**Supplementary Material**

**Annex I—Questionnaire**

| **Socio-demographic data** | |
|---|---|
| Age | Short answer text: Insert age in number. |
| Sex | ○ Man<br>○ Woman<br>○ I prefer not to say |
| Please indicate in which hospital you worked in the ICU during the pandemic (you can select more than one) | Short answer text |
| Please indicate in which wave of the pandemic you have worked in the Intensive Care Unit **(y**ou can select more than one) | ○ First wave<br>○ Second wave<br>○ Third-wave<br>○ All |
| Employment relationship | ○ Temporary<br>○ Fixed<br>○ Interim |
| **Perceptions of working conditions during the pandemic** | |
| What do you consider your level of exposure has been within the unit? * | ○ No or very low grade<br>○ Low grade<br>○ Medium grade<br>○ High grade<br>○ Very high grade |
| Do you believe that you have been provided with adequate working | ○ Yes |

| | |
|---|---|
| conditions to cope with the situation since the beginning of the pandemic? * | ○ No |
| If not, do you think it has subsequently changed**?** | ○ Yes<br>○ No |
| Have you been provided with all the assistance needed, both material and personnel? * | ○ Yes<br>○ No |
| Do you think our healthcare system was prepared for this situation? * | ○ Yes<br>○ No |
| Why do you think so**?** | Long answer text |
| **Perception of mental health status** | |
| Have you felt more worried (either about your or your family's health, work, or anything related to the pandemic)? * | ○ No, I have not been worried.<br>○ Just as worried as ever.<br>○ Somewhat more worried than usual.<br>○ Much more worried. |
| Have you felt more tired? * | ○ No, I have never felt tired.<br>○ Just as tired as ever.<br>○ Slightly more tired than usual.<br>○ Much more tired than usual. |
| Have you had sleep problems? * | ○ No, I have never had any sleep problems.<br>○ The same as always.<br>○ Somewhat more than usual.<br>○ Much more than usual. |
| Have you ever felt fear? To what degree? *Understand fear as the fear you feel when considering something harmful, such as returning home with | ○ No, I have never been afraid.<br>○ Yes, to the same extent as always.<br>○ Yes, a little more than usual. |

| | |
|---|---|
| the possibility of infecting other people, fear of the unknown... * | ○ Yes, much more than usual. |
| Indicate the degree to which you have felt anxiety. *Anxiety is the mental state of anguish and alertness that occurs in the face of a threat and is characterised by great restlessness, excitement and insecurity. * | ○ I have never felt anxiety.<br>○ The same as always.<br>○ Somewhat more than usual.<br>○ Much more than usual. |
| Do you consider that you have suffered from psychological stress? To what degree? *Psychological stress is defined as negative or unpleasant emotional reactions to a situation of excessive demand. These reactions are often anger, anxiety and depression. * | ○ No, I have never felt it.<br>○ I felt the same as always.<br>○ Somewhat more than usual.<br>○ Much more than usual. |
| Have you ever felt down, depressed or hopeless? * | ○ Yes.<br>○ No. |
| Have you had times when you felt you had lost your vocation or even considered quitting your job? * | ○ Yes.<br>○ No. |
| Could you tell what feeling or psychological state has characterised each pandemic wave for you? | Long answer text. |
| Are you aware of the counselling services offered in your hospital to professionals? * | ○ Yes.<br>○ No. |
| Have you had to seek psychological or psychiatric help? * | ○ Yes.<br>○ No.<br>○ No, but I think I need it. |
| Has the use of psychotropic medicines increased? * | ○ No, I consume the same as always.<br>○ Yes.<br>○ I have never used it. |

| **Life events** | |
|---|---|
| Have you experienced any other traumatic events related to the pandemic (such as your own or a family member's infection, someone close to you being hospitalised or dying from COVID-19...)? * | ○ Yes.<br>○ No. |
| Has the COVID-19 virus infected you? * | ○ Yes.<br>○ No. |
| **Social relations** | |
| Have you experienced fear of infecting your immediate family/social environment? * | ○ Yes.<br>○ No. |
| Do you have people at risk of COVID-19 in your immediate environment? * | ○ Yes.<br>○ No. |
| Are you a risk person? | ○ Yes.<br>○ No. |
| Have you changed your behaviour towards those close to you, or even felt compelled to take isolation measures? * | ○ Yes.<br>○ No. |
| Do you feel that your relationships have been affected by the situation you have faced? * | ○ Yes.<br>○ No. |
| **Labour relations** | |
| How has the relationship with your colleagues been? * | ○ Better, we worked as a team, and I felt supported.<br>○ Same as ever, no better, no worse.<br>○ Worse. |
| Do you think this has harmed your work performance and, therefore, the quality of patient care? * | ○ Yes.<br>○ No. |

| | |
|---|---|
| Have you experienced difficulties in focusing on your work? * | ○ Yes.<br>○ No. |