Supplementary File 1

English Version of Self-designed Baseline Questionnaire Items

Basic Information

1. Full name: _____

2. Age: _____

3. Date of questionnaire completion: _____

4. Height (meters): _____

5. Pre-pregnancy weight (kg): _____, **Antenatal weight (kg): _____**, **Current weight (kg): _____**

6. Pre-pregnancy BMI (kg/m²): _____

Demographic characteristics

1. Ethnicity:

Han / Manchu / Mongolian / Hui / Tibetan / Uyghur / Miao / Yi / Zhuang / Buyi / Dong / Yao / Bai / Tujia / Hani / Kazakh / Dai / Li / Lisu / Va / She / Gaoshan / Lahu / Shui / Dongxiang / Naxi / Jingpo / Kirghiz / Tu / Daur / Mulao / Qiang / Blang / Salar / Maonan / Gelao / Xibo / Achang / Pumi / Korean / Tajik / Nu / Uzbek / Russian / Ewenki / De'ang / Bonan / Yugur / Jing / Tatar / Derung / Oroqen / Hezhe / Monba / Lhoba / Jino

2. Education level:

Illiterate / Primary school / Junior high school / High school / Vocational school / Associate degree / Bachelor's degree or above

3. Occupation:

Worker / Farmer / Military personnel / Merchant / Office worker / Medical staff / Others

4. Marital status:

Married / Unmarried / Divorced / Widowed

5. Main work type:

Mental labor dominated / Physical labor dominated / Equal mental and physical labor

6. Physical labor intensity:

Severe / Moderate / Mild

7. Have returned to work:

Yes / No

8. Monthly household income:

≤ 2000 CNY / 2001–5000 CNY / 5001–10000 CNY / >10000 CNY

9. Residence area:

Urban / Rural / Urban-rural fringe

Lifestyle & Exercise

1. **Regular exercise (≥30 minutes per session, moderate intensity):**

No exercise / Less than once per week / 1–2 times per week / 3–5 times per week

2. **Exercise types:**

None / Running / Swimming / Yoga / Pilates / Others: _____

3. **Chronic constipation (over 1 year):**

Yes / No

4. **Chronic cough (over 3 weeks):**

Yes / No

5. **Confirmed chronic somatic diseases:**

No chronic disease / Hypertension / Diabetes / Stroke / Chronic bronchitis / Others: _____

6. **Surgical history:**

Yes / No

If yes: Operation year: _____, Disease diagnosis: _____, Operation name: _____

7. **Current gynecological conditions:**

None / Gynecological inflammation / Chronic pelvic pain / Endometriosis / Uterine fibroids / Ovarian cyst / Others: _____

8. **Family history of urinary incontinence:**

Yes / No

9. **Pelvic organ prolapse:**

Yes / No

10. **Self-reported pelvic floor dysfunction symptoms (multiple choices):**

None / Voiding dysfunction (urinary incontinence, nocturia, urgent micturition, frequent micturition) / Pelvic organ prolapse (uterine, bladder, rectal prolapse) / Chronic pelvic pain / Sexual dysfunction (dyspareunia, low libido, orgasm disorder) / Others: _____

11. **Kegel exercise in the past six months:**

Never / Occasional, irregular, less than 30 times daily / Regular, ≥30 times daily

12. **Pelvic or lumbago pain during examination:**

Yes / No

If yes: VAS pain score (0–10): _____, Onset date: _____, Monthly attack frequency: _____

13. Satisfaction with body weight recovery:
Yes / No

Menstrual, Pregnancy & Delivery History

1. Menstrual regularity (cycle 21–35 days):
Regular / Irregular
If irregular: Cycle length: _____, Days since last menstruation: _____

2. Gravida (G): _____, Para (P): _____, Late abortion times: _____, Preterm birth times: _____, Full-term delivery times: _____

3. Age at first delivery: _____, Year of first delivery: _____, Year and month of latest delivery: _____

4. Delivery gestational age:
Full-term (37–41+6 weeks) / Preterm / Post-term (>42 weeks)

5. Fetal number:
Singleton / Twins / Triplets or more

6. Newborn birth weight (g): _____

7. Delivery mode:
Vaginal delivery / Emergency cesarean after vaginal labor / Elective cesarean without labor

8. Episiotomy:
Midline episiotomy / Lateral episiotomy / No episiotomy / Unknown

9. Vacuum extraction used during delivery:
Yes / No / Unknown

10. Forceps delivery:
Yes / No / Unknown

11. Perineal laceration during delivery:
Yes / No / Unknown

12. Labor analgesia:
Yes / No / Unknown

13. Fetal biparietal diameter: _____

14. Fetal presentation:
Breech / Cephalic / Shoulder / Others: _____