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 - 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. The following questions ask how confident you feel in doing these 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 box)
◯ 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 box)
◯ strongly disagree ◯ disagree ◯ neutral ◯ agree ◯ strongly agree

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

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

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

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

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

I believe I can remind myself to do pelvic floor muscle exercises every day (Tick one box)
◯ 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 box)

◯ 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 box)

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

I believe I can do pelvic floor muscle exercises while watching TV (Tick one box)

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

Section 3 - 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

Thank you very much for your help

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