In the past month, have you had thoughts of ending your life or wishing you were dead?

- Yes
- No
- Prefer not to say

## **Interview questions**

- 1. Could you tell me a little about your role in the department at the time of the incident?
- 2. How would you describe the department's culture before the incident?
- 3. How did you first become aware of the sexual misconduct incident?
- 4. What were your initial thoughts or feelings, and how did colleagues seem to react?
- 5. In the weeks following, what changed—if anything—in day-to-day interactions or morale?
- 6. Did you notice any immediate effects on research progress—lab meetings, manuscript timelines, conference plans?
- 7. Over the subsequent months, did collaborations within or beyond the department change?
- 8. How, if at all, did the incident influence women's participation, recruitment, or retention in the department?
- 9. Have research topics, publication counts, or citation patterns shifted since the incident?
- 10. Looking back, what do you think the department handled well, and what could have been done differently?
- 11. What recommendations would you give other departments facing similar situations?
- 12. Is there anything else you would like to add?
- 13. You now have the opportunity to revise your privacy choice.

  Which of the two is your preferred privacy choice?
  - (a) Anonymous Participation: We will not collect your name or contact

information. Audio recordings will be destroyed immediately after transcription. All identifying details will be removed from transcripts. We will not be able to contact you for follow-up or to approve quotes.

- **(b) Limited Contact Option:** We will keep your contact information separate from your interview data using a code system. Audio recordings will be destroyed after transcription. We can contact you only to approve direct quotes before publication or request a follow-up interview. Your contact information will be destroyed after the study is complete."
- 14. [If 13(b) is selected]: Please provide me with your contact information:
  - First name:
  - Last name:
  - Email:
- 15. [If participant wishes payment transfer via Zelle or Venmo] What is your [Venmo/Zelle] payment information?