    - Other cause……

9. Did you have a feeling in advance about something going to happen?
    - Yes
    - No
    - It came as a surprise
10. Were you alone when it happened?
    Yes No
11. Violent incident that happened?
        - Verbal threat/aggression,
    - Spitting,
    - Biting,
    - Kicking,
    - Scratching/pinching, Punching
        - Pushing
        - Restraining,
    - Harassment
    - Unpleasant experience,
    - Slapping/Hitting
    - Use of object/weapon, describe _____
12. What action was taken against it?
    Handled the situation myself
    Called for help
    Other(s) came to assist

No action was necessary

13. Result of the Violence (multiple choice):
    Physical injury, describe_____
    No physical injury
    Fear Anger Irritation Anxiety
    Humiliation Guilt Helplessness Disappointment
    No reaction Others, describe_____

14. How severely has this incident affected your professional life? (Multiple choice)
    - Thought about quitting the job
    - Quit the job
    - Dissatisfaction with the job
    - Affected your personal life in a harmful way
    - Started feeling less confident about the job
    - Did not feel anything and started a normal routine

- **Section III: Intimate Partner Violence**

WHO multi-country study:

1. **Physical violence by an intimate partner**

• Was slapped or had something thrown at her that could hurt her.

Yes ☐ No ☐

• Was pushed or shoved

Yes ☐ No ☐

• Was hit with a fist or something else that could hurt

Yes ☐ No ☐

• Was kicked, dragged, or beaten up

Yes ☐ No ☐

• Was choked or burnt on purpose

Yes ☐ No ☐

• Perpetrator threatened to use or used a gun, knife, or another weapon against her Sexual violence by an intimate partner.

Yes ☐ No ☐

2. Sexual violence by an intimate partner

• Was physically forced to have sexual intercourse when she did not want to.

Yes ☐ No ☐

• Had sexual intercourse when she did not want to because she was afraid of what her partner might do.

Yes ☐ No ☐

• Was forced to do something sexual that she found degrading or humiliating.

Yes ☐ No ☐

3. Emotional abuse by an intimate partner

• Was insulted or made to feel bad about herself.

Yes ☐ No ☐

• Was belittled or humiliated in front of other people.

Yes ☐ No ☐

• Perpetrator had done things to scare or intimidate her on purpose, e.g. by the way he looked at her, by yelling or smashing things.

Yes ☐ No ☐

• Perpetrator had threatened to hurt someone she cared about.

Yes ☐ No ☐

4. Controlling behaviors by an intimate partner

• He tried to keep her from seeing friends

Yes ☐ No ☐

• He tried to restrict contact with her family of birth

Yes ☐ No ☐

• He insisted on knowing where she was at all times

Yes ☐ No ☐

• He ignored her and treated her indifferently

Yes ☐ No ☐

• He got angry if she spoke with another man

Yes ☐ No ☐

• He was often suspected that she was unfaithful

Yes ☐ No ☐

• He expected her to ask permission before seeking health care for herself

Yes ☐ No ☐

5. Physical violence in pregnancy

• Was slapped, hit, or beaten while pregnant

Yes ☐ No ☐

• Was punched or kicked in the abdomen while pregnant

Yes ☐ No ☐

Section IV: Beck's Anxiety Inventory questions

	Not at all	Mildly but it didn't bother me much	Moderately- it wasn't pleasant at all	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Woobliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of the worst happening	0	1	2	3
Dizzy or light headed	0	1	2	3
Heart pounding	0	1	2	3
Unsteady	0	1	2	3
Terrified or Afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky/unsteady	0	1	2	3

Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3

Beck's Depression Inventory questions:

1. I do not feel sad. I feel sad much of the time. I am sad all the time. I am so sad or unhappy that I can't stand it.
2 I am not discouraged about my future. I feel more discouraged about my future than I used to. I do not expect things to work out for me.

I feel my future is hopeless and will only get worse.
3 I do not feel like a failure. I have failed more than I should have. As I look back, I see a lot of failures. I feel I am a total failure as a person.
4 I get as much pleasure as I ever did from the things. I don't enjoy things as much as I used to. I get very little pleasure from the things I used to enjoy. I can't get any pleasure from the things I used to enjoy.
5 I don't feel particularly guilty. म कत्ति पनि दोषी महसुस गर्दिन | I feel guilty over many things I have done or should have done. I feel quite guilty most of the time. I feel guilty all of the time.
6 I don't feel I am being punished. I feel I may be punished.

I expect to be punished. I feel I am being punished.
7 I feel the same about myself as ever. I have lost confidence in myself. I am disappointed in myself. I dislike myself.
8. I don't criticize or blame myself more than usual. I am more critical of myself than I used to be. I criticize myself for all of my faults. I blame myself for everything bad that happens.
9. I don't have any thoughts of killing myself. I have thoughts of killing myself, but I would not carry them out. I would like to kill myself. I would kill myself if I had the chance.
10.

I don't cry any more than usual.

I cry more now than I used to.

I cry all the time now.

I used to be able to cry, but now I can't cry even though I want to.

11

I am no more irritated by things than I ever was.

I am slightly more irritated now than usual.

I am quite annoyed or irritated a good deal of the time.

I feel irritated all the time.

12

I have not lost interest in other people.

I am less interested in other people than I used to be.

I have lost most of my interest in other people.

I have lost all of my interest in other people.

13.

I make decisions about as well as I ever could.

I put off making decisions more than I used to.

I have greater difficulty in making decisions than I used to.| I can't make decisions at all anymore.
14 I don't feel that I look any worse than I used to. I am worried that I am looking old or unattractive. I feel permanent changes in my appearance make me look unattractive. I believe that I look ugly.
16. I can sleep as well as usual. I don't sleep as well as I used to. I wake up 1-2 hours earlier than usual and find it hard to get back to sleep I wake up several hours earlier than I used to and cannot get back to sleep.
17. I don't get more tired than usual. I get tired more easily than I used to. I get tired from doing almost anything. I am too tired to do anything.

18.

My appetite is no worse than usual.

My appetite is not as good as it used to be.|

My appetite is much worse now.

I have no appetite at all anymore.

19.

I haven't lost much weight, if any, lately.

I have lost more than five pounds.

I have lost more than ten pounds.

I have lost more than fifteen pounds.

20.

I am no more worried about my health than usual.

I am worried about physical problems like aches, pains, upset stomach, or constipation.

I am very worried about physical problems, and it's hard to think of much else.

I am so worried about the physical problems that I cannot think of anything else

21.

I have not noticed any recent change in my interest in sex.

I am less interested in sex than I used to be.

I have almost no interest in sex.

I have lost interest in sex completely.