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| Study Number  Screening Number | □□□□□□□□  □□□□□□□□□ | |
| Please tell us the date that you completed this questionnaire | dd /mon/ yyyy |

**Baseline**

We are interested in finding out about how you are feeling before the birth of your baby

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|  | **H:\2 - BB - 16-77 BIG babies (Submitted 12Jan17)\Organisational logos\PiLogo.png** | **H:\2 - BB - 16-77 BIG babies (Submitted 12Jan17)\Organisational logos\KCL logo 2016.jpg** | **C:\Users\mescg\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\74HA3FAR\logo cio.jpg** | **H:\2 - BB - 16-77 BIG babies (Submitted 12Jan17)\Organisational logos\The Shrewsbury and Telford Hospital NHS Trust ÔÇô RGB BLUE.jpg** | **H:\2 - BB - 16-77 BIG babies (Submitted 12Jan17)\Organisational logos\University Hospitals Coventry and Warwickshire NHS Trust ÔÇô RGB BLUE.png** |

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**This set of questions is asking you about your quality of life.**

**By placing a tick in one box in each group below, please indicate which statement best describes your own health state today.** Please do **not** tick more than one box in each group**.**



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| We would like to know how good or bad your health is TODAY. |
| This scale is numbered from 0 to 100. |
| 100 means the best health you can imagine. 0 means the worst health you can imagine. |
| Mark an X on the scale to indicate how your health is TODAY. |
| Now, please write the number you marked on the scale in the box below. |



The worst health you can imagine

YOUR HEALTH TODAY =

The best health you can imagine

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**This set of questions is asking about how you feel.**

As you are pregnant, we would like to know how you are feeling. Please mark the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Here is an example, already completed. | | | | | | | |
|  | | | | | | | |
| I have felt happy: | | | | | | | |
|  | Yes, all the time | |  | | | | |
| 🗷 | Yes, most of the time | | This would mean: “I have felt happy most of the time” during the past week.  Please complete the other questions in the same way. | | | | |
|  | No, not very often | |
|  | No, not at all | |  | | | | |
|  | | | | | | | |
| In the past 7 days: | | | | | | | |
|  | | | | | | | |
| 1. | I have been able to laugh and see the funny side of things | | | | \*6. | Things have been getting on top of me | |
|  |  | As much as I always could | | |  |  | Yes, most of the time I haven’t been able to cope at all |
|  |  | Not quite so much now | | |  |  | Yes, sometimes I haven’t been coping as well as usual |
|  |  | Definitely not so much now | | |  |  | No, most of the time I have coped quite well |
|  |  | Not at all | | |  |  | No, I have been coping as well as ever |
|  | | | | | | | |
| 2. | I have looked forward with enjoyment to things | | | | \*7. | I have been so unhappy that I have had difficulty sleeping | |
|  |  | As much as I ever did | | |  |  | Yes, most of the time |
|  |  | Rather less than I used to | | |  |  | Yes, sometimes |
|  |  | Definitely less than I used to | | |  |  | Not very often |
|  |  | Hardly at all | | |  |  | No, not at all |
|  | | | | | | | |
| \*3. | I have blamed myself unnecessarily when things went wrong | | | | \*8. | I have felt sad or miserable | |
|  |  | Yes, most of the time | | |  |  | Yes, most of the time |
|  |  | Yes, some of the time | | |  |  | Yes, quite often |
|  |  | Not very often | | |  |  | Not very often |
|  |  | No, never | | |  |  | No, not at all |
|  | | | | | | | |
| 4. | I have been anxious or worried for no good reason | | | | \*9. | I have been so unhappy that I have been crying | |
|  |  | No, not at all | | |  |  | Yes, most of the time |
|  |  | Hardly ever | | |  |  | Yes, quite often |
|  |  | Yes, sometimes | | |  |  | Only occasionally |
|  |  | Yes, very often | | |  |  | No, never |
|  | | | | | | | |
| \*5. | I have felt scared or panicky for no very good reason | | | \*10. | | The thought of harming myself has occurred to me | |
|  |  | Yes, quite a lot | | |  |  | Yes, quite often |
|  |  | Yes, sometimes | | |  |  | Sometimes |
|  |  | No, not much | | |  |  | Hardly ever |
|  |  | No, not at all | | |  |  | Never |

\* Reverse scored

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987

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**This set of questions is asking about urinary problems and relate to the time BEFORE YOU BECAME PREGNANT.**

Many women leak urine some of the time. We are trying to find out how many women leak urine before they became pregnant, and how much this bothered them. We would be grateful if you could answer the following questions, thinking about how you were on average before you became pregnant

|  |  |  |  |
| --- | --- | --- | --- |
| **1 How often did you leak urine?** (*Tick one box)* | | | |
|  | never |  | 0 |
|  | about once a week or less often |  | 1 |
|  | two or three times a week |  | 2 |
|  | about once a day |  | 3 |
|  | several times a day |  | 4 |
|  | all the time |  | 5 |

|  |  |  |  |
| --- | --- | --- | --- |
| **2 We would like to know how much urine you thought you leaked.**  **How much urine did you usually leak (whether you wore protection or not)?**  *(Tick one box)* | | | |
|  | none |  | 0 |
|  | a small amount |  | 2 |
|  | a moderate amount |  | 4 |
|  | a large amount |  | 6 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3 Overall, how much did leaking urine interfere with your everyday life?**  *Please ring a number between 0 (not at all) and 10 (a great deal)* | | | | | | | | | | | | | | | |
|  |  | **0** | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | **10** |  |  |
| not at all | | |  | |  |  |  |  |  |  |  |  | a great deal | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **4 When did urine leak?** (*Please tick all that apply to you)* | | | |
|  | never – urine did not leak |  |  |
|  | leaked before you could get to the toilet |  |  |
|  | leaked when you coughed or sneezed |  |  |
|  | leaked when you were asleep |  |  |
|  | leaked when you were physically active/exercising |  |  |
|  | leaked when you had finished urination and were dressed |  |  |
|  | leaked for no obvious reason |  |  |
|  | leaked all the time |  |  |

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**This set of questions is asking about bowel function BEFORE YOU BECAME PREGNANT.**

Some women may experience bowel problems some of the time. We are trying to find out how many women experience bowel problems, and how much this affects them. We would be grateful if you could answer the following questions, thinking about how you were on average before you became pregnant.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bowel function** | | | | |
| Prior to this pregnancy, did you sometimes experience loss of bowel control? | No | □ | Yes | □ |
| Prior to this pregnancy, did you sometimes have soiling from your back passage on your underwear? | No | □ | Yes | □ |
| Prior to this pregnancy, did you sometimes feel the need to go and have to go immediately? | No | □ | Yes | □ |
| Prior to your pregnancy, did you ever take treatment for constipation? | No | □ | Yes | □ |
| Prior to your pregnancy did you have haemorrhoids (sometimes called piles)? | No | □ | Yes | □ |

**This question is asking about sexual intercourse BEFORE YOU BECAME PREGNANT.**

Some women may experience pain during sexual intercourse some of the time. We are trying to find out if the birth of your baby might affect this. We would be grateful if you could answer the following question, thinking about how you were on average before you became pregnant.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sexual Intercourse – prior to the pregnancy** | | | | |
|  | Never | Sometimes | Most times | Always |
| Prior to this pregnancy did you have pain during sexual intercourse? | 1 | 2 | 3 | 4 |

**Thank you for completing this questionnaire**