**EN**

**Procedure for collecting data on violence against doctors and their staff**

**Country** :

1. **Do you have a reporting form for violence against physicians?**  
   ☐ Yes  
   ☐ No
2. **Would you like to adopt the standardized reporting form proposed by CEOM?**  
   ☐ Yes, as a replacement for the one in my country  
   ☐ Yes, while adding specific local questions  
   ☐ No, we wish to keep our own reporting form without any changes  
   ☐ No, we do not want a reporting form
3. **Do you have a system for collecting reports of violence?**  
   ☐ Yes (multiple answers possible)

☐ In digital format with online reporting access  
☐ In paper format with digital transcription  
☐ In paper format without digital transcription

☐ No, we do not have a reporting collection system

1. **To facilitate data collection and enable further analysis, would you be in favour of the use of a common platform to be set up within the CEOM European Observatory??**

☐ a) Yes, as a replacement for the existing system in my country  
☐ b) Yes, while also keeping the existing system in my country  
☐ c) No, we do not want a shared reporting collection system

1. **If yes (case 4a), do you need the ability to enter or modify collected data?**  
   ☐ Yes  
   ☐ No
2. **If yes (case 4a), do you need the ability to extract collected data?**☐ Yes  
   ☐ No
3. **If you do not wish to have a shared reporting collection system (case 4c), do you agree to communicate your data to the common CEOM database?**☐ Yes  
   ☐ No
4. **If data is currently collected in your country, can you indicate who is responsible for this collection (Medical Association, Professional Order, Ministry, etc.)? And can you describe the system used (declaration, survey, etc.)?**

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1. **If you are responsible for the data collection, can you explain how the reporting data is collected in terms of:**

• **Frequency** (daily, several times a year, once a year, etc.):

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• **Data history** (starting date of collected data, available historical data):

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• **Anonymization** (existing anonymization process or not):

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• **Individual report** (one report per physician or collective reports):

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• **Software used** (for collection and/or storage):

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• **Reference persons for this collection** (project manager, IT reference, etc.):

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• **Other** :