

Table 1: Content of the baseline (BL) and weekly follow-up (FU) questionnaires

Dimension	Number of items		Source (subscale) / Item
	BL	FU	
<i>Descriptives</i>			
Education	1		What is your education?
Seniority	1		How many years have you worked as an electrician?
Employment	1		Are you currently employed as an electrician?
Marital status	1		Married/single/widowed
<i>Health status</i>			
BMI	2		Height and weight
Smoking	1		Do you smoke?
Alcohol intake	1		How many standard drinks to you drink per week?
General health	1		In general, would you say your health is? (Excellent-Very good-Good-Fair-Poor)
Chronic diseases	13		Diabetes, epilepsy, neuritis, hypertension, metabolic disorder, tinnitus, migraine, cataract, anxiety, depression, PTSD, physical symptoms of unknown origin + symptoms
Symptoms after previous shock	2		Have you previously experienced persistent symptoms after an electrical shock? + Describe
Workability	1	1	How would you rate your current ability to work on a scale from 0 (not at all) to 10 (best)
At work previous week		2	Have you been at work the previous week? + Reason for not working
<i>Health perceptions</i>			
Neuroticism	12		NEO-PI-R/NEO-FFI (neuroticism) ^{10,11}
Health anxiety	8		Whiteley Index (WI-7) ^{12,13} - one extra item added
Self-efficacy	6		Copenhagen Psychosocial Questionnaire (Self-efficacy) ¹⁴
<i>Symptoms (in the past 7 days)</i>			
Pain	2	2	Have you felt pain or discomfort from any part of your body? / Which part?
Numbness/sensory disturbances	2	2	Have you experienced numbness or sensory disturbance in any parts of your body? / Which part?
Weakness	2	2	Have you had a feeling of weakness in any parts of your body? / Which part?
Cramps and spasms	2	2	Have you had cramps or spasms in any parts of your body? / Which part?
Tremors	2	2	Have you experienced tremor in any parts of your body? / Which part?
Sleep disturbances	4	1	Copenhagen Psychosocial Questionnaire (Sleeping difficulties) ¹⁴
Cognitive difficulties	4	1	Copenhagen Psychosocial Questionnaire (Cognitive stress) ¹⁴
Fatigue	1	1	Fatigue Assessment Scale (Physical) ¹⁵
Anxiety	6	1	Brief Symptom Inventory (Anxiety) ¹⁶
Depression	12	1	Major Depression Inventory ¹⁷
Severity of symptoms	1	1	How severe do you consider your symptoms to be?
Capability to handle symptoms	1	1	How capable are you of handling the work-related consequences of your symptoms?
Tinnitus		1	Have you suffered from tinnitus?
Migraine or headaches		1	Have you suffered from migraine or headaches?
<i>Electrical shock</i>			
Exposure	2	2	Have you suffered from an electrical shock during the last week? / Which date?
Shock characteristics	11	11	Type of electricity, voltage (2 questions), duration, no-let-go (2 questions), entry and exit point (including side, skincondition and cross body)
Consequences of the shock	8	8	Loss of consciousness, memory loss, physical injuries, secondary damage, discomfort, PTSD, medical assistance, absence from work
Flashbacks	2	2	Have pictures of a traumatic event popped into your mind in the past 7 days? / Was the event an electrical shock?
Severity of electrical shock	1	1	How severe do you consider the shock to be?
Capability to handle the electrical shock	1	1	How do you rate your chance of recovering from the shock and being fully able-bodied?

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