PN Questionnaire Form

Section 1 - Personal Details

Unique ID number _____

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

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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

Section 5 - 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.