

SUPPLEMENTARY

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Supplementary – Appendix 1

English translation of the questionnaire

Well-being and Mental Health of Junior Doctors

This survey is conducted by the Center for Clinical Research at North Denmark Regional Hospital in collaboration with the North Denmark Region. All responses are received and treated anonymously. Thank you for participating in the survey.

Section 1: Background Information

1. Please select your stage of training

- Junior Doctor in the first part of KBU (foundation year 1)
- Junior Doctor in the second part of KBU (foundation year 1)
- Doctor in an introductory position (foundation year 2)
- Doctor in the main specialist training program (specialty registrar)
- Other

2. Describe your position (open text)

3. From which university did you graduate?

- Aalborg University
- University of Aarhus
- University of Southern Denmark
- University of Copenhagen
- Sweden
- Norway
- Other country

4. In which year did you graduate from university? (2005–2022, Months: January–December)

5. What is your age? (20–50+)

6. Gender

- Male
- Female
- Prefer not to say

7. How long have you been employed in your current position?

- 0 months, 1 month, ..., 6 months, >7 months

8. Which specialty are you currently working in? (list of specialties)

9. Which specialty was your first part of KBU in? (list of specialties)

10. Which specialty was your second part of KBU in? (list of specialties)

11. Did you have a clinical doctor locum (temporary position) before starting your KBU?

- Yes

- No

Section 2: Experiences in Current Position

12. To what extent did you feel you received a good introduction to handling your work tasks?

(Answer options: To a very high degree – To a high degree – To some degree – To a low degree – Not at all)

13. To what extent do you feel you continuously receive sufficient professional help or supervision?

(Answer options: To a very high degree – To a high degree – To some degree – To a low degree – Not at all)

14. At the start, were you prepared for the clinical everyday life in your current position?

(Answer options: To a very high degree – To a high degree – To some degree – To a low degree – Not at all)

15. Do you feel comfortable in the role of a doctor?

(Answer options: To a very high degree – To a high degree – To some degree – To a low degree – Not at all)

16. Do you feel like the primary responsible physician for the patients you contact?

(Answer options: To a very high degree – To a high degree – To some degree – To a low degree – Not at all)

17. Do you find it difficult to inquire about treatment level or ceilings?

(Answer options: To a very high degree – To a high degree – To some degree – To a low degree – Not at all)

18. Do you have enough time for your patients?

(Answer options: To a very high degree – To a high degree – To some degree – To a low degree – Not at all)

19. Do you doubt yourself in your work?

(Answer options: To a very high degree – To a high degree – To some degree – To a low degree – Not at all)

20. Are you afraid of making mistakes?

(Answer options: To a very high degree – To a high degree – To some degree – To a low degree – Not at all)

21. Have you recently doubted your existence or continued future as a doctor?

(Answer options: To a very high degree – To a high degree – To some degree – To a low degree – Not at all)

22. Do you feel that you are left alone with difficult experiences?

(Answer options: To a very high degree – To a high degree – To some degree – To a low degree – Not at all)

23. Is your private life affected by the things you experience at work?

(Answer options: To a very high degree – To a high degree – To some degree – To a low degree – Not at all)

24. Are there strains in your private life affecting your job satisfaction?

(Answer options: To a very high degree – To a high degree – To some degree – To a low degree – Not at all)

25. Has your social life been negatively affected by your current position?

(Answer options: To a very high degree – To a high degree – To some degree – To a low degree – Not at all)

Section 3: The Last 3 Months

26. How often have you felt exhausted?

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

27. How often have you been emotionally drained?

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

28. How often have you been stressed?

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

29. How often have you been irritable?

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

Section 4: The Last 2 Weeks

30. I have been happy and in good spirits.

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

31. I have felt calm and relaxed.

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

32. I have felt active and energetic.

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

33. I have woken up fresh and well-rested.

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

34. My daily life has been filled with things that interest me.

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

Section 5: Feelings in the Last 2 Weeks

35. Have you felt downhearted or sad?

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

36. Have you lacked interest in your daily activities?

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

37. Have you felt lacking in energy and strength?

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

38. Have you had reduced self-confidence?

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

39. Have you experienced guilt or a sense of wrongdoing?

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

40. Have you felt that life was not worth living?

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

41. Have you had difficulty concentrating, e.g. reading a newspaper or watching TV?

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

42. Have you felt restless OR more quiet than usual?

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

43. Have you had difficulty sleeping at night?

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

44. Have you had decreased appetite OR increased appetite?

(Answer options: All the time – Most of the time – Slightly over half the time – Slightly under half the time – A little of the time – At no time)

Section 6: Comments

45. Do you have any comments on the entire survey or parts of it? (open text)