

Your assessment after of the repair of the perineal tear (about 1 year)

There are gaps in the numbering of questions since certain questions are not relevant for you.

1. Date when the questionnaire is completed:-.....-.....

6a. Do you have a feeling that something is bulging out from the vagina?

- Never Almost never 1–3 times per month 1–3 times per week Daily

6c. Do you use a device, such as a vaginal pessary, to treat pelvic organ prolapse after delivery (a condition when internal organs hang outside of the vagina)?

- Never used a device/pessary after delivery
 Not currently using one but did use a device/pessary after delivery
 Currently using a device/pessary
 Do not know

7d. Do you experience urinary leakage or involuntary urination?

- Never Almost never 1–3 times per month 1–3 times per week Daily

If you answered Never – Almost never to question 7d above, go to question 9a

Mark an X next to **one of the options** for each question 8b and 8d

8b. How often do you experience leakage of urine associated with physical activity, or when you laugh, cough or sneeze?

- Never
 1–4 times per month
 1–6 times per week
 Once a day
 More than once a day

8d. How often do you experience a sudden onset of a strong need to urinate, and leak urine before you reach the toilet?

- Never
 1–4 times per month
 1–6 times per week
 Once a day
 More than once a day

9a. Do you ever have problems emptying your bowels?

- Never Almost never 1–3 times per month 1–3 times per week Daily

9b. Do you ever have to push against the back wall of the vagina to empty your bowels?

- Never Almost never 1–3 times per month 1–3 times per week Daily

Questions about problems holding in stool:

10a. Do you have problems holding in stool or gas?

- No
 Yes

If you answered no to the above question, skip to question 11a

10b. Do you ever pass gas even when it is inappropriate?

- Never
 Almost never
 Yes, 1-3 times a month
 Yes, 1-3 times a week
 Yes, daily

10c. Do you experience leakage of loose stool?

- Never
 Almost never
 Yes, 1-3 times a month
 Yes, 1-3 times a week
 Yes, daily

10d. Do you experience leakage of firm stool?

- Never
 Almost never
 Yes, 1-3 times a month
 Yes, 1-3 times a week
 Yes, daily

10e. Do you use sanitary pads/protection because of stool leakage?

- Never
 Almost never
 Yes, 1-3 times a month
 Yes, 1-3 times a week
 Yes, daily

10f. Does your leakage problem affect your lifestyle?

- Never
- Almost never
- Yes, 1-3 times a month
- Yes, 1-3 times a week
- Yes, daily

Questions about stomach problems:

11a. During the last three months before your pregnancy, did you have pain or discomfort in your abdomen?

- No
- Yes

11b. Was this abdominal discomfort/pain only present during menstruation or pregnancy?

- No
- Yes

If you only had pain during menstruation or pregnancy, continue to question 12a

If you frequently experience the problems described in the questions below, you may have IBS, which causes intestinal problems that are not dangerous but that may be difficult at times.

If you would like more information, go to 1177.se and search for IBS or talk to your family doctor.

11c. During times of abdominal discomfort/pain, did the number of stools/bowel openings increase?

- Never or seldom
- Sometimes
- Often
- Most of the time
- Always

11d. During times of abdominal discomfort/pain, did the number of stools/bowel openings decrease?

- Never or seldom
- Sometimes
- Often
- Most of the time
- Always

11e. During times of abdominal discomfort/pain, did you tend to have looser stools?

- Never or seldom
- Sometimes
- Often
- Most of the time
- Always

11f. During the abdominal discomfort/pain, did you tend to have harder stools?

- Never or seldom
- Sometimes
- Often
- Most of the time
- Always

11g. During the last three months, how often have you had loose stool?

- Never or seldom
- Sometimes
- Often
- Most of the time
- Always

11h. During the last three months, how often did you have hard stool?

- Never or seldom
- Sometimes
- Often
- Most of the time
- Always

11i. Did your bowel symptoms start with having had a “stomach bug” (a gastrointestinal infection)?

- No
- Yes

Questions about the genital area:

12a. Have you had intercourse during the past 3 months?

- Yes No Not applicable Prefer not to answer

12b. If yes on question 12a, do you experience pain in the genital area during intercourse?

- No, no pain
 Yes, mild pain
 Yes, moderate pain
 Yes, severe pain
 Yes, unbearable pain

12d. If yes on question 12a, do you feel

that your vaginal opening is too small/narrow?

- Yes No

that your vaginal opening is too large/open?

- Yes No

pain in the vaginal opening?

- Yes No

other symptoms from the vaginal opening?

- Yes No

If yes, what type of symptoms?

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14. During the period starting from two months after delivery up until now, have you had unexpected discomfort or complications due to the perineal tear?

(If your problems have been severe enough to require prescription medicine or an extra recheck, the complication is usually considered to be *mild*. If your problems have a long-term impact on your quality of life and/or result in the need to be re-operated, the complication is usually considered to be *serious*.)

- No, **skip to question 22**
 Yes, mild
 Yes, severe/serious

15. Are these problems/complications serious enough to be reported? (e.g. to patient insurance)

- No Yes

16a. Think of the time during two months after the repair of the perineal tear until now, Have you had to seek medical care because of these problems/complications?

- No Yes

If yes , what medical facility did you visit?	Name of department and hospital/primary care centre that you visited
<input type="checkbox"/> The department where you had surgery <input type="checkbox"/> Primary care centre <input type="checkbox"/> Other medical facility	

16b. If you answered yes to question 16a: Were you hospitalised because of the complication?

- No, I left the hospital the same day
 Yes, stayed for one night
 Yes, stayed for two or more nights

16c. If you answered yes to question 16a: Did treatment of the complication include surgery?

- No Yes

Describe your problems/complications by choosing one or more of the following options.

17a. What organ(s) was/were affected?

- Surgical wound
 Nerve/Sensation
 Urinary bladder
 Urethra
 Vagina
 Intestines
 Other (Describe in question 17c)

17c. Describe the problems/complications you ticked above:

.....

18. Do you still have discomfort due to the perineal tear?

- No
- Yes

If yes, describe:.....

19. If you answered yes to any of questions 14-18, would you consent to allow us to read the relevant medical records before your surgery?

- No
- Yes

22. What is your opinion on the result of the repair of the perineal tear?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

23. Have you received any treatment or exercise advice from a physiotherapist or a urogynaecologist nurse regarding the genital area/pelvic floor since being discharged from the postnatal ward?

- No
- Yes

24. Have you had any problems understanding any question(s) in the questionnaire? No Yes
If Yes, write the number of the question and describe the problem:

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Name (of the person who filled in the questionnaire)