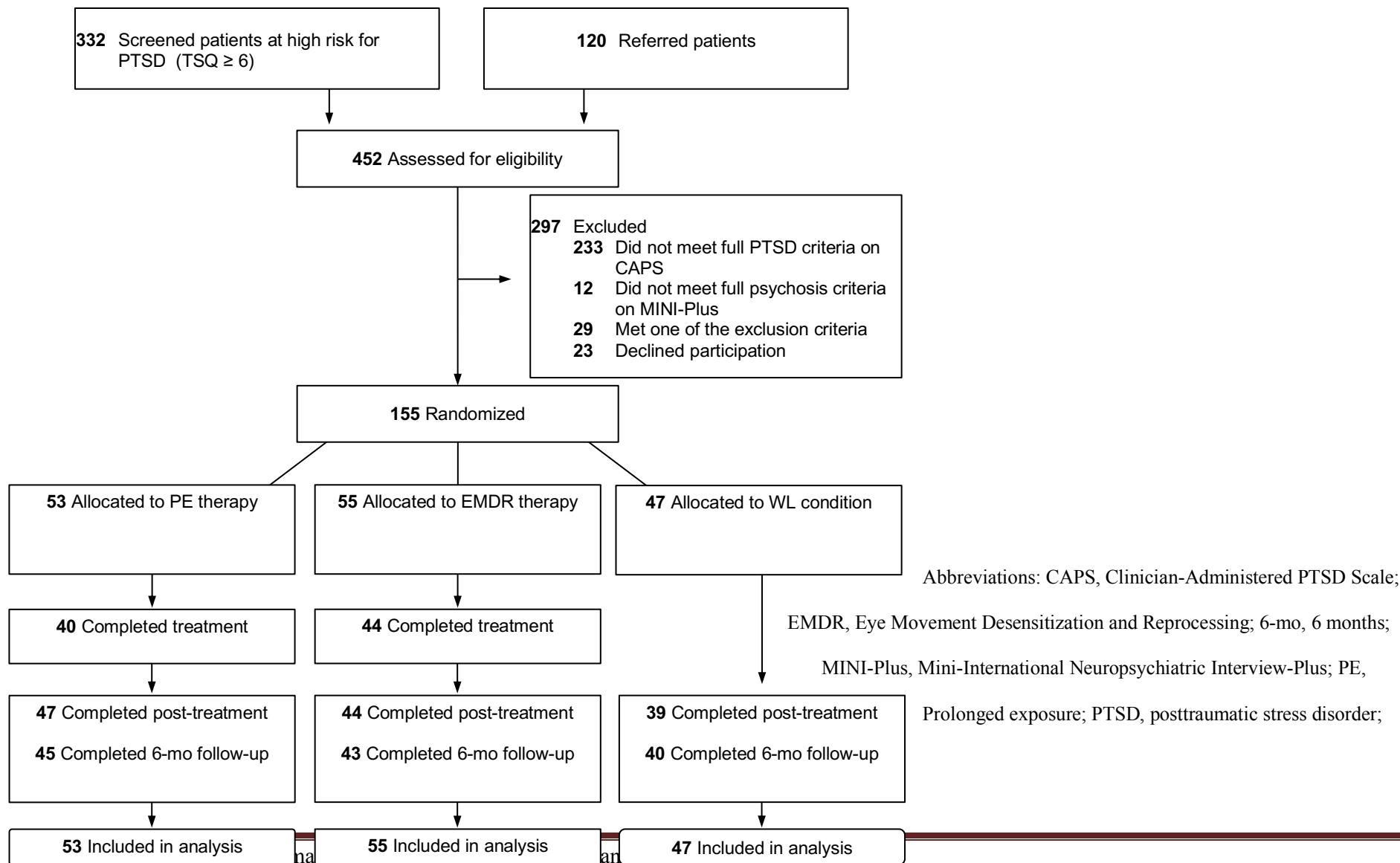


**Supplemental Figure 1. Flow of Participants Through the Trial.**



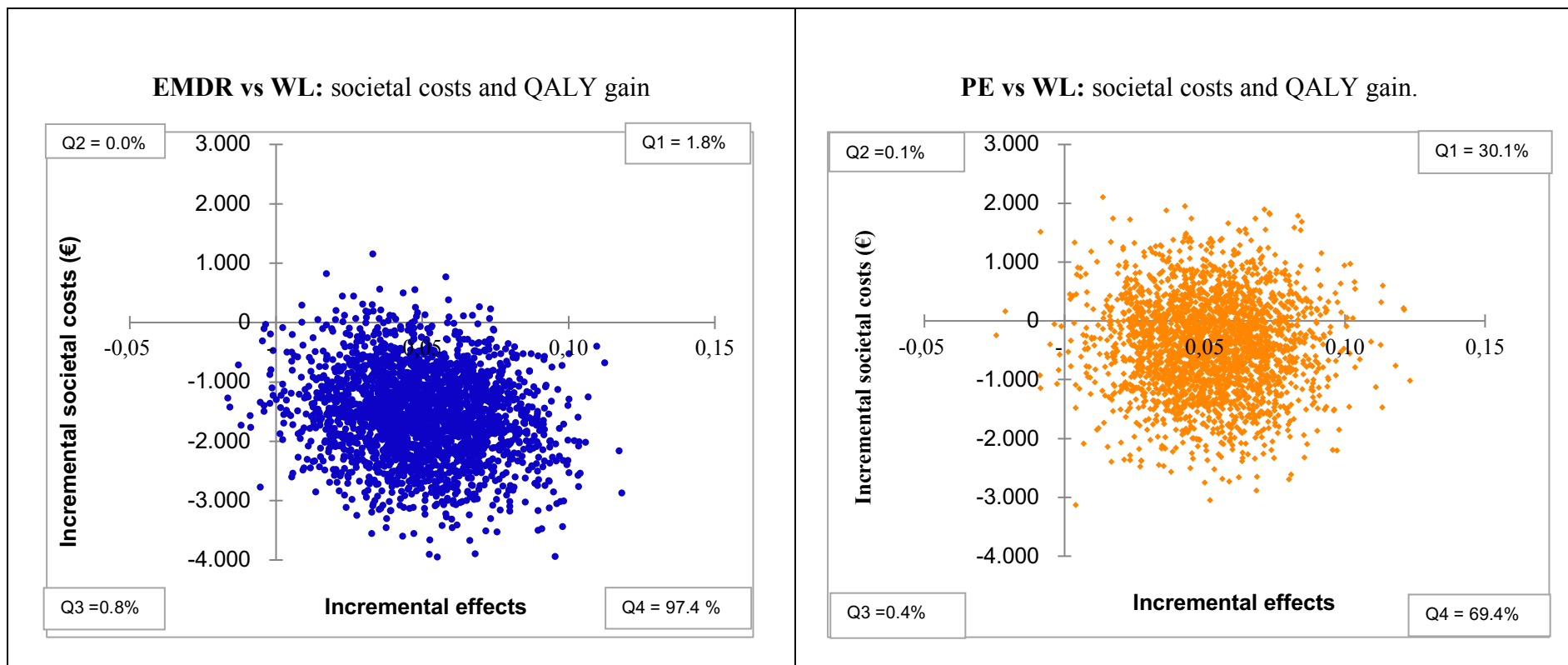
TSQ, Trauma Screening Questionnaire; and WL, Waiting list.

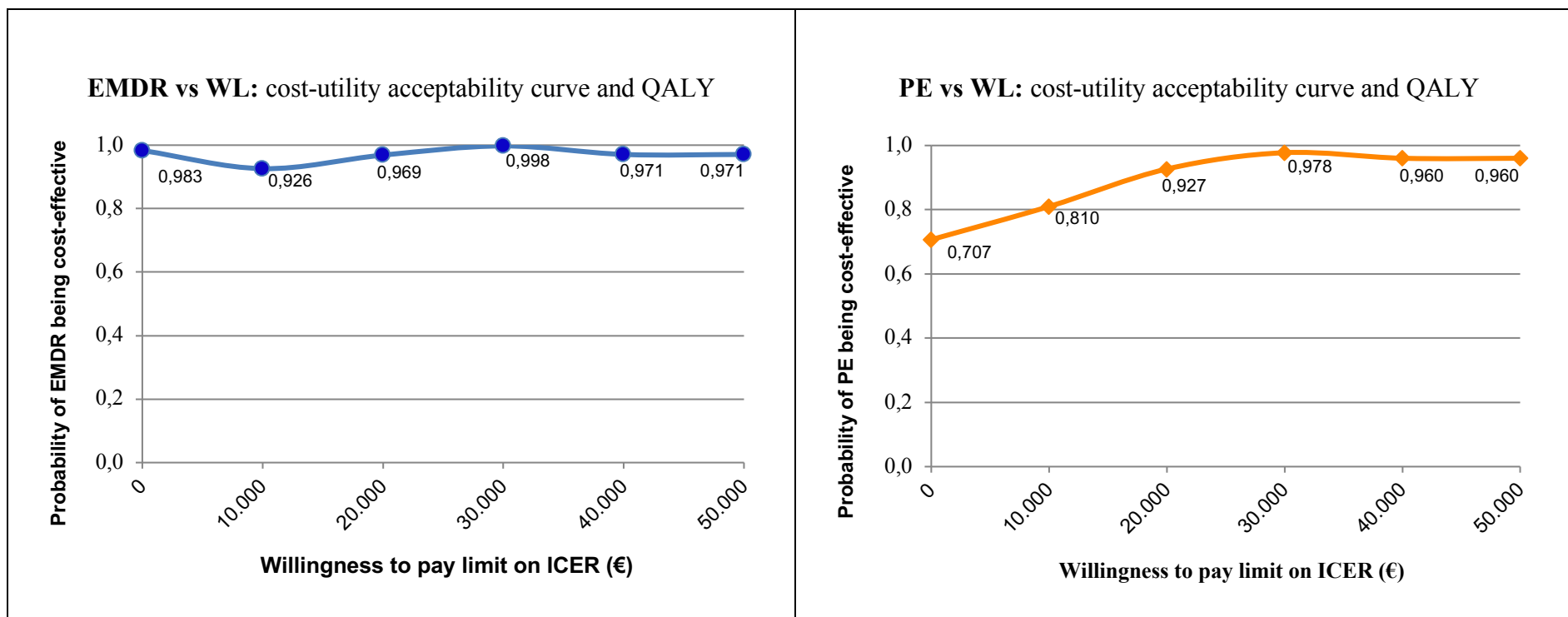
**Supplementary Table 1. Standard full economic cost price per visit in the Netherlands in 2014.**

<b>Health care</b>	<b>EUR</b>
<i>Outpatient mental health service</i>	
Psychiatrist	112.00
Psychiatric social nurse	73.00
Psychologist/psychotherapist	112.00
Social work, including individual placement and support	65.00
Psychiatric home care	23.00
<i>Inpatient mental health service</i>	
General costs (per day)	302.00
Psychiatrist	112.00
Psychologist	112.00
<i>Self-employed</i>	
Psychiatrist, psychologist/psychotherapist	94.44
<i>Medical non-mental health care</i>	
General practitioner/family doctor	33.00
Occupational medicine physician	33.00
Occupational social work	65.00
Medical specialist in general hospital	47.00
Medical specialist in academic hospital	86.00
Other visits to general/academic hospital	33.00
Paramedical care (e.g. physiotherapist, dietician)	33.00
<i>General</i>	
District nurse	73.00
Alternative medicine	23.00
Professional home care	23.00
Informal care (family and peers)	14.00
Self-help group	14.00
<i>Out-of-pocket costs (transport)</i>	

Per kilometer	0.19
Parking per visit	3.00
<b>Productivity loss</b>	
Work absenteeism/presenteeism per hour	34.75
Domestic absenteeism/presenteeism per hour	14.00

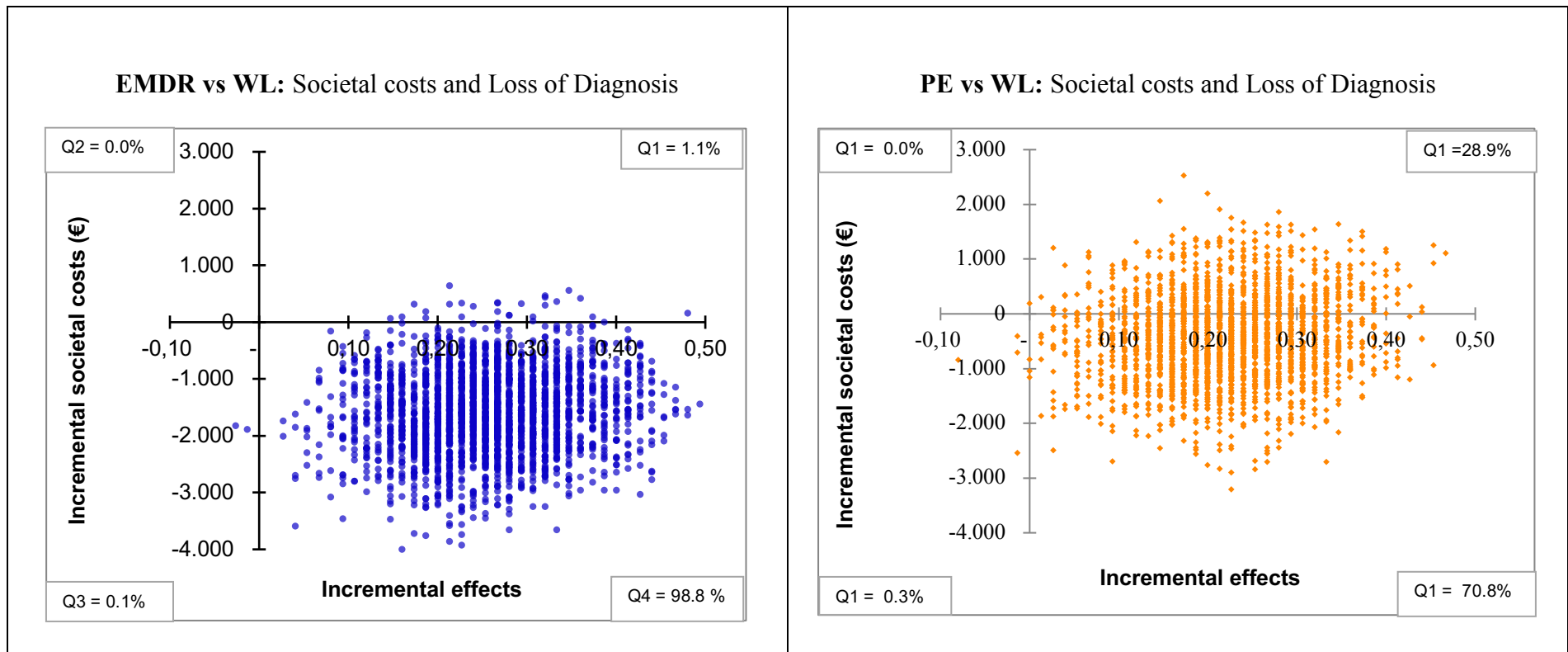
**Figure 1. Cost-utility of QALY gain in main analysis (EM) after bootstrapping (n = 2500) comparing EMDR and PE to WL: ICUR planes and acceptability curves.**



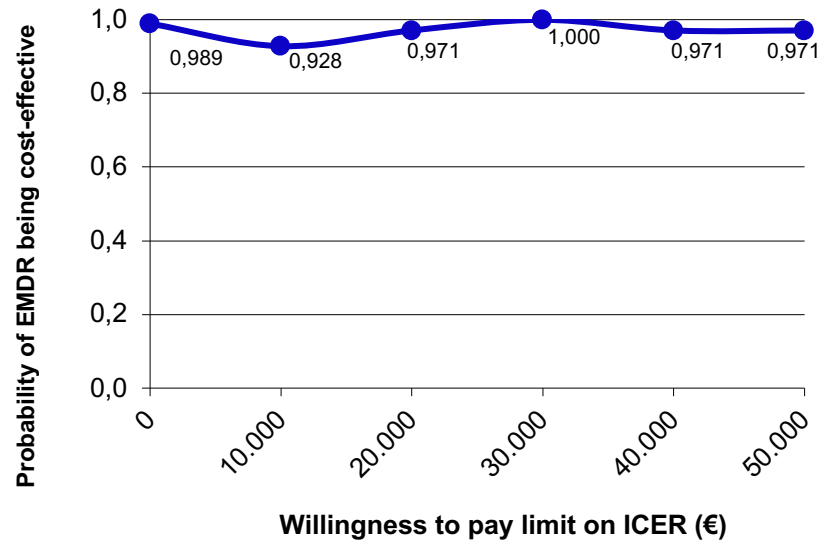


Abbreviations: CAU, care as usual; EMDR, eye movement desensitization and reprocessing; ICUR, incremental cost-utility ratio; PE, prolonged exposure; QALY, Quality Adjusted Life Year; Q1, Quadrant 1 (more effective, more expensive); Q2, Quadrant 2 (the inferior quadrant: less effective, more expensive); Q3, Quadrant 3 (less effective, less expensive); Q4, Quadrant 4 (the dominant quadrant: more effective, less expensive); WL, waiting list.

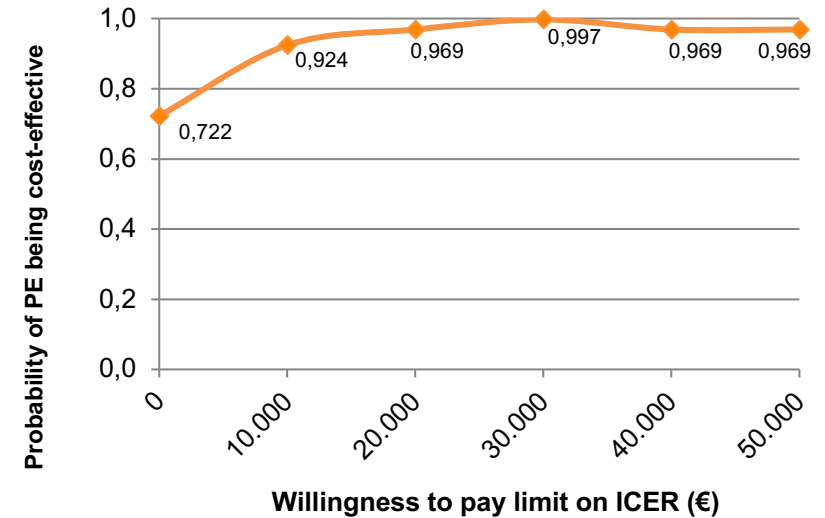
**Figure 2. Cost-effectiveness of PTSD loss of diagnosis<sup>a</sup> in main analysis (EM) after bootstrapping (n = 2500) comparing EMDR and PE to WL: ICER planes and acceptability curves.**



**EMDR vs WL: cost-utility acceptability curve and Loss of Diagnosis**



**PE vs WL: cost-utility acceptability curve and Loss of Diagnosis**



Abbreviations: CAU, care as usual; EMDR, eye movement desensitization and reprocessing; ICER, incremental cost-effectiveness ratio; PE, prolonged exposure; PTSD, post traumatic stress disorder; QALY, Quality Adjusted Life Year; Q1, Quadrant 1 (more effective, more expensive); Q2, Quadrant 2 (the inferior quadrant: less effective, more expensive); Q3, Quadrant 3 (less effective, less expensive); Q4, Quadrant 4 (the dominant quadrant: more effective, less expensive).

<sup>a</sup> ‘PTSD loss of diagnosis’ indicates the combination of no longer meeting CAPS IV-PTSD criteria + CAPS IV -severity score < 45.