**Depression, anxiety and post-traumatic stress disorder symptoms after hyperemesis gravidarum: a prospective cohort study**

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**Appendix S1. Follow-up questionnaire**

## Part A: Subsequent pregnancies after participating in the MOTHER study

1. After the pregnancy in which you participated in the MOTHER study, were you pregnant again? (A miscarriage, ectopic pregnancy or preterm birth also count)
   1. Yes, continue with question 3.
   2. No, continue with question 22.
2. How many times have you been pregnant since participating in the MOTHER study?
   1. ….. *(fill in a number)*

***If question 2 is answered with 2 or more pregnancies, the following questions will be answered for every pregnancy with a maximum of 5 pregnancies***

1. In which year was this pregnancy?
   1. ….. *(For example ‘2015’)*
2. Did you postpone this pregnancy because of the severity of the nausea and vomiting symptoms in your previous pregnancy?
   1. Yes
   2. No
3. Did this pregnancy end in a miscarriage or was this an ectopic pregnancy?
   1. No
   2. Yes, this pregnancy ended in a miscarriage
   3. Yes, this was an ectopic pregnancy
4. Did you experience any symptoms of nausea in this pregnancy?
   1. Yes, continue with question 7
   2. No, not at all. Continue with question 23 or go to ‘**adding a new pregnancy’**
5. How many weeks were you pregnant when you first felt nauseous?
   1. ….. *(in weeks)*
6. How many weeks were you pregnant when you first started vomiting?
   1. ….. *(in weeks)*
   2. I did not have complains of vomiting
7. How many weeks were you pregnant when the nausea and vomiting symptoms had practically disappeared?
   1. ….. *(in weeks)*
8. Were you admitted in the hospital with severe nausea and vomiting in this pregnancy?
   1. Yes, continue with question 11
   2. No, continue with question 13
9. How many times were you admitted in the hospital in this pregnancy?
   1. Once
   2. Twice
   3. 3 times
   4. More than 3 times, namely …. Times
10. How many days were you in total admitted in the hospital in this pregnancy? (the day of admission and the day of discharge both count as 1 day)
    1. ….. (Answer in days)
    2. I don’t remember
11. Did you use any medication for the nausea and vomiting symptoms in this pregnancy?
    1. Yes, continue with question 14
    2. No, continue with question 15
12. Which medication did you use? (multiple options possible)
    1. Suprimal
    2. Emesafene
    3. Primperan (Metoclopramide)
    4. Zofran (Ondansetron)
    5. Potassium solution (potassium drink (‘kaliumdrank’) or potassium intravenous)
    6. Corticosteroids (methylprednisolone or hydrocortisone)
    7. Omeprazole or Ranitidine
    8. Other, namely …. (free text)
    9. I don’t remember which medication I used
13. Did you receive nasogastric tube feeding in this pregnancy?
    1. Yes
    2. No
14. Was this a singleton or a multiple pregnancy?
    1. Singleton pregnancy
    2. Twin pregnancy
    3. Multiple pregnancy of three or more babies (triplets or quadruplets)?
15. Did the severity of nausea and vomiting affect your ability to work?
    1. No, I was able to go to my work and did not have to call in sick at all
    2. Partly: I was not able to go to my work for some days
    3. Partly: I was not able to work for prolonged periods (eg weeks)
    4. I was not able to work at all
    5. I did not had a job at the time
16. Did the severity of nausea and vomiting affect your everyday life?
    1. Yes, the nausea and vomiting had an enormous effect on my everyday life
    2. The nausea and vomiting affected my everyday life to some degree
    3. No, The nausea and vomiting symptoms did not affect my everyday life at all
17. What was your weight before this pregnancy?
    1. …. (in kilograms)
    2. I don’t remember
18. What was your lowest weight during this pregnancy?
    1. …. (in kilograms)
    2. I don’t remember
19. Did you consider terminating this pregnancy because of the severity of the nausea and vomiting symptoms in this pregnancy or your previous pregnancy?
    1. Yes, I terminated this pregnancy because of the severity of nausea and vomiting
    2. I considered terminating this pregnancy, but in the end I continued this pregnancy
    3. No, I did not consider terminating this pregnancy
    4. Yes, I terminated this pregnancy, but due to other reasons than HG (f.e. congenital abnormalities or unwanted pregnancy)

* ***If answered ‘no’ to question 1 (and thus not have become pregnant again after participating in the MOTHER Study), continue with question 22***
* ***If answered ‘yes’ to question 1 (and thus finished question 18), continue with question 23***

1. After the pregnancy in which you participated in the MOTHER Study, did you’re not becoming pregnant again have to do with the severity of the nausea and vomiting during that pregnancy, or fear of having hyperemesis gravidarum again?
   1. Yes
   2. No, there were other reasons
2. Do you have family members who also had severe nausea and vomiting or hyperemesis gravidarum in pregnancy?
   1. No
   2. Yes: (multiple answers possible)
      1. Mother
      2. Aunt
      3. Sister
      4. Grandmother
3. Do you have migraines?
   1. Yes
   2. No
4. Do you get motion sickness (eg car sick)?
   1. Yes
   2. No
5. What is your current height?
   1. ….. (in centimetres)
6. What is your current weight?
   1. ….. (in kilograms)

## Part B: Depression and anxiety symptoms (HADS questionnaire)

Emotions play an important part in most illnesses. This questionnaire is designed to find out how you feel. Read each item below and tick the answer that comes closest to how you have been feeling in the past week.

1. I feel tense or ‘wound up’:
   1. Most of the time
   2. A lot of the time
   3. From time to time, occasionally
   4. Not at all
2. I still enjoy the things I used to enjoy:
   1. Definitely as much
   2. Not quite so much
   3. Only a little
   4. Hardly at all
3. I get a sort of frightened feeling as if something awful is about to happen:
   1. Very definitely and quite badly
   2. Yes, but not too badly
   3. A little, but it doesn’t worry me
   4. Not at all
4. I can laugh and see the funny side of things:
   1. As much as I always could
   2. Not quite so much now
   3. Definitely not so much now
   4. Not at all
5. Worrying thoughts go through my mind:
   1. A great deal of the time
   2. A lot of the time
   3. From time to time, but not too often
   4. Only occasionally
6. I feel cheerful:
   1. Not at all
   2. Not often
   3. Sometimes
   4. Most of the time
7. I can sit at ease and feel relaxed:
   1. Definitely
   2. Usually
   3. Not often
   4. Not at all
8. I feel as if I am slowed down:
   1. Nearly all the time
   2. Very often
   3. Sometimes
   4. Not at all
9. I get a sort of frightened feeling like ‘butterflies’ in the stomach:
   1. Not at all
   2. Occasionally
   3. Quite often
   4. Very often
10. I have lost interest in my appearance:
    1. Definitely
    2. I don’t take as much care as I should
    3. I may not take quite as much care
    4. I take just as much care as ever
11. I feel restless as I have to be on the move
    1. Very much indeed
    2. Quite a lot
    3. Not very much
    4. Not at all
12. I look forward with enjoyment to things:
    1. As much as I ever did
    2. Rather less than I used to
    3. Definitely less than I used to
    4. Hardly at all
13. I get sudden feelings of panic
    1. Very often indeed
    2. Quite often
    3. Not very often
    4. Not at all
14. I can enjoy a good book or radio or TV program:
    1. Often
    2. Sometimes
    3. Not often
    4. Very seldom

## Part C: Post-traumatic stress symptoms (PCL-5 questionnaire)

Below is a list of problems that people sometimes have in response to a very stressful experience. For the next questions, keep your pregnancy complicated by hyperemesis gravidarum in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

1. Repeated, disturbing, and unwanted memories of the stressful experience?
   1. Not at all
   2. A little bit
   3. Moderately
   4. Quite a bit
   5. Extremely
2. Repeated, disturbing dreams of the stressful experience?
   1. Not at all
   2. A little bit
   3. Moderately
   4. Quite a bit
   5. Extremely
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?
   1. Not at all
   2. A little bit
   3. Moderately
   4. Quite a bit
   5. Extremely
4. Feeling very upset when something reminded you of the stressful experience?
   1. Not at all
   2. A little bit
   3. Moderately
   4. Quite a bit
   5. Extremely
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?
   1. Not at all
   2. A little bit
   3. Moderately
   4. Quite a bit
   5. Extremely
6. Avoiding memories, thoughts, or feelings related to the stressful experience?
   1. Not at all
   2. A little bit
   3. Moderately
   4. Quite a bit
   5. Extremely
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?
   1. Not at all
   2. A little bit
   3. Moderately
   4. Quite a bit
   5. Extremely
8. Trouble remembering important parts of the stressful experience?
   1. Not at all
   2. A little bit
   3. Moderately
   4. Quite a bit
   5. Extremely
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?
   1. Not at all
   2. A little bit
   3. Moderately
   4. Quite a bit
   5. Extremely
10. Blaming yourself or someone else for the stressful experience or what happened after it?
    1. Not at all
    2. A little bit
    3. Moderately
    4. Quite a bit
    5. Extremely
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?
    1. Not at all
    2. A little bit
    3. Moderately
    4. Quite a bit
    5. Extremely
12. Loss of interest in activities that you used to enjoy?
    1. Not at all
    2. A little bit
    3. Moderately
    4. Quite a bit
    5. Extremely
13. Feeling distant or cut off from other people?
    1. Not at all
    2. A little bit
    3. Moderately
    4. Quite a bit
    5. Extremely
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?
    1. Not at all
    2. A little bit
    3. Moderately
    4. Quite a bit
    5. Extremely
15. Irritable behaviour, angry outbursts, or acting aggressively?
    1. Not at all
    2. A little bit
    3. Moderately
    4. Quite a bit
    5. Extremely
16. Taking too many risks or doing things that could cause you harm?
    1. Not at all
    2. A little bit
    3. Moderately
    4. Quite a bit
    5. Extremely
17. Being “super alert” or watchful or on guard?
    1. Not at all
    2. A little bit
    3. Moderately
    4. Quite a bit
    5. Extremely
18. Feeling jumpy or easily startled?
    1. Not at all
    2. A little bit
    3. Moderately
    4. Quite a bit
    5. Extremely
19. Having difficulty concentrating?
    1. Not at all
    2. A little bit
    3. Moderately
    4. Quite a bit
    5. Extremely
20. Trouble falling or staying asleep?
    1. Not at all
    2. A little bit
    3. Moderately
    4. Quite a bit
    5. Extremely
21. Have u experienced another very stressful or traumatic event?
    1. Yes, continue with question 63
    2. No, continue with question 65
22. In which year did this very stressful or traumatic event happened?
    1. ….. (year)
23. What kind of very stressful or traumatic event did you experienced?
    1. Sexual assault
    2. Physical assault, violence or abuse
    3. Seeing someone be killed or seriously injured
    4. Dying of a loved one
    5. War
    6. Other, namely ….. (free text)
24. Do you wish to be informed about the results of this follow up of the MOTHER study?
    1. Yes
    2. No