

Appendix B: Sample Employee Assessment

Note to employer or survey implementer:

It is essential to add or adjust survey questions to reveal issues specific to your industry and/or other organizational characteristics. Insights for the design of these questions should be drawn from focus groups or other worker representation within your workplace. Topics might include unsafe schedule changes to night shifts for women in construction, lewd behavior by guests toward cleaning staff in hotels, or bartenders accepting customer bribes to drug someone's drink.

Sample messaging to workers: (Your organization) is developing best practices for preventing and responding to workplace sexual harassment. Your feedback on this assessment is key to helping us identify main areas of success and opportunities to improve.

All responses will be anonymous since we will not track IP addresses. You may respond to this survey during work hours. Please expect to spend at least 6-8 minutes. The survey will remain active until (DATE AND TIME).

Here is a working definition of sexual harassment to aid you in your responses *(to be tailored according to your workers' feedback on their specific work environment)*:

Sexual harassment is multi-faceted and can take different forms:

- ◇ Any unwelcome or unfair treatment based on your sex or gender that creates a work environment that is hostile, intimidating, offensive, or even just uncomfortable.
- ◇ It can come from someone of the same sex or gender, as well as a co-worker or supervisor/boss.
- ◇ Even if actions are not intended to be harmful, you may feel treated disrespectfully or differently in a bad way.
- ◇ It can be someone demeaning or calling unappreciated attention to you because of your actual or perceived sex, gender, pregnancy, disability, or sexual orientation.

Examples can include visual, verbal, or physical conduct in the workplace, such as:

- ◇ Using vulgar or sexualized language, innuendos, or overtly sexual non-verbal actions
- ◇ Displaying sexual imagery, pornography, or written sexual language
- ◇ Making unwanted/uninvited comments, jokes, or stories
- ◇ Initiating any unwanted/uninvited physical contact or exposure, including violence
- ◇ Pressuring someone for a social engagement after they have declined

Thank you for helping us build a healthy and safe work environment!

Consent: Do you agree to answer this questionnaire? Click "yes" to continue, click "no" to exit.

Q1. How long have you worked at (your organization)?

- Less than 1 year
- 1-4 years
- 5+ years
- I prefer not to answer

Q2. Have you received a sexual harassment prevention workshop/training at (your organization)?

- Yes
- No (skip to Q4 if "Have you received a sexual harassment prevention workshop/training at (your organization)?" = No)

Q3. How strongly do you agree/disagree that the workshop/training was useful?

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q4. How strongly do you agree/disagree with the following statements?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I am well-informed of (your organization)'s policies on sexual harassment prevention.					
(Your organization) provides safe avenues for reporting sexual harassment at work.					

Q5. Have you witnessed sexual harassment or inappropriate behavior toward another colleague at (your organization)?

- Yes
- No (skip to Q7 if “Have witnessed sexual harassment or inappropriate behavior toward another colleague at (your organization)”= No
- I prefer not to answer

Q6. After witnessing this behavior, did you (select all that apply):

- Check in privately with the affected colleague
- Speak up in the moment
- Report the behavior
- Encourage the affected colleague to report it
- Other
- Nothing
- I prefer not to answer

Q7. How frequently do you experience the following at (your organization)? *(Note to survey implementer: reiterate your organization’s working description of sexual harassment here)*

	Always	Very Often	Sometimes	Rarely	Never
Sexual harassment by others in (your organization)					
Sexual harassment by customers/clients					

Q8. Please rate your assessment of how (your organization) manages the following:

	Excellent	Very Well	Unsure	Fair	Poor
Receiving reports					
Investigating reports					
Responding to the person(s) harmed					
Holding the person(s) causing the harm accountable					
Providing accommodations and/or mediation to increase safety in the workplace					

Q9. How often do you think about leaving (your organization) because of experiencing sexual harassment?

- Always
- Very Often
- Sometimes
- Rarely
- Never
- I prefer not to answer

Demographic Questions (note: this may or may not be appropriate in your workplace, especially if it is too easy to identify people by their responses because of organization size and/or worker demographics)

Sample messaging: We would be grateful for your assistance in understanding which demographic groups may be experiencing workplace sexual harassment more than others, particularly at key intersections of identity. We understand that this can be a sensitive section and assure that your responses will remain anonymous. You can, however, reply “I prefer not to answer” to any question.

Q10. How would you describe your gender?

- Woman
- Man
- Non-binary
- None of the above
- I prefer not to answer

Q11. How would you describe your sexual orientation?

- Bisexual
- Heterosexual/Straight
- Lesbian or Gay
- None of the above
- I prefer not to answer

Q12. What is your age range?

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65 years or older
- I prefer not to answer

Q13. Which group most closely identifies your race/ethnicity or your racial/ethnic descent?

- American Indian or Alaskan Native
- Asian: Central or West (including Arabian Peninsula, etc.)
- Asian: East or Southeast Asian
- Asian: South Asian
- Black or African American

- Hispanic or Latinx
- Native Hawaiian or Other Pacific Islander
- North African
- White
- Two or more races/ethnicities
- None of the above
- I prefer not to answer

Q14. Do you have a disability/chronic physical or mental health condition?

- Yes
- No
- I prefer not to answer

Q15. Are you a veteran?

- Yes
- No
- I prefer not to answer