**Supplementary file 3: <Questionnaire: General characteristics >**

1. General information

1) How old are you?

2) What is your gender? □ Male □ Female

3) What is your marital status? □ Married (go to 3-1) □ Single □ Widowed (to 3-1) □ Others ()

3-1) Have children □ No □ Yes

4) What is your religion? □ Christianity □ Catholicism □ Buddhism □ Others () □ None

5) What is your final education level?

□ Professional college graduate □ University graduate □ Master's degree (completion, in process) □ Doctoral degree (completion, in process)

6) Have you ever had a close family member or acquaintance's bereavement in the past year?□ No □ Yes

2. Information related to bereavement care

1) Have you ever received any training in bereavement care? □ No (to 2) □ Yes (go to 1-1)

1-1) If you have been educated in bereavement care, how long did you receive? ( ) hrs

2) Does your current department have a policy or protocol for bereavement care? □ No □ Yes

3. Clinical experience

1) What is your current position? □ Staff nurse □ Nurse specialist/ advanced nurse practitioner

 □ Charge nurse or higher

2) Where are you currently working? □ Delivery floor □NICU □ Newborn baby room □ Ward/MFICU

□ Other ( )

3) Total length of your clinical experience? ( ) Years ( ) months

4) How long is your experience of current working place? ( ) Years ( ) months

5) How often do you care for a parent facing a neonatal bereavement situation?

□ Less than once a year □ Once a year □ Once every 3 months □ Once a month □ Once a week

□ Others (specific description) ( )

6) What is the total number of times you have experienced a newborn dying while working so far?

□ Total less than 5 times □ Total less than 5~10 times □ Total less than 10~15 times □ More than 15 times

This questionnaire was developed for this study.