

Questionnaire 1

Please complete the questionnaire below.

Questionnaire 1 - Part 1 (Background Questions)

1. Age:

2. Country of study:

- France
- Canada
- UK

3. How many children do you have, including this one?

4. How many vaginal deliveries have you had, including this one?

5. Where did the present delivery take place ?

- Midwifery led unit
- Homebirth
- Hospital setting

6. Was labour:

- Induced
- Spontaneous
- I don't know

7. Was there any use of:

- Vacuum delivery
- Forceps delivery
- None of the above
- I don't know

8. Which pain relief techniques were used during labour and birth (select all possible answers)

- Epidural
- Gas and air
- Spinal epidural
- Other: _____
- No pain relief

9. How long did your labour last? (in hours)

10. In which position did you give birth

- Lying down on your back
- Lying down on your side
- On all fours
- Crouching
- Standing up
- On a birthing stool
- Other (please specify): _____

11. How long did you push for? (in minutes)

12. How would you rate your birth experience on a scale from 0 (extremely negative experience) to 10 (extremely positive birth experience)?

Click the grey square, and drag to your numbered level

0 (extremely negative experience)

5

10 (extremely positive birth experience)



(Place a mark on the scale above)

13. Regarding the perineum, was it considered to be:

- Intact
- Tear
- Episiotomy
- Lacerations
- I don't know

14. Have you ever experienced perineal pain before pregnancy and birth?

- Yes
- No

Was this pain:

- Following the birth of one of your other children?
- Prior to any pregnancy?
- Following a specific event?

Please specify:

Questionnaire 1 - Part 2

1. How would you rate your current level of perineal pain on a scale from 0 (no pain) to 10 (extremely painful)?

Click the grey square, and drag to your numbered level

0 (no pain)

5

10 (extremely painful)



(Place a mark on the scale above)

2. In your view, what is the main function of the perineum?

2b. In your view, do you consider your perineum to fulfill that function to date?

Yes

No

2c. Please rate how you consider your perineum to fulfil that function to date:

Click the grey square, and drag to your numbered level

0 (poor functioning)

10 (highly functioning)



(Place a mark on the scale above)

3. Are you experiencing other types of pain at the moment?

Yes

No

Unsure

3b. Please describe:

4. Are you using pain relief? (select all possible answers)

Pharmaceutical pain relief (paracetamol, ibuprofen, other)

Non pharmaceutical pain relief (acupressure, ice packs, massages)

None of the above

5. Do any of the following words describe your current perineal sensations? (select all possible answers)

Pain

Burning

Itching

Looseness

Weight

Discomfort

Swollenness

Other (please specify): _____

None

6. Do you consider the current perineal sensations to be normal?

Yes

No

Other

6b. Please specify:

7. How strongly do the perineal sensations impact your everyday life:

- Not at all
- A little
- Moderately
- Strongly
- Very strongly

8. Which elements of your everyday life are negatively impacted by your perineal sensations (select all that apply)?

- Urinating
- Defecating
- Walking
- Standing up
- Breastfeeding/feeding infant
- Nursing infant
- Exercising
- Caring for other children
- Domestic chores
- Sexual activity
- Other (please specify): _____

9. Would you be willing to consider participating in a qualitative interview to dig into your experience more in depth for a better understanding?

- Yes
- No