Supplement 1. Questionnaire PHASE 1 (demographic/personal details excluded)

1. Please describe a work-related incident you have experienced as very upsetting, very distressing or traumatic.................................................................................................................................................. (1000 words)

2. How did you respond to this event? (Multiple answers possible)
   o I have written down my experiences and feelings (in a diary)
   o Discussed it with family/friends
   o Discussed it with my colleagues
   o Career coaching/supervision
   o Discussed it with the woman (and her partner)
   o Discussed it with my general practitioner
   o Professional help/support
   o Discontinued working as a midwife
   o Nothing
   o Other........................................................................... (50 words)

3. Does/did the event influence your work on a day-to-day basis?
   o Not at all
   o Seldom
   o Sometimes
   o Often
   o All the time

4. When the event does/did influence your work on a day-to-day basis, in what way are you/did you become aware of this? .................................................................................................................(500 words)

5. Does/did the event influence your personal life?
   o Not at all
   o Seldom
   o Sometimes
   o Often
   o All the time

6. When the event influenced your personal life, in what way are you/did you become aware of this?.................................................................................................(500 words)

7. Does the event still play a distressing role in your life and currently affect your professional, personal or social life?
   o Not at all
   o A little bit
   o Somewhat
   o Much
8. Does the event still cause intense fear or panic or helplessness?
   - Not at all
   - A little bit
   - Somewhat
   - Often
   - Very often

9. Do you currently experience any of these signs/symptoms: irritability, outbursts of anger, lack of concentration, difficulty sleeping, palpitations and/or (excessive) sweating when you think back to what happened?
   - Not at all
   - A little bit
   - Regularly
   - Often
   - Very often

10. Do you still have upsetting thoughts, memories, dreams, flashbacks or images that replay what happened?
    - Not at all
    - Seldom
    - Sometimes
    - Often
    - Very often

11. Are you deliberately trying not to think about what happened, to avoid places or people related to the event because you feel upset by reminders of the event?
    - Not at all
    - Seldom
    - Sometimes
    - Often
    - Very often

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