

Supplementary Appendix S1—DVM Survey

Section 1: Compassion Fatigue Scale

Consider the following items about your work/life situation. Write the number that best reflects your experiences using the following rating scale: 1 (Never) to 5 (Very Often).

_____ 1. I have felt trapped by my work.

_____ 2. I have thoughts that I am not succeeding in achieving my life goals.

_____ 3. I have had flashbacks connected to my patients and owners.

_____ 4. I feel that I am a “failure” in my work.

_____ 5. I have felt a sense of hopelessness associated with working with patients and owners.

_____ 6. I have frequently felt weak, tired or rundown as a result of my work.

_____ 7. I have experienced intrusive thoughts after working with especially difficult patients and owners.

_____ 8. I have felt depressed as a result of my work.

_____ 9. I have suddenly and involuntarily recalled a frightening experience while working with

patients and owners.

___ 10. I feel I am unsuccessful at separating work from my personal life.

___ 11. I am losing sleep over traumatic experiences dealing with patients and owners.

___ 12. I have a sense of worthlessness, disillusionment, or resentment associated with my work.

Section 2: Depression

Over the last 2 weeks, how often have you been bothered by any of the following problems.

Write the number that best reflects your experiences: 1 (Never) to 5 (Very Often).

___ 1. Little interest or pleasure in doing things.

___ 2. Feeling down, depressed, or hopeless

___ 3. Trouble falling or staying asleep, or sleeping too much

___ 4. Feeling tired or having little energy

___ 5. Poor appetite or overeating

___6 Feeling bad about yourself- or that you are a failure or have let yourself or your family down

___7. Trouble concentrating on things, such as reading the newspaper or watching television.

___8. Moving or speaking slowly that other people could have noticed? Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual.

___9. Thoughts that you would be better off dead or hurting yourself in some way

Section 3: Anxiety

Over the last two weeks, how often have you been bothered by the following problems.

Write the number that best reflects your experiences: 1 (Never) to 5 (Very Often).

___1. Feeling nervous, anxious, or on edge

___2. Not being able to stop or control worrying

___3. Worrying too much about different things

___4. Trouble relaxing

___5. Being so restless that it is hard to sit still

___6. Becoming easily annoyed or irritable

___7. Feeling afraid, as if something awful might happen

Section 4: Self-Disclosure

In this section, reflect on how much you self-disclose about your work stressors to others (friends, family members, loved ones, and co-workers). Write the number the number that best reflects your disclosure levels using the following rating scale: 1 (Never) to 5 (Very Often).

____ 1. How often do you disclose work-related stressors to others?

____ 2. How often do you disclose information about work-related events to others?

____ 3. How often do you disclose your feelings about work-related stressors to others?

Section 5: Responsiveness

In this section, reflect on your feelings regarding others' (friends, family members, loved ones, co-workers, support groups) reactions to your work-related disclosures. Write the number that best reflects your perceptions of others' reactions using the following rating scale: 1 (Never) to 5 (Very Often).

____ 1. To what degree you feel accepted by others when disclosing work-related stressors?

____ 2. To what degree you feel understood by others when disclosing work-related stressors?

____ 3. To what degree you feel cared for by other when disclosing work-related stressors?

Section 6: Demographics

1. What is your age?

A. 18-24

B. 25-34

C. 35-44

D. 45-54

E. 55-64

F. Over 65

2. What is your race/ethnicity?

A. African American/Black

B. Asian/Asian American

C. Hispanic/Latino

D. Native American/First Nations/Indigenous

E. Native Hawaiian/Pacific Islander

F. White/Caucasian

G. Biracial/Multiracial

H. Other

3. Are you a current practicing vet?

A. Yes

B. No

C. Retired

D. Vet Student

4. How long have been practicing vet medicine?

A. 1-12 Months

B. 1-5 years

C. 6-10 years

D. 11-15 years

E. 16-20 years

F. 21-25 years

G. Over 30 years

5. With which gender do you identify?

A. Male

B. Female

C. Non-binary

6. How long have you been a part of Not One More Vet?

A. 1-12 Months

B. 1-4 years

C. Over 5 year