PN Questionnaire Form

Section 1 - Personal Details

Unique ID number _____

Date of questionnaire completion: *e.g. 31-JAN-2017*

D D - M M M - Y Y Y Y

Section 2 - Bladder function

Many women leak urine following the birth of their baby some of the time. We are trying to find out how many women leak urine and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, OVER THE PAST FOUR WEEKS.

Overall, how much does leaking urine interfere with your everyday life? Please tick a number between 0 (not at all) and 10 (a great deal)

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10

How often do you leak urine? (Tick one option)

- ◯ never
- ◯ about once a week or less often
- ◯ two or three times a week
- ◯ about once a day
- ◯ several times a day
- ◯ all of the time

We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)? (Tick one)

◯ none ◯ a small amount ◯ a moderate amount ◯ a large amount

When does urine leak? (Please tick all that apply to you)

- ◯ never - urine does not leak
- ◯ leaks before you can get to the toilet
- ◯ leaks when you sneeze
- ◯ leaks when you are asleep
- ◯ leaks when you are physically active/exercising
- ◯ leaks when you have finished urinating and are getting dressed
- ◯ leaks for no obvious reason
- ◯ leaks all of the time

Section 3 - Bowel Function

Many women have problems with their bowel function following the birth of their baby some of the time. We are trying to find out how many women experience bowel problems and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, OVER THE PAST FOUR WEEKS.

Do you leak, have accidents or lose control with solid stool? (Tick one option)

- ◯ never
- ◯ rarely (ie. less than once in the past four weeks)
- ◯ sometimes (ie. less than once a week, but once or more in the past four weeks)
- ◯ often or usually (ie. less than once a day but once a week or more)
- ◯ always (ie. once or more per day or whenever you have a bowel motion)

Do you leak, have accidents or lose control with liquid stool? (Tick one option)

- ◯ never
- ◯ rarely (ie. less than once in the past four weeks)
- ◯ sometimes (ie. less than once a week, but once or more in the past four weeks)
- ◯ often or usually (ie. less than once a day but once a week or more)
- ◯ always (ie. once or more per day or whenever you have a bowel motion)

Do you leak stool if you don't get to the toilet in time? (Tick one option)

- ◯ never
- ◯ rarely (ie. less than once in the past four weeks)
- ◯ sometimes (ie. less than once a week, but once or more in the past four weeks)
- ◯ often or usually (ie. less than once a day but once a week or more)
- ◯ always (ie. once or more per day or whenever you have a bowel motion)

Does stool leak so that you have to change your underwear? (Tick one option)

- ◯ never
- ◯ rarely (ie. less than once in the past four weeks)
- ◯ sometimes (ie. less than once a week, but once or more in the past four weeks)
- ◯ often or usually (ie. less than once a day but once a week or more)
- ◯ always (ie. once or more per day or whenever you have a bowel motion)

Does bowel or stool leakage cause you to alter your lifestyle? (Tick one option)

- ◯ never
- ◯ rarely (ie. less than once in the past four weeks)
- ◯ sometimes (ie. less than once a week, but once or more in the past four weeks)
- ◯ often or usually (ie. less than once a day but once a week or more)
- ◯ always (ie. once or more per day or whenever you have a bowel motion)

Do you leak, have accidents or lose control with gas (flatus or wind)? (Tick one option)

- ◯ never
- ◯ rarely (ie. less than once in the past four weeks)
- ◯ sometimes (ie. less than once a week, but once or more in the past four weeks)
- ◯ often or usually (ie. less than once a day but once a week or more)
- ◯ always (ie. once or more per day or whenever you have a bowel motion)

Section 4 - Pelvic Floor Muscle Exercises

Pelvic Floor Muscle Exercises are often recommended to prevent and help with urine leakage. The exercises involve contracting (tightening and pulling up) the muscles in the area around your vagina. This section asks questions about doing Pelvic Floor Muscle Exercises.

Did your midwife advise you to perform Pelvic Floor Muscle Exercises when you were pregnant? (Tick one option) ◯ Yes ◯ No

How often did you perform Pelvic Floor Muscle Exercises when you were pregnant? (Tick one option)

- ◯ never - was never advised to
- ◯ never - other reasons
- ◯ a few times a month
- ◯ a few times a week
- ◯ once a week
- ◯ once a day
- ◯ a few times a day
- ◯ can't remember

Do you currently perform Pelvic Floor Muscle Exercises? (Tick one option) ◯ Yes ◯ No

How often did you do Pelvic Floor Muscle Exercises over the last month? (Tick one option)

- ◯ never - was never advised to
- ◯ never - other reasons
- ◯ a few times a month
- ◯ a few times a week
- ◯ once a week
- ◯ once a day
- ◯ a few times a day

The following questions ask about how confident you are doing Pelvic Floor Muscle Exercises.

I believe I can contract my pelvic floor muscles as intensive as I can (Tick one option)

◯ strongly disagree ◯ disagree ◯ neutral ◯ agree ◯ strongly agree

I believe I can contract my pelvic floor muscles for duration of 5 seconds (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe I can contract my pelvic floor muscles for duration of 10 seconds (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe I can perceive the contraction of the muscle while I am doing pelvic floor muscle exercises (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe I can do pelvic floor muscle exercises while doing housework (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe I can do pelvic floor muscle exercises anytime I think of it, such as, while driving, riding or waiting for a traffic light change (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe I can contract my pelvic floor muscles before physical exertion, e.g, coughing, laughing (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe that pelvic floor muscle exercises can help decrease urine leakage (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe that pelvic floor muscle exercises can help avoid (or delay) incontinence surgery (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe I can contract my pelvic floor muscles to increase pleasure during sexual intercourse (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe I can do pelvic floor muscle exercises even without the assistance of biofeedback and or electrical stimulation (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe I can do pelvic floor muscle exercises daily (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe I can do pelvic floor muscle exercises regularly for 3 months (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe I can remind myself to do pelvic floor muscle exercises every day (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe I can do pelvic floor muscle exercises even when there is a lack of time (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe I can do pelvic floor muscle exercises even when I lack energy (too tired) (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

I believe I can do pelvic floor muscle exercises while watching TV (Tick one option)
strongly disagree | disagree | neutral | agree | strongly agree

Section 5 - General Health

These questions ask for your views about your health. This information will help us keep track of how you feel and how well you are able to do your usual activities. Answer each question by choosing just one answer. If you are unsure how to answer a question, please give the best answer you can.

In general, would you say your health is: (Tick one option)
Excellent | Very good | Good | Fair | Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? if so, how much?

Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf (Tick one option).
◯ YES, limited a lot ◯ YES, limited a little ◯ NO, not limited at all

Climbing several flights of stairs (Tick one option).
◯ YES, limited a lot ◯ YES, limited a little ◯ NO, not limited at all

During the past four weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health?

Accomplished less than you would like (Tick one option).
◯ Yes ◯ No

Were limited in the kind of work or other activities (Tick one option).
◯ Yes ◯ No

During the past four weeks, have you had any of the following problems with your work or other regular activities as a result of any emotional problems (such as feeling depressed or anxious)?

Accomplished less than you would like (Tick one option).
◯ Yes ◯ No

Did work or activities less carefully than usual (Tick one option).
◯ Yes ◯ No

During the past four weeks, how much did pain interfere with your normal work (including work outside of the home and housework)? (Tick one option)
◯ Not at all ◯ A little bit ◯ Moderately ◯ Quite a bit ◯ Extremely

These questions are about how you have been feeling during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past four weeks have your felt calm and peaceful? (Tick one option)
◯ All of the time ◯ Most of the time ◯ A good bit of the time ◯ Some of the time ◯ A little bit of the time ◯ None of the time

How much of the time during the past four weeks did you have a lot of energy? (Tick one option)
◯ All of the time ◯ Most of the time ◯ A good bit of the time ◯ Some of the time ◯ A little bit of the time ◯ None of the time

How much of the time during the past four weeks have your felt down-hearted and blue? (Tick one option)
◯ All of the time ◯ Most of the time ◯ A good bit of the time ◯ Some of the time ◯ A little bit of the time ◯ None of the time

During the past four weeks, how much of the time has your physical health or emotional problems interfered with you social activities (like visiting friends, relatives, etc)? (Tick one option)
◯ All of the time ◯ Most of the time ◯ Some of the time ◯ A little bit of the time ◯ None of the time

Section 6 - Further Information

May we access your hospital notes for any further relevant information? (Tick one option)
◯ Yes ◯ No

May we contact you in the future for further research in this area? (Tick one option)
◯ Yes ◯ No

Would you like to be notified of the results of the study? (Tick one option)
◯ Yes ◯ No

Thank you very much for your help

Please return the completed questionnaire back to us in the postage paid envelope provided.