

Supplementary material 2: Women's Questionnaire

APPEAL Trial

Postal questionnaire Form

v2.0 (19-Jan-2022)

PN Questionnaire Form



Unique ID number _____

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

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Section 1 - Urinary symptoms

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.

Urinary symptoms over the past four weeks

We would be grateful if you could answer the following questions, thinking about how you have been, on average, OVER THE PAST FOUR WEEKS.

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

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

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

Urinary symptoms at the start of your pregnancy

How often did you leak urine AT THE START OF YOUR PREGNANCY? (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
- can't remember

Section 2 - Bowel symptoms - over the past four weeks

Many women have bowel symptoms following the birth of their baby some of the time. We are trying to find out how many women experience bowel symptoms 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)

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