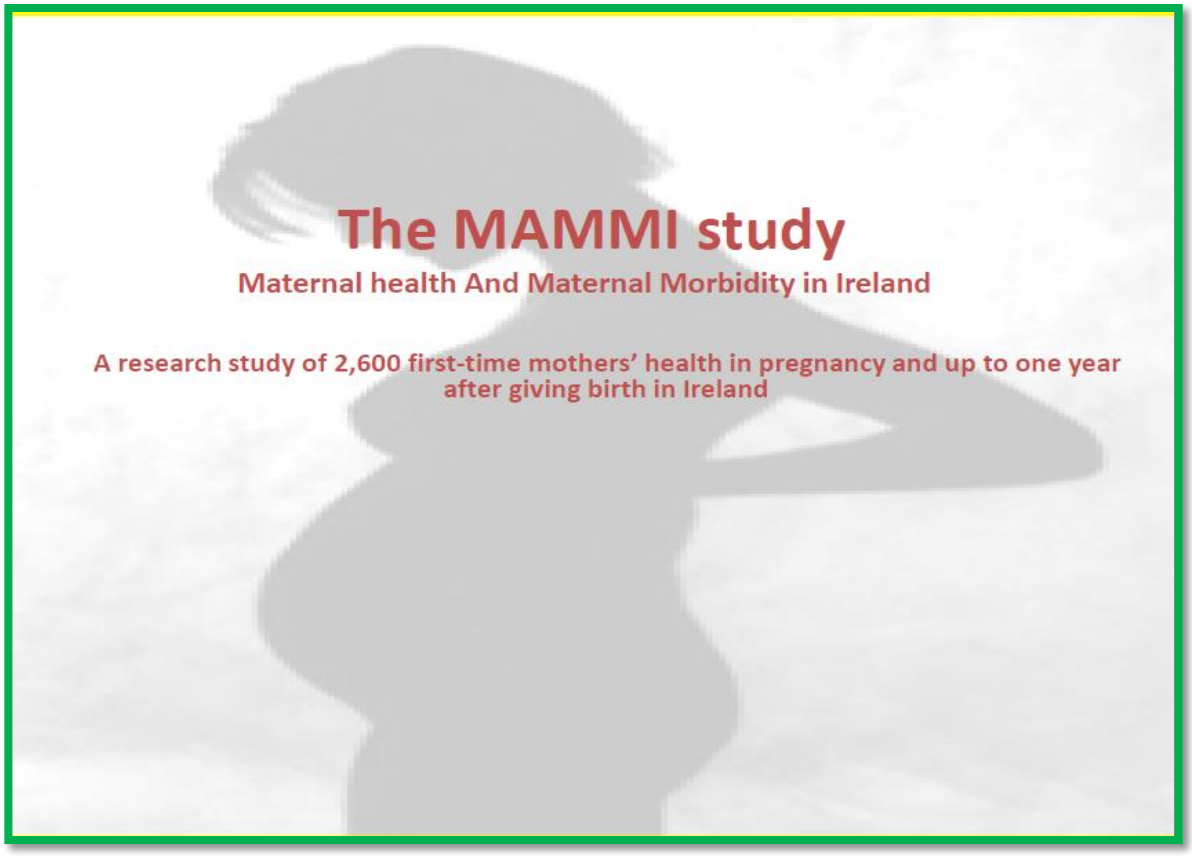
Study No ☐☐☐☐☐



Survey Booklet Two: 3 Months Postnatal

2

Thank you for taking the time to complete this survey. It will take you about **45 minutes** to complete it and your answers are **confidential**. If you have any questions about any part of this survey, or need help answering any of the questions, please feel free to call us **on 087 229 0989.**

The MAMMI study has been approved by the Research Ethics Committees of the Coombe Women and Infants University Hospital and the Faculty of Health Sciences, Trinity College Dublin.

Please tick here if you do not want to complete this or future surveys ☐

Coombe Women & Infants University Hospital
Excellence in the Care of Women and Babies
Foirfeacht i gCúram Ban agus Naíonán

TRINITY COLLEGE DUBLIN
COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH
THE UNIVERSITY OF DUBLIN

Contact: MAMMI Research Team
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Structure of the MAMMI Survey

The **M**aternal health **A**nd **M**aternal **M**orbidity in **I**reland (**MAMMI**) study is in six (6) parts: (1) antenatal (early pregnancy); (1A) antenatal (middle to late pregnancy - when you are about 7 months pregnant); (2) 3 months after the birth; (3) 6 months after the birth; (4) 9 months after the birth and (5) 12 months after the birth.

Thank you for completing surveys 1 and 1 A. This is the first postnatal survey and is about your health NOW (3 months after your baby's birth) and your labour and birth.

This part of the survey has ten (10) sections, numbered A through to J:

A questions about you and your baby;
B your labour and baby's birth;
C life with a new baby;
D your health since the birth of your baby;
E sex after childbirth;
F your emotional health and well-being now;
G contacts with health services;
H about you and your household;
I you and your relationships;
J comments on the survey.

Please note, there is space in Section J for any comments you might like to make on the survey.

How to fill in the Survey

Most of the questions can be answered by putting a tick in the box next to the answer that best applies to you. For example:

Has tiredness been a problem for you in the past month?

Yes ☑
No ☐

A few questions may ask you to fill in a number in a box. For example:

What is your date of birth?

Day /Month / Year

3	0	/	0	4	/	1	9	8	0

This filled-in sample represents a date of birth of 30th April 1980

Section A: This section is about you and your baby

A1 What is today's date?

☐☐ / ☐☐ / ☐☐☐☐
d d *m m* *y y y y*

A2 How many babies did you have?

One	Twins	Triplets or more
☐ 1	☐ 2	☐ 3

A3 On what date was your baby born?
(Additional copies of this survey are provided if you had more than one baby).

☐☐ / ☐☐ / ☐☐☐☐

A3 a What weight was your baby? *(Please fill one of these options)*

_____pounds and _____ ounces **OR** _____Kilograms

A4 How did your labour start? Please complete this question even if you gave birth by planned or emergency caesarean section)

a. *Spontaneously* *(This means you went into labour yourself and needed no medical intervention such as a syntocinon drip or having your waters broken*) ☐ 1

b. Induced *(your labour was started by one/some of the following* (*Please tick **all** that apply)*

Vaginal Pessary/pessaries ☐ 2 | My waters were broken artificially ☐ 3 | I had a syntocinon drip ☐ 4

c. Accelerated (*you started labour yourself but your labour was speeded up)*

My waters were broken artificially ☐ 5 | I had a syntocinon drip ☐ 6

d. I had no labour (I had a caesarean section (CS) but never went into labour) ☐ 7 *(Please Go to B8)*

d1. If you had CS, did you ask /request it? **Yes** 8 ☐ **No** 9 ☐

Please comment if you wish

_____

_____

Section B: Your labour and baby's birth

B1 During labour, did you use any of the following to help relieve pain?

	Yes	No	Not sure
a. Gas and oxygen *(Nitrous Oxide)*	☐ 1	☐ 2	☐ 3
b. Injections of Pethidine *(or pain killing drugs)*	☐ 1	☐ 2	☐ 3
c. Epidural or spinal injection in your back	☐ 1	☐ 2	☐ 3
d. TENS	☐ 1	☐ 2	☐ 3
e. Water pool or bath	☐ 1	☐ 2	☐ 3
f. Complementary therapies	☐ 1	☐ 2	☐ 3
g. Hypnotherapy	☐ 1	☐ 2	☐ 3
h. Other (please give details)	☐ 1	☐ 2	☐ 3

_____

_____

B2 During labour, did you use any of the following to help you deal with contractions?

	Yes	No	Not sure
a. Had a shower	☐ 1	☐ 2	☐ 3
b. Moved around or tried different positions	☐ 1	☐ 2	☐ 3
c. Had a massage	☐ 1	☐ 2	☐ 3
d. Used hot packs	☐ 1	☐ 2	☐ 3
e. Listened to music / Watched TV	☐ 1	☐ 2	☐ 3
f. Went for a walk	☐ 1	☐ 2	☐ 3
f. Birthing ball	☐ 1	☐ 2	☐ 3

Please comment on how you coped/dealt with contractions or on any aspect of your labour in hospital or at home prior to going to the hospital

_____

_____

B3 During your labour, did you have:

	Yes	No	Not sure
a. a catheter (tube) inserted *(to empty your bladder)* and LEFT in place during your labour	☐ 1	☐ 2	☐ 3
b. a catheter (tube) inserted *(to empty your bladder)* ONCE	☐ 1	☐ 2	☐ 3
c. a catheter (tube) inserted *(to empty your bladder)* every few hours	☐ 1	☐ 2	☐ 3

B4 During the second stage of labour *(after your cervix was fully dilated and/or you started pushing)*, did you spend time in any of the following positions? *(Tick as many as necessary)*

		Yes	No	Not sure
a.	Lying on side	☐ 1	☐ 2	☐ 3
b.	Lying flat on back	☐ 1	☐ 2	☐ 3
c.	Propped up leaning back on pillows	☐ 1	☐ 2	☐ 3
d.	Standing	☐ 1	☐ 2	☐ 3
e.	Kneeling	☐ 1	☐ 2	☐ 3
f.	On hands and knees	☐ 1	☐ 2	☐ 3
g.	Squatting	☐ 1	☐ 2	☐ 3
h.	Sitting	☐ 1	☐ 2	☐ 3
i.	In stirrups	☐ 1	☐ 2	☐ 3
j.	In water pool	☐ 1	☐ 2	☐ 3
k.	Other positions *(please describe)*	☐ 1	☐ 2	☐ 3

_____

_____

B5 Which of the following methods of pushing were you encouraged to use?
(Tick as many as necessary)

		Yes	No	Not sure
a.	I was encouraged to follow my own inclinations/urges to push	☐ 1	☐ 2	☐ 3
b.	I was encouraged to hold my breath when pushing	☐ 1	☐ 2	☐ 3
c.	I was encouraged to push down like having a bowel movement	☐ 1	☐ 2	☐ 3
d.	Other *(please describe)*	☐ 1	☐ 2	☐ 3

_____

_____

B6 What was the main method of pushing you used?

_____

B7 a. Were you told what position your baby was in during the latter *(later/end)* part of your labour?

a. I was told my baby was in the correct position for the birth ☐ 1

b. I was told my baby was not in the correct position for the birth ☐ 2

c. I was not told what position my baby was in ☐ 3

d. Not sure ☐ 4

B7 b. If your baby was not in the correct position, were you told:

a. that your baby was in a posterior position *(with your baby's back towards your back)* ☐ 1

b. that your baby's head was (stuck) in a transverse position *(head looking sideways)* ☐ 2

B8 How was your baby born?

	Yes	No	Not sure
a. Vaginal birth	☐ 1	☐ 2	☐ 3
b. Vaginal breech *(bottom first)* birth	☐ 1	☐ 2	☐ 3
c. Birth assisted with forceps *(with no rotation of your baby's head)*	☐ 1	☐ 2	☐ 3
d. Birth assisted with rotation forceps *(to turn your baby's head into the correct position for the birth)*	☐ 1	☐ 2	☐ 3
e. Vacuum extraction or ventouse *(with no rotation of your baby's head)*	☐ 1	☐ 2	☐ 3
f. Vacuum extraction or ventouse *(with rotation of your baby's head)*	☐ 1	☐ 2	☐ 3
g. Birth assisted with vacuum AND forceps	☐ 1	☐ 2	☐ 3
h. Doctor rotated your baby's head manually using his/her hands *(to turn your baby's head into the correction position for the birth)*	☐ 1	☐ 2	☐ 3
i. Caesarean section after unsuccessful attempt to deliver your baby using forceps or vacuum extraction	☐ 1	☐ 2	☐ 3
j. Caesarean section *(no other procedure used first)*	☐ 1	☐ 2	☐ 3

*Please comment if you wish*_____

_____

B9 How long were you pushing before your baby was born? (Skip from B9 to B13 if you had no labour CS)

☐☐ hours ☐☐ minutes *(please comment if you wish)*

_____

B10 How long were you in labour <u>in hospital</u> before your baby was born (including the time you spent pushing)?

☐☐ hours ☐☐ minutes (*Please comment if you wish)*

_____

B11 What position were you in when your baby was being born?

		Yes	No	Not sure
a.	Lying on side	☐ 1	☐ 2	☐ 3
b.	Lying flat on back	☐ 1	☐ 2	☐ 3
c.	Propped up leaning back on pillows	☐ 1	☐ 2	☐ 3
d.	Standing	☐ 1	☐ 2	☐ 3
e.	Kneeling	☐ 1	☐ 2	☐ 3
f.	On hands and knees	☐ 1	☐ 2	☐ 3
g.	Squatting	☐ 1	☐ 2	☐ 3
h.	Sitting	☐ 1	☐ 2	☐ 3
i.	In stirrups	☐ 1	☐ 2	☐ 3
j.	In water pool	☐ 1	☐ 2	☐ 3
k.	Other positions *(please describe)*	☐ 1	☐ 2	☐ 3

_____

_____

_____

B12 It is common for women who have a vaginal birth to have either a perineal tear or surgical cut (episiotomy) when their baby is born. (*The perineum is the area around the entrance to the vagina including the labia and other external genital organs.)*

a. Did you have an episiotomy (surgical cut to your perineum)?

a. Yes ☐ 1 b. No ☐ 2 c. Not sure ☐ 3

B12 b. Did you have a perineal tear?

a. Yes ☐ 1 b. No ☐ 2 c. Not sure ☐ 3

B12 c. Did you have stitches for a tear or episiotomy?

a. Yes ☐ 1 b. No ☐ 2 c. Not sure ☐ 3

B13 a. Did you have a tear that affected your rectum?

a. Yes ☐ 1 b. No ☐ 2 c. Not sure ☐ 3

b. If YES, did the midwife or doctor tell you

	Yes	**No**	**Not sure**
a. That the tear had extended to your anal sphincter *(the muscle that you tighten when you move your bowels)*	☐ 1	☐ 2	☐ 3
b. That the tear went all the way around to the lining of the rectum	☐ 1	☐ 2	☐ 3

Please comment if you wish _____

_____

B14 Thinking back about your labour and birth, were you happy with your methods of pain relief?

a. Yes ☐ 1 b. No ☐ 2 c. Not sure ☐ 3

Please comment if you wish _____

_____

_____

B15 While you were in hospital <u>immediately</u> after you had your baby, were you:

		Yes	No	Not sure
a.	Advised to use laxatives *(Tablets/treatments to help you pass a bowel motion (stools/faeces)*	☐ 1	☐ 2	☐ 3
b.	Told not to strain when passing bowel motions	☐ 1	☐ 2	☐ 3

B16 Did any of the following happen to you, either FOR THE BIRTH or immediately afterwards?

		Yes	No	Not sure
a.	I had a general anaesthetic	☐ 1	☐ 2	☐ 3
b.	I had an epidural and/or spinal anaesthetic	☐ 1	☐ 2	☐ 3
c.	I had a local anaesthetic *(e.g. when stitches were done)*	☐ 1	☐ 2	☐ 3
d.	I had a catheter inserted *(to empty my bladder)*	☐ 1	☐ 2	☐ 3

B17 Do you think you were given an active say in making decisions about what happened during your labour and/or birth?

a.	Yes, in all cases	☐ 1
b.	Yes, in most cases	☐ 2
c.	At some times and not others	☐ 3
d.	Rarely	☐ 4
e.	Not at all	☐ 5
f.	Not sure	☐ 6

*Please comment if you wish*_____

_____

B18 a. Was your baby admitted to a special care nursery or neonatal intensive care unit while you were in hospital?

a. Yes, immediately after the birth (within 2 hours of being born) ☐ 1

b. Yes, more than 2 hours after the birth ☐ 2

c. No ☐ 3

B18 b. If yes, why was your baby admitted?

_____

_____

_____

_____

B18 c. How many days did your baby stay in the special care nursery and/or neonatal intensive care unit?

☐☐☐ days *(If your baby was admitted to the nursery for less than 24 hours, please write "00" in the boxes.)*

B19 How long did you stay in hospital after your baby was born?

a. Less than 1 day ☐ 1

b. Between 1 – 2 days ☐ 2

c. 3 or 4 days ☐ 3

d. 5 or 6 days ☐ 4

e. 7 or 8 days ☐ 5

f. 9 days or more ☐ 6

B20 While you were in hospital after the birth, did you experience any of the following medical complications or health problems?

		Yes	No	Not sure
a	Extreme tiredness or exhaustion	☐ 1	☐ 2	☐ 3
b.	Severe headaches or migraines	☐ 1	☐ 2	☐ 3
c.	Back pain	☐ 1	☐ 2	☐ 3
d.	Fever temperature of 38^{O}C or higher	☐ 1	☐ 2	☐ 3
e.	Painful or sore perineum *(from episiotomy or tear)*	☐ 1	☐ 2	☐ 3
f.	Perineum wound infection	☐ 1	☐ 2	☐ 3
g.	Pain from caesarean section wound	☐ 1	☐ 2	☐ 3
h.	Caesarean section wound infection	☐ 1	☐ 2	☐ 3
i.	Postpartum haemorrhage	☐ 1	☐ 2	☐ 3
j.	Uterine (womb) infection	☐ 1	☐ 2	☐ 3
k.	Pain when passing urine	☐ 1	☐ 2	☐ 3
l.	Urinary tract infection *(please give details below)*	☐ 1	☐ 2	☐ 3
m.	Pain when passing bowel motion	☐ 1	☐ 2	☐ 3
n	Bleeding when passing a bowel motion	☐ 1	☐ 2	☐ 3
o.	Constipation *(opening your bowels only twice a week or less, or pushing and straining to open your bowel more than every fourth time you go)*	☐ 1	☐ 2	☐ 3
p.	Haemorrhoids *(swollen veins around your back passage sometimes called piles)*	☐ 1	☐ 2	☐ 3
q.	Leaked urine when you did not mean to *(e.g., when you coughed, laughed or sneezed)*	☐ 1	☐ 2	☐ 3
r.	Unable to pass urine	☐ 1	☐ 2	☐ 3

		Yes	No	Not sure
s.	Had trouble controlling bowel motions or experienced leakage when you did not mean to	☐ 1	☐ 2	☐ 3
t.	Feeling depressed, low or blue	☐ 1	☐ 2	☐ 3
u.	Feeling anxious or not able to cope	☐ 1	☐ 2	☐ 3
v	Breast problems *(e.g., sore nipples, mastitis)*	☐ 1	☐ 2	☐ 3
w.	Other *(please describe)*	☐ 1	☐ 2	☐ 3

_____

_____

B21 While you were in hospital after the birth, did you use any of the following medications for pain?

	Yes	No	Not sure
a Paracetamol *(e.g., Panadol®)*	☐ 1	☐ 2	☐ 3
b. Paracetamol and codeine *(panadeine)*	☐ 1	☐ 2	☐ 3
c. Ponstan®	☐ 1	☐ 2	☐ 3
d. Difene (Voltarol) *(taken orally [by mouth])*	☐ 1	☐ 2	☐ 3
e. Difene (Voltarol) *(suppository inserted into the back passage)*	☐ 1	☐ 2	☐ 3
f. Nurofen/Isobrufen	☐ 1	☐ 2	☐ 3
g. Aspirin	☐ 1	☐ 2	☐ 3
h. Local anaesthetic gel	☐ 1	☐ 2	☐ 3
i. Herbal remedies	☐ 1	☐ 2	☐ 3
j. Other *(please describe)*	☐ 1	☐ 2	☐ 3

_____

_____

B22 While you were in hospital after the birth, did you use any other medications?
(Please tick one response on each line.)

		Yes	No	Not sure
a.	Antibiotics	☐ 1	☐ 2	☐ 3
b.	Anti-depressants	☐ 1	☐ 2	☐ 3
c.	Haemorrhoid cream	☐ 1	☐ 2	☐ 3
d.	Laxatives	☐ 1	☐ 2	☐ 3
e.	Sleeping tablets	☐ 1	☐ 2	☐ 3
f.	Other (*please describe*)	☐ 1	☐ 2	☐ 3

_____

_____

_____

B23 What did you weigh at the end of your pregnancy without clothes or shoes?

☐☐☐ kgs OR ☐☐ stones and ☐☐ pounds

B24 What do you weigh NOW without clothes or shoes?

☐☐☐ kgs OR ☐☐ stones and ☐☐ pounds

Section C: Life with a new baby

The next few questions are about your life with a new baby. If you feel uncomfortable answering any of these questions or they are too personal, you do not have to answer them. However, if you have experienced any of the symptoms or issues asked about, it would help us to understand them and it might help other women to know they are not alone in their experiences when the findings are published. Again, we would like to reassure you that all the information that you provide is **strictly confidential** and all the findings from this survey will be presented and published in a way that does not identify **you** or **any** individual woman.

C1 Looking back to your first week at home with your new baby, how would you describe your own health at that time? Did you feel

a. Extremely well ☐ 1

b. Very well ☐ 2

c. OK ☐ 3

d. Not very well ☐ 4

e. Extremely unwell ☐ 5

C2 How confident did you feel about looking after your baby in the first week at home?

a. Very confident ☐ 1

b. Fairly confident ☐ 2

c. Mixed ☐ 3

d. Fairly anxious ☐ 4

e. Not confident ☐ 5

C3 a. Did your baby cry a lot in the first few weeks?

a. Yes ☐ 1

b. No ☐ 2

C3 b. Now that your baby is three months old, does she/he cry very much?

a. Yes ☐ 1

b. No ☐ 2

C3 c. How easy is it to settle your baby now once she/he starts crying?

a. Usually very easy ☐ 1

b. Usually fairly easy ☐ 2

c. Sometimes easy and sometimes difficult ☐ 3

d. Often difficult ☐ 4

e. Often very difficult ☐ 5

C4 In the last week, which one of the following best describes your baby's pattern of sleeping?

a. My baby has not woken up during the night AT ALL in the past week ☐ 1

b. My baby has rarely woken up during the night in the last week ☐ 2

c. My baby has woken up several nights in the last week ☐ 3

d. My baby has woken up once a night most nights in the last week ☐ 4

e. My baby has woken up twice a night most nights in the last week ☐ 5

f. My baby has woken up three or more times a night most nights in the last week ☐ 6

C5 Do you feel like you are getting enough sleep yourself?

a. Yes ☐ 1

b. No ☐ 2

C6 a. Did you breastfeed your baby *(or give expressed breastmilk)*?

Yes ☐ 1

No ☐ 2 *(please go to C7)*

b. Are you still breastfeeding your baby *(or giving expressed breastmilk)*?

Yes ☐ 1

No ☐ 2

C7 Has your baby had any problems feeding (breast or bottle) since leaving hospital?

a. Yes, quite a lot ☐ 1

b. Yes, some ☐ 2

c. No, none ☐ 3

C8 a. Has your baby had any health problems, or problems with development that have had a major impact on your life in the last three months?

Yes ☐ 1

No ☐ 2

b. If YES, please describe

_____

_____

_____

_____

C9 How confident do you feel NOW about looking after your baby?

a. Very confident ☐ 1

b. Fairly confident ☐ 2

c. Mixed ☐ 3

d. Fairly anxious ☐ 4

e. Not confident ☐ 5

C10 Is there anything else you would like to tell me about your baby?

Please comment if you wish _____

_____

_____

_____

Section D: Your health since the birth of your baby

The next few questions are about your health SINCE the birth of your baby. Again, if you feel uncomfortable answering any of these questions or they are too personal, you do not have to answer them. However, if you have experienced any of the symptoms or issues asked about, it would help us to understand them and it might help other women to know they are not alone in their experiences when the findings are published. Again, we would like to reassure you that all the information that you provide is **strictly confidential** and all the findings from this survey will be presented and published in a way that does not identify **you** or **any** individual woman.

D1 SINCE THE BIRTH, apart from when you were in hospital immediately after having your baby, have you experienced any of the following *(Please tick one response on EACH line)*

		Never	Rarely	Occasionally	Often
a.	Extreme tiredness or exhaustion	☐ 1	☐ 2	☐ 3	☐ 4
b.	Frequent coughs, colds or other minor illnesses	☐ 1	☐ 2	☐ 3	☐ 4
c.	Severe headaches or migraines	☐ 1	☐ 2	☐ 3	☐ 4
d.	Back pain (in your lower back)	☐ 1	☐ 2	☐ 3	☐ 4
e.	Back pain (in the upper or middle part of your back	☐ 1	☐ 2	☐ 3	☐ 4
f.	Painful or sore perineum *(from episiotomy / tear)*	☐ 1	☐ 2	☐ 3	☐ 4
g.	Perineal wound infection	☐ 1	☐ 2	☐ 3	☐ 4
h.	Pain from caesarean section wound	☐ 1	☐ 2	☐ 3	☐ 4
i.	Caesarean section wound infection	☐ 1	☐ 2	☐ 3	☐ 4
j.	Uterine (womb) infection	☐ 1	☐ 2	☐ 3	☐ 4
k.	Pain when you pass urine	☐ 1	☐ 2	☐ 3	☐ 4
l.	Urinary tract infection	☐ 1	☐ 2	☐ 3	☐ 4
m.	Pain when passing a bowel motion	☐ 1	☐ 2	☐ 3	☐ 4
n.	Bleeding when you pass a bowel motion	☐ 1	☐ 2	☐ 3	☐ 4

	Never	Rarely	Occasionally	Often
o. Constipation *(opening your bowels only twice a week or less, or pushing and straining to open your bowel more than every fourth time you go)*	☐ 1	☐ 2	☐ 3	☐ 4
p. Haemorrhoids *(swollen veins around your pack passage sometimes called piles)*	☐ 1	☐ 2	☐ 3	☐ 4
q. Sore nipples	☐ 1	☐ 2	☐ 3	☐ 4
r. Mastitis	☐ 1	☐ 2	☐ 3	☐ 4
s. Pelvic pain	☐ 1	☐ 2	☐ 3	☐ 4
t. Major postpartum haemorrhage	☐ 1	☐ 2	☐ 3	☐ 4
u. Heavy vaginal bleeding or bleeding that worried you	☐ 1	☐ 2	☐ 3	☐ 4
v. Other health issues *(please describe)*	☐ 1	☐ 2	☐ 3	☐ 4

_____

_____

_____

_____

D2 a. SINCE THE BIRTH, have you felt depressed for two weeks or longer?

a. Yes, and I still feel depressed ☐ 1

b. Yes, I felt depressed a while ago, but I feel better now ☐ 2

c. No ☐ 3 *(Please go to D3)*

D2 b. When did you start feeling depressed?

a. Before pregnancy ☐ 1

b. During pregnancy ☐ 2

c. After the birth ☐ 3

D2 c. Are you taking tablets or medication, or having treatment for depression?

Yes, I'm taking tablets or medications ☐ 1

Yes, I'm having treatment ☐ 2

No ☐ 3

Please comment if you wish _____

_____

_____

D3 a. SINCE THE BIRTH, have you experienced intense anxiety or panic attacks?

a. Never ☐ 1

b. Rarely ☐ 2

c. Occasionally ☐ 3

d. Often ☐ 4

D3 b. When did you start experiencing intense anxiety or panic attacks?

a. Before pregnancy ☐ 1

b. During pregnancy ☐ 2

c. After the birth ☐ 3

D3 c. Are you taking tablets or medication, or having treatment for intense anxiety or panic attacks?

Yes, I'm taking tablets or medication ☐ 1

Yes, I'm having treatment ☐ 2

No ☐ 3

Please comment if you wish _____

_____

_____

D4 SINCE THE BIRTH, have you experienced relationship problems with your partner or husband?

a. Never ☐ 1

b. Rarely ☐ 2

c. Occasionally ☐ 3

d. Often ☐ 4

D5 SINCE THE BIRTH, have you leaked even SMALL amounts of urine:

a. When you coughed, laughed, sneezed or did physical exercise

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

b. When you were on the way to the toilet

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

c. When you had to wait to use the toilet

No, never	☐ 1
Yes, less than once a month	☐ 2
Yes, one or several times a month	☐ 3
Yes, one or several times a week	☐ 4
Yes, every day	☐ 5

d. If you did not go to the toilet immediately

No, never	☐ 1
Yes, less than once a month	☐ 2
Yes, one or several times a month	☐ 3
Yes, one or several times a week	☐ 4
Yes, every day	☐ 5

D6a SINCE THE BIRTH, have you ever felt an URGENT need to pass urine which was accompanied by a fear of leakage?

No, never	☐ 1
Yes, sometimes	☐ 2

D6b SINCE THE BIRTH, have you ever felt an URGENT need to pass urine which was accompanied by actual leakage?

No, never	☐ 1
Yes, sometimes	☐ 2

If you answered NO to all of the questions in D5 and D6, please go to D11

D7 When you leak urine, is it?

Drops or just a little ☐ 1

More like a trickle ☐ 2

More than a trickle ☐ 3

D8 Which of the following best describes how you manage this *(Please tick ONE response only)*

It is a minor problem, I ignore it ☐ 1

I carry a change of underwear with me wherever I go and change whenever I need to ☐ 2

I make sure I know where the nearest toilet is whenever I go out ☐ 3

I wear protection (e.g. pads or panty liners when I need to, e.g., when doing physical exercise) ☐ 4

I wear protection (e.g., pads or panty liners) all the time ☐ 5

Other *(please describe)* ☐ 6

_____

_____

D9 a. SINCE THE BIRTH have you discussed your bladder problems with anyone?

Yes ☐ 1

No ☐ 2

D9 b. If YES, who did you discuss this with *(Please tick ALL that apply)*

General practitioner / local doctor ☐ 1

Public Health Nurse ☐ 2

GP Practice nurse ☐ 3

Midwife ☐ 4

Obstetrician/gynaecologist ☐ 5

Physiotherapist ☐ 6

Other health professional ☐ 7

Partner ☐ 8

Friend ☐ 9

Sister ☐ 10

Mother ☐ 11

Other (please describe) ☐ 12

_____

D 9c If no, is it because

I have thought about it but haven't felt able to talk about it ☐ 1

I don't want to discuss it ☐ 2

Other (please describe) ☐ 3

_____

D10 If you have experienced bladder problems since the birth, how would you describe these problems now?

About the same ☐ 1

Better than before ☐ 2

It's no longer a problem ☐ 3

Please comment if you wish _____

_____

D11 a. Have you taken, or have you been prescribed, antibiotics for urinary infections since the birth of your baby?

Yes ☐ 1

No ☐ 2

D11 b. If yes, how many times have you been prescribed or taken antibiotics for urinary infections since the birth?

Once ☐ 1

Twice ☐ 2

Three times or more ☐ 3

Please comment if you wish _____

_____

The next few questions ask about bowel symptoms. Please do not include problems during short-term illnesses such as the flu or a short viral infection.

D12 SINCE THE BIRTH have you

	No, never	Minor amount	Major amount
a. noticed soiling from your back passage on your underwear?	☐ 1	☐ 2	☐ 3
b. passed wind when you really didn't want to?	☐ 1	☐ 2	☐ 3

D13 SINCE THE BIRTH have you ever, even very occasionally,

a. experienced leakage of <u>LIQUID</u> bowel motions at an inappropriate time or an inappropriate place?

- No, never ☐ 1
- Yes, less than once a month ☐ 2
- Yes, one or several times a month ☐ 3
- Yes, one or several times a week ☐ 4
- Yes, every day ☐ 5

b. If YES, when this happened how much leakage typically occurred?

- Small amount *(with stain about the size of a 50 cent coin)* ☐ 1
- Moderate amounts *(often requiring a change of pad or underwear)* ☐ 2
- Large amounts *(often requiring a complete change of clothes)* ☐ 3

D14 a. SINCE THE BIRTH have you ever, even very occasionally, experienced leakage of <u>SOLID</u> bowel motions at an inappropriate time or inappropriate place?

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

D14 b. If YES, when this happened how much leakage typically occurred?

Small amount *(with stain about the size of a 50 cent coin)* ☐ 1

Moderate amounts *(often requiring a change of pad or underwear)* ☐ 2

Large amounts *(often requiring a complete change of clothes)* ☐ 3

D15 SINCE THE BIRTH, have you ever experienced an URGENT need to open your bowels that made you rush to the toilet immediately?

No, never ☐ 1

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

D15a SINCE THE BIRTH, have you ever experienced an URGENT need to open your bowels that you could not delay or defer for more than 5 minutes?

No, never ☐ 1 *(Please go to D19)*

Yes, less than once a month ☐ 2

Yes, one or several times a month ☐ 3

Yes, one or several times a week ☐ 4

Yes, every day ☐ 5

D16 Which of the following best describes how you manage?

It doesn't happen very often and I just cope with it when it does ☐ 1

I carry a change of underwear with me wherever I go and change whenever I need to ☐ 2

I make sure I know where the nearest toilet is whenever I go out ☐ 3

I wear protection *(e.g., pads or panty liners)* when I need to ☐ 4

I wear protection *(e.g., pads or panty liners)* **all** the time ☐ 5

Other *(please describe)* ☐ 6

_____

_____

D17 a. SINCE THE BIRTH have you discussed your bowel problems with anyone?

Yes ☐ 1

No ☐ 2

D17 b. If YES, who did you discuss this with *(Please tick ALL that apply)*

General practitioner / local doctor ☐ 1

Public Health Nurse ☐ 2

GP Practice nurse ☐ 3

Midwife ☐ 4

Obstetrician/gynaecologist ☐ 5

Physiotherapist ☐ 6

Other health professional ☐ 7

Partner ☐ 8

Friend ☐ 9

Sister ☐ 10

Mother ☐ 11

Other *(please describe)* ☐ 12

_____

D17 c. If no, is it because

I have thought about it but haven't felt able to talk about it ☐ 1

I don't want to discuss it ☐ 2

Other *(Please describe)* ☐ 3

_____

_____

D 18 If you have experienced bowel problems since the birth, how would you describe these problems now?

About the same ☐ 1

Better than before ☐ 2

It's no longer a problem ☐ 3

The next few questions ask about perineal pain and pelvic floor problems you may have experienced since the birth. The perineum is the area around the entrance to the vagina, including the labia and other external genital organs. Please answer these questions even if you had a caesarean section.

D19 How would you describe the <u>worst</u> pain or discomfort you feel CURRENTLY in the perineal area *(around the entrance to your vagina)* **when you are?**

Please tick ONE response on EACH line. The words used to describe pain are in increasing order of intensity.

		No pain	Mild	Discomforting	Distressing	Horrible	Excruciating
a.	Lying in bed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b.	Shifting positions in bed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
c.	Getting in and out of bed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
d.	Feeding your baby	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
e.	Sitting in a chair	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
f.	Lifting your baby	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
g.	Walking	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
h.	Bathing or showering yourself	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
i.	Doing physical exercise e.g., running, aerobics, climbing stairs	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
j.	Carrying your baby for extended periods	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
k.	Passing urine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
l.	Passing a bowel movement	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

(Please note that questions about sex are included in section 'E')

Please comment if you wish _____

_____

_____

D20 a. In the past four weeks, have you used any tablets/medication or other therapies for pain or tenderness in the perineal area *(the area around the entrance to the vagina)***?**

Yes ☐ 1

No ☐ 2

b. If yes, which of the following have you used?

	Yes	**No**	**Not sure**
a Paracatemol *(e.g. Panadol®)*	☐ 1	☐ 2	☐ 3
b. Paracetamol and codeine *(panadeine)*	☐ 1	☐ 2	☐ 3
c. Ponstan®	☐ 1	☐ 2	☐ 3
d. Difene (Voltarol) *(taken orally [by mouth])*	☐ 1	☐ 2	☐ 3
e. Difene (Voltarol) *(suppository inserted into the back passage)*	☐ 1	☐ 2	☐ 3
f. Nurofen/Isobrufen	☐ 1	☐ 2	☐ 3
g. Aspirin	☐ 1	☐ 2	☐ 3
h. Local anaesthetic gel	☐ 1	☐ 2	☐ 3
i. Herbal remedies	☐ 1	☐ 2	☐ 3
j. Other *(Please describe)*	☐ 1	☐ 2	☐ 3

_____

_____

_____

D21 a. SINCE THE BIRTH have you discussed your perineal pain with anyone?

Yes ☐ 1

No ☐ 2

b. If YES, who did you discuss this with *(Please tick ALL that apply)*

General practitioner / local doctor ☐ 1

Public Health Nurse ☐ 2

GP Practice nurse ☐ 3

Midwife ☐ 4

Obstetrician/gynaecologist ☐ 5

Physiotherapist ☐ 6

Other health professional ☐ 7

Partner ☐ 8

Friend ☐ 9

Sister ☐ 10

Mother ☐ 11

Other *(Please describe)* ☐ 12

_____

_____

_____

When you became pregnant you may have been encouraged to do **pelvic floor exercises.** These exercises involve contracting *(tightening)* your pelvic floor, as you would do if you interrupted the flow of urine midstream. **The pelvic floor is the muscular structure that supports your rectum, uterus and bladder.**

D22 **a.** **To what extent would you say your pelvic floor feels 'back to normal' as opposed to too loose or slack?**

Completely back to normal ☐ 1

Almost back to normal ☐ 2

Moderately back to normal ☐ 3

Somewhat back to normal ☐ 4

Not at all back to normal ☐ 5

b. **If your pelvic floor does not feel completely back to normal, please describe the way(s) in which it feels different?**

_____

_____

_____

_____

D23 **a.** **Did you do pelvic floor exercises during your pregnancy?**

Yes ☐ 1

No ☐ 2

b. **In the last month, have you been doing pelvic floor exercises?**

Yes, regularly ☐ 1

Yes, when I remember ☐ 2

No ☐ 3

c. If YES, approximately how often do you do them?

☐ Number of days each week ☐☐ Number of times per day

D24 a. SINCE THE BIRTH, has there been any period when you felt as if something was bulging or falling down in the vaginal area?

Yes, often ☐ 1

Yes, sometimes ☐ 2

No, not at all ☐ 3

b. Are you CURRENTLY having trouble with a feeling of bulging or falling down in the vaginal area?

Yes, often ☐ 1

Yes, sometimes ☐ 2

No , not at all ☐ 3

D25 a. To what extent would you say your vagina feels 'back to normal' or like it did before you got pregnant?

Completely back to normal ☐ 1

Almost back to normal ☐ 2

Moderately back to normal ☐ 3

Somewhat back to normal ☐ 4

Not at all back to normal ☐ 5

b. If your vagina does not feel completely back to normal, please describe the way(s) in which it feels different?

_____

_____

_____

_____

This section asks about abdominal (tummy) pain you may have experienced since the birth. Please answer this question whether you had a caesarean section or a vaginal birth.

D26 How would you describe the worst pain or discomfort you feel CURRENTLY in your lower abdomen *(below your tummy)* when you are?

Please tick ONE response on EACH line. The words used to describe pain are in increasing order of intensity.

		No pain	Mild	Discomforting	Distressing	Horrible	Excruciating
a.	When you are lying in bed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b.	Shifting positions in bed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
c.	Getting in and out of bed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
d.	Feeding your baby	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
e.	Sitting in a chair	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
f.	Lifting your baby	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
g.	Walking	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
h.	Bathing or showering yourself	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
i.	Doing physical exercise e.g. running, aerobics, climbing stairs	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
j.	Carrying your baby for extended periods	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
k.	Passing urine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
l.	Passing a bowel movement	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

*Please comment if you wish*_____

_____

_____

_____

D27 a. In the past four weeks have you used any medication or other therapies for pain or tenderness in your tummy area?

Yes ☐ 1

No ☐ 2

D27 b. If yes, which medication have you used? *(Please tick ALL that apply)*

	Yes	No	Not sure
a Paracetamol *(e.g. Panadol®)*	☐ 1	☐ 2	☐ 3
b. Paracetamol and codeine *(panadeine)*	☐ 1	☐ 2	☐ 3
c. Ponstan®	☐ 1	☐ 2	☐ 3
d. Difene (Voltarol) *(taken orally)*	☐ 1	☐ 2	☐ 3
e. Difene (Voltarol) *(suppository inserted into the back passage)*	☐ 1	☐ 2	☐ 3
f. Nurofen/Isobrufen	☐ 1	☐ 2	☐ 3
g. Aspirin	☐ 1	☐ 2	☐ 3
h. Local anaesthetic gel	☐ 1	☐ 2	☐ 3
i. Herbal remedies	☐ 1	☐ 2	☐ 3
j. Other *(please describe)*	☐ 1	☐ 2	☐ 3

_____

_____

_____

_____

D28 a. SINCE THE BIRTH have you discussed your tummy pain with anyone?

Yes ☐ 1

No ☐ 2

D28 b. If YES, who did you discuss this with *(Please tick ALL that apply)*

General practitioner / local doctor ☐ 1

Public Health Nurse ☐ 2

GP Practice nurse ☐ 3

Midwife ☐ 4

Obstetrician/gynaecologist ☐ 5

Physiotherapist ☐ 6

Other health professional ☐ 7

Partner ☐ 8

Friend ☐ 9

Sister ☐ 10

Mother ☐ 11

Other *(please describe)* ☐ 12

_____

_____

D29a Thinking back to BEFORE you were pregnant, were you satisfied with your body image?

Always	Sometimes	Never
☐ 1	☐ 2	☐ 3

b. NOW, 3 months AFTER THE BIRTH of your baby, are you satisfied with your body image?

Always	Sometimes	Never
☐ 1	☐ 2	☐ 3

Please comment if you wish _____

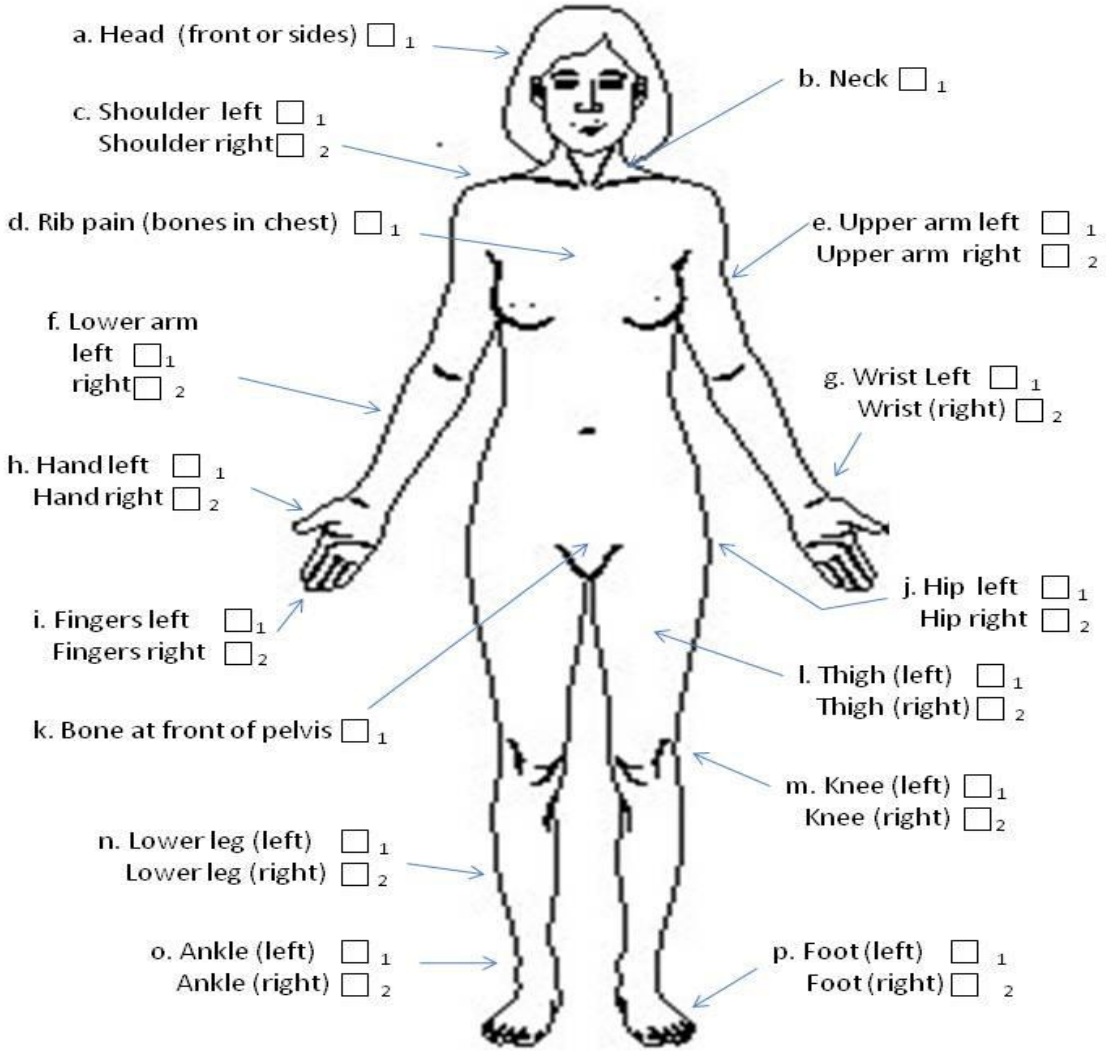
_____

D30 Please look at the two pictures below. Picture A is looking at the body from the front. Picture B is looking at the body from the back.
In the last month of your pregnancy and <u>BEFORE</u> you gave birth, did you experience pain in any of these parts of your body?

Yes ☐ 1 No ☐ 2

A. IF yes, please tick the boxes if you experienced pain in any of the parts of the body named in the last month of your pregnancy and BEFORE you gave birth.

Picture A
Front of Body



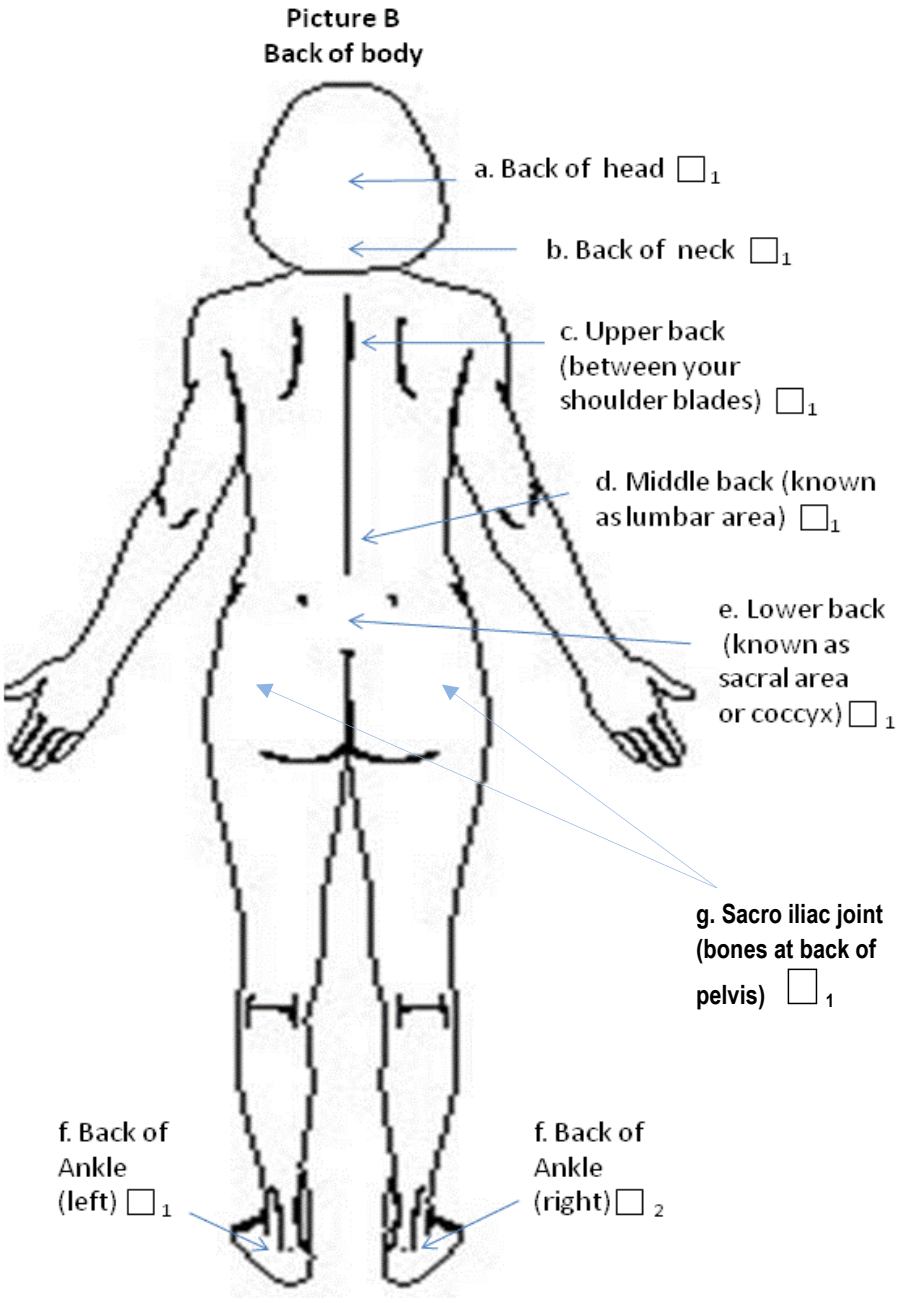
If you experienced pain in any other parts not named here, please tick here ☐

Please give details _____

_____

D 30 B Please tick the boxes if you experienced pain in any of the parts of the body named in the last month of your pregnancy and BEFORE you gave birth

Picture B
Back of Body



If you experienced pain in any other parts not named here, please tick here ☐

Please give details _____

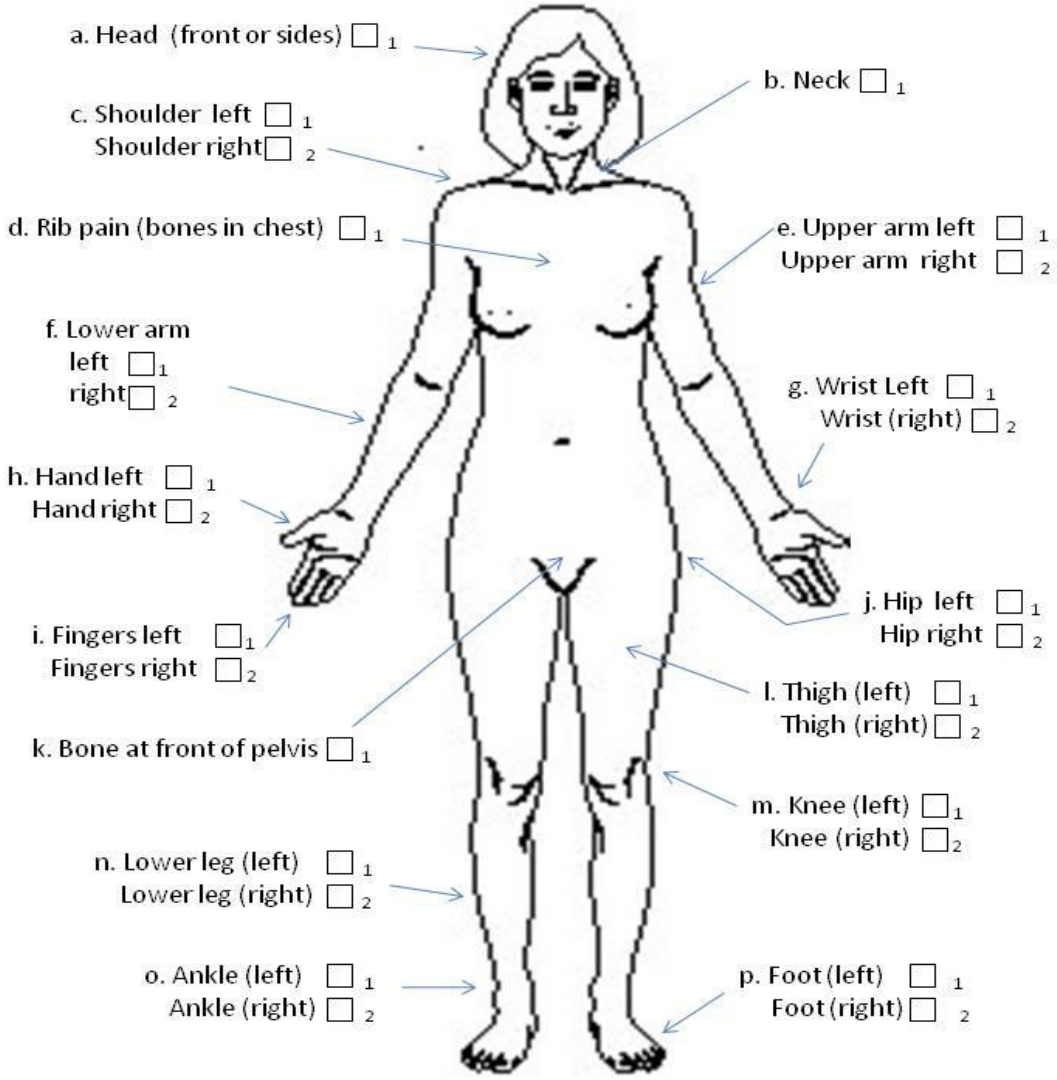
_____

D31 Please look at the two pictures below. Again, picture A is looking at the body from the front. Picture B is looking at the body from the back. SINCE YOU GAVE BIRTH, have you experienced pain in any parts of the body named?

Yes ☐ 1 No ☐ 2

A. If yes, p*lease tick the boxes if you experienced pain in any of the parts of the body named in the last 3 months SINCE YOU GAVE BIRTH.*

PICTURE A
Front of Body



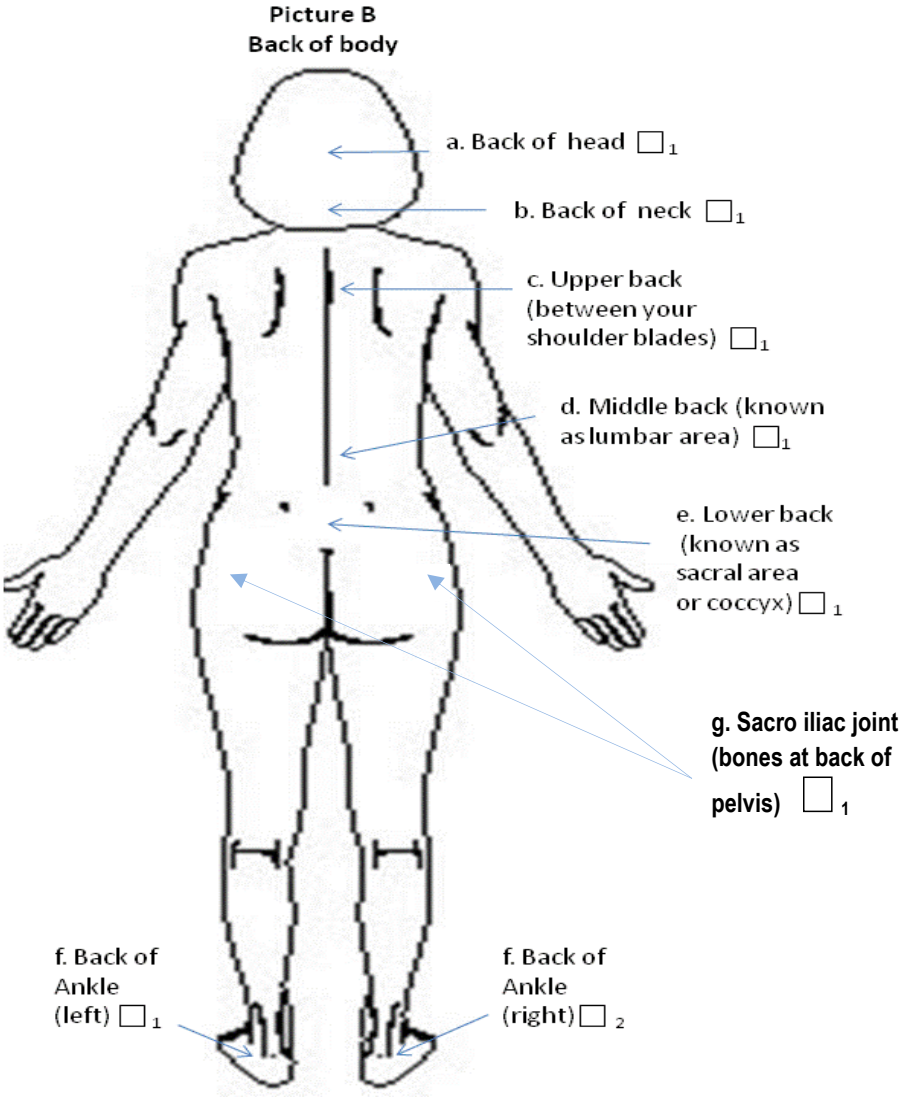
If you experienced pain in any other parts not named here, please tick here ☐

Please give details _____

_____

D31 B Please tick the boxes if you have experienced pain in any of the parts of the body named in the last 3 months SINCE YOU GAVE BIRTH.

Picture B
Back of Body



If you experienced pain in any other bones not named or shown here, please tick here ☐

Please give details _____

_____

Most pain can be treated successfully. If you are worried or concerned about pain and wish to get help, you should discuss it with your doctor or another health professional.

Section E: Sex after childbirth

The next few questions are about your sexuality and sexual health since the birth of your baby. Again, if you feel uncomfortable answering any of these questions or they are too personal, you do not have to answer them. However, if you have experienced any of the symptoms or issues asked about, if would help us to understand them and it might help other women to know they are not alone in their experiences when the findings are published. Again, we would like to reassure you that all the information that you provide is **strictly confidential** and all the findings from this survey will be presented and published in a way that does not identify **you** or **any** individual woman.

E1 a. When did you first have sexual or intimate contact again after you had your baby: ***(Please include all forms of sexual contact, i.e. do not restrict your answer to vaginal intercourse)***

I have not had sexual or intimate contact since the birth ☐ 1 *(Please go to E2)*

During the first 4 weeks ☐ 2

5-8 weeks after the birth ☐ 3

9-12 weeks after the birth ☐ 4

E1 b. Did you feel that this was

Too soon after the birth ☐ 1

Would have liked to start sooner ☐ 2

About the right time after the birth ☐ 3

E2 a. If you have not had any sexual or intimate contact since the birth is this because?

Because I do not have a partner ☐ 1 *(Please go to Section F)*

Other reasons ☐ 2

b. If you have a partner, but have not had any sexual or intimate contact since the birth, please tell me why *(Please tick ALL that apply)*

Too tired / exhausted ☐ 1

Relationship problems ☐ 2

Scared it will be painful ☐ 3

Fear of getting pregnant ☐ 4

Baby waking up ☐ 5

Still experiencing pain from perineal wound ☐ 6

Still experiencing pain from caesarean section ☐ 7

Don't feel interested ☐ 8

Other reason (P*lease describe)* ☐ 9

_____

_____

If you have not had any sexual or intimate contact since the birth, please go to question E12

E3a. Have you had vaginal intercourse since your baby was born?

Yes ☐ 1

Tried on one or more occasions, but it was too painful each time I tried ☐ 2

No ☐ 3 *(Please go to question E12)*

E3b. When did you first have VAGINAL intercourse again *(or attempt vaginal intercourse again)* after you had your baby?

During the first 4 weeks ☐ 1

5-8 weeks after the birth ☐ 2

9-12 weeks after the birth ☐ 3

E3c. Did you feel that this was

Too soon after the birth ☐ 1

Would have liked to start sooner ☐ 2

About the right time after the birth ☐ 3

E4 How much pain or discomfort, if any, did you feel the first time you attempted to have vaginal intercourse after your baby was born?

No pain ☐ 1

Mild ☐ 2

Discomforting ☐ 3

Distressing ☐ 4

Horrible ☐ 5

Excruciating ☐ 6

E5a. Other than the first time you tried having vaginal intercourse after your baby's birth, have you experienced pain or discomfort during vaginal intercourse in the past three months?

Yes ☐ 1

No ☐ 2

Haven't tried again ☐ 3

E5b. If YES, how would you describe the worst pain or discomfort you have experienced? Would you say it was

Mild ☐ 1

Discomforting ☐ 2

Distressing ☐ 3

Horrible ☐ 4

Excruciating ☐ 5

E6a. Are you still experiencing pain or tenderness during vaginal intercourse?

Yes ☐ 1 *(Please go to E7)*

No ☐ 2

E6b. If NO, how many weeks after your baby's birth was it when vaginal intercourse stopped being painful?

☐☐ Number of weeks after the birth

E7 How often would you say intercourse is painful for you NOW?

Always painful ☐ 1

Painful most of the time ☐ 2

Occasionally painful ☐ 3

Rarely painful ☐ 4

E8a. How would you describe the pain or discomfort you are experiencing during vaginal intercourse NOW?

No pain ☐ 1

Mild ☐ 2

Discomforting ☐ 3

Distressing ☐ 4

Horrible ☐ 5

Excruciating ☐ 6

E8b. Looking at the following list, please tick any or all the words that apply to the pain or discomfort you are experiencing during vaginal intercourse NOW.

- Aching ☐ 1
- Throbbing ☐ 2
- Shooting ☐ 3
- Stabbing ☐ 4
- Gnawing ☐ 5
- Sharp ☐ 6
- Tender ☐ 7
- Burning ☐ 8
- Exhausting ☐ 9
- Tiring ☐ 10
- Penetrating ☐ 11
- Nagging ☐ 12
- Miserable ☐ 13
- Unbearable ☐ 14

E9a. Have you discussed the pain or discomfort you are experiencing with anyone?

- Yes ☐ 1
- No ☐ 2

b. If YES, who have you discussed this with *(Please tick ALL that apply)*

- General practitioner / local doctor ☐ 1
- Public Health Nurse ☐ 2
- GP Practice nurse ☐ 3

Midwife	☐ 4
Obstetrician/gynaecologist	☐ 5
Physiotherapist	☐ 6
Other health professional	☐ 7
Partner	☐ 8
Friend	☐ 9
Sister	☐ 10
Mother	☐ 11
Other *(please describe)*	☐ 12

_____

_____

E10 In the last month, how physically pleasurable have you found your sexual relationship?

Extremely pleasurable	☐ 1
Very pleasurable	☐ 2
Moderately pleasurable	☐ 3
Sometimes pleasurable, sometimes not	☐ 4
Not at all pleasurable	☐ 5
Not sure	☐ 6

E11 In the last month, have you had

		Yes	No	Prefer not to answer
a	Oral sex	☐ 1	☐ 2	☐ 3
b	Anal sex	☐ 1	☐ 2	☐ 3
c	Other sexual contact *(i.e. forms of contact with the genital area not leading to intercourse but intended to achieve orgasm)*	☐ 1	☐ 2	☐ 3

Please comment if you wish _____

_____

E12 How emotionally satisfying have you found your relationship with your partner since the birth?

Extremely emotionally satisfying ☐ 1

Very emotionally satisfying ☐ 2

Moderately emotionally satisfying ☐ 3

Slightly emotionally satisfying ☐ 4

Not at all emotionally satisfying ☐ 5

Not sure ☐ 6

E13 SINCE THE BIRTH have you experienced any of the following:
(Please tick one response on each line.)

	Yes	No	Prefer not to answer
a. Lack of vaginal lubrication	☐ 1	☐ 2	☐ 3
b. Painful penetration	☐ 1	☐ 2	☐ 3
c. Pain during sexual intercourse	☐ 1	☐ 2	☐ 3
d. Pain on orgasm	☐ 1	☐ 2	☐ 3
e. Difficulty reaching orgasm	☐ 1	☐ 2	☐ 3

	Yes	No	Prefer not to answer
f. Unable to reach orgasm	☐ 1	☐ 2	☐ 3
g. Vaginal tightness	☐ 1	☐ 2	☐ 3
h. Vaginal looseness / lack of muscle tone	☐ 1	☐ 2	☐ 3
i. Bleeding or physical irritation after sex	☐ 1	☐ 2	☐ 3
j. Loss of interest in sex compared with before your pregnancy	☐ 1	☐ 2	☐ 3
k. More interest in sex compared with before your pregnancy	☐ 1	☐ 2	☐ 3
l. Being pressured to take part in unwanted sexual activity	☐ 1	☐ 2	☐ 3
m. Being forced to take part in unwanted sexual activity	☐ 1	☐ 2	☐ 3
n. Other *(Please describe)*	☐ 1	☐ 2	☐ 3

_____

E14 a. Have you ever discussed any of the above issues with anyone?

Yes ☐ 1

No ☐ 2 *(Please go to E15)*

b. If YES, who did you discuss this with? *(Please tick ALL that apply)*

General practitioner / local doctor ☐ 1

Public Health Nurse ☐ 2

GP Practice nurse ☐ 3

Midwife ☐ 4

Obstetrician/gynaecologist ☐ 5

Physiotherapist ☐ 6

Other health professional ☐ 7

Partner ☐ 8

Friend ☐ 9

Sister ☐ 10

Mother ☐ 11

Other *(Please describe)* ☐ _____

---

c. What issues did you discuss? *(Please tick all that apply)*

Lack of vaginal lubrication ☐ 1

Painful penetration ☐ 2

Pain on orgasm ☐ 3

Difficulty reaching orgasm ☐ 4

Vaginal tightness ☐ 5

Vaginal looseness / lack of muscle tone ☐ 6

Bleeding or physical irritation after sex ☐ 7

Loss of interest in sex compared with before your pregnancy ☐ 8

More interest in sex compared with before your pregnancy ☐ 9

Being pressured to take part in unwanted sexual activity ☐ 10

Being forced to take part in unwanted sexual activity ☐ 11

Other *(Please describe)* ☐ 12

E15 Compared with before your pregnancy, would you say that sex is now

More frequent	☐ 1
About the same	☐ 2
Less frequent	☐ 3
Not sure	☐ 4

E16 Overall, would you say that your sex life has changed since the birth

It has improved	☐ 1
It's about the same	☐ 2
Not as good	☐ 3
Not sure	☐ 4

E17 How often have the following issues affected your sex life since the birth?

		Very often	**Often**	**Sometimes**	**Rarely**	**Never**
a.	Tiredness / exhaustion	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b.	Feeling depressed low or blue	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c.	Relationship problems	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d.	Pain / tenderness	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e.	Lack of time	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f.	Baby waking up / interrupting you	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g.	Other (please describe)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

_____

_____

E18 Is there anything else you would like to tell me about your sexual and intimate relationships since having your baby?

Please comment if you wish _____

_____

If you are worried or concerned about pain when having sex and wish to get help, you can discuss it with your doctor.

If you are worried or concerned about unwanted or forced sexual activity and wish to get help, you can call the **Sexual Assault Treatment Unit (SATU)** based in the Rotunda hospital.

SATU telephone number:	01 8171736
SATU e-mail:	SATU@ROTUNDA.IE
Web:	http://www.rotunda.ie/
Opening hours:	9.00am to 4.30pm Mon – Fri
	Outside of these hours please contact the Rotunda Hospital at 01 8171700

Or you can call the **national** Dublin Rape Crisis Centre. The Dublin Rape Crisis Centre was established in 1979 and is a national organisation offering a wide range of services to women and men who are affected by rape, sexual assault, sexual harassment or childhood sexual abuse.

The services include a national **24-hour helpline**, one to one counselling, court accompaniment, outreach services, training, awareness raising and lobbying.

Dublin Rape Crisis Centre telephone number: HELPLINE 1800 778888

Section F: Your emotional health and well-being now

The next few questions are about your emotional health and well-being now. Again, if you feel uncomfortable answering any of these questions or they are too personal, you do not have to answer them. However, if you have experienced any of the symptoms or issues asked about, it would help us to understand them and it might help other women to know they are not alone in their experiences when the findings are published. Again, we would like to reassure you that all the information that you provide is **strictly confidential** and all the findings from this survey will be presented and published in a way that does not identify **you** or **any** individual woman.

Please look at the following statements and for each one think about how you have been feeling IN THE LAST WEEK

F1 a. During the last week I have been able to laugh and see the funny side of things

As much as I always could ☐ 1

Not quite as much now ☐ 2

Definitely not as much now ☐ 3

Not at all ☐ 4

F1 b. During the last week I have looked forward with enjoyment to things

As much as I ever did ☐ 1

Rather less than I used to ☐ 2

Definitely less than I used to ☐ 3

Hardly at all ☐ 4

F1 c. During the last week I have blamed myself unnecessarily when things went wrong

Yes, most of the time ☐ 1

Yes, some of the time ☐ 2

Not very often ☐ 3

No, never ☐ 4

F1 d. During the last week I have felt worried and anxious for no very good reason

No, not at all ☐ 1

Hardly ever ☐ 2

Yes, sometimes ☐ 3

Yes, very often ☐ 4

F1 e. During the last week I have felt scared or panicky for no very good reason

Yes, quite a lot ☐ 1

Yes, sometimes ☐ 2

No, not much ☐ 3

No, not at all ☐ 4

F1 f. During the last week things have been getting on top of me

Yes, most of the time I haven't been able to cope at all ☐ 1

Yes, sometimes I haven't been coping as well as usual ☐ 2

No, most of the time I have coped quite well ☐ 3

No, I have been coping as well as ever ☐ 4

F1 g. During the last week I have been so unhappy that I have had difficulty sleeping

Yes, most of the time ☐ 1

Yes, sometimes ☐ 2

Not very often ☐ 3

No, not at all ☐ 4

F1 h. During the last week I have felt sad or miserable

Yes, most of the time ☐ 1

Yes, quite often ☐ 2

Not very often ☐ 3

No, not at all ☐ 4

F1 i. During the last week I have been so unhappy that I have been crying

Yes, most of the time ☐ 1

Yes, quite often ☐ 2

Only occasionally ☐ 3

No, never ☐ 4

F1 j. During the last week the thought of harming myself has occurred to me

Yes, quite often ☐ 1

Sometimes ☐ 2

Hardly ever ☐ 3

Never ☐ 4

F2 Is there anyone you can talk to about how you are feeling? *(Please tick ALL that apply)*

Yes, but I am not sure they understand ☐ 1

Yes, and they are very supportive ☐ 2

No, there isn't anyone I can really talk to ☐ 3

I don't particularly want to talk about how I feel ☐ 4

There isn't anything I feel I need to talk about ☐ 5

*Please comment if you wish*_____

_____

F3 Looking back over the time since the birth of your baby, would you like to have had more emotional support (e.g. someone who regularly asked how you were, someone happy to listen to how you were feeling)?

Yes, definitely ☐ 1

Yes, probably ☐ 2

No, not really ☐ 3

Please comment if you wish _____

_____

_____

F4. Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *OVER THE PAST WEEK*. There are no right or wrong answers. Do not spend too much time on any statement.

		Not at all	Some of the time	A good part of the time	Most of the time
1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (e.g. in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3

		Not at all	Some of the time	A good part of the time	Most of the time
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

If you are experiencing any problems with your emotional health and wellbeing and wish to talk to someone, you can telephone the **mental health midwife/nurse** Brid Shine and Elaine McGoldrick at the Coombe Hospital.

Telephone: 01- 4085200

Or you can call the Aware (Depression) Helpline on 1890 303 302

TEXT MESSAGING

Information on where to go for help in a crisis is now available through your mobile phone. Text the word HeadsUp to 50424. The HeadsUp text service is run by RehabCare and sponsored by Meteor.

ONLINE information and support

A number of support services are now using the internet to reach out to people.

For example, www.yourmentalhealth.ie

Section G: Contacts with health services

The next few questions are about your contacts with health services. Again, if you feel uncomfortable answering any of these questions or they are too personal, you do not have to answer them. However, if you have experienced any of the symptoms or issues asked about, it would help us to understand them and it might help other women to know they are not alone in their experiences when the findings are published. Again, we would like to reassure you that all the information that you provide is **strictly confidential** and all the findings from this survey will be presented and published in a way that does not identify **you** or **any** individual woman.

G1 SINCE THE BIRTH, how many times have you visited a local doctor or GP (General Practitioner) *(Please do NOT include visits to a specialist)*

a. About your health?		**b. About your baby's health?**	
Never	☐ 1	Never	☐ 1
Once	☐ 2	Once	☐ 2
Twice	☐ 3	Twice	☐ 3
3 times	☐ 4	3 times	☐ 4
4 times	☐ 5	4 times	☐ 5
5-6 times	☐ 6	5-6 times	☐ 6
7 or more times	☐ 7	7 or more times	☐ 7

Please comment if you wish _____

_____

_____

_____

If you have not visited a local doctor or GP since the birth, please go to question G3.

G2 If you have visited a local doctor GP more than once in the past three months

		Always	Mostly	Sometimes	Rarely/ Never
a.	Did you go to the same place for each visit	☐ 1	☐ 2	☐ 3	☐ 4
b.	Did you see the same doctor on each occasion?	☐ 1	☐ 2	☐ 3	☐ 4

c. If you did not see the same doctor on each occasion, was this your own personal choice?

Yes ☐ 1 **No** ☐ 2

G3 SINCE THE BIRTH, has any of the following happened to you?
(Please tick ONE response on EACH line.)

		Yes	No	Not sure
a.	Postpartum haemorrhage	☐ 1	☐ 2	☐ 3
b.	D & C (dilatation and curettage)	☐ 1	☐ 2	☐ 3
c.	Wound breakdown – perineal tear or episiotomy	☐ 1	☐ 2	☐ 3
d.	Wound breakdown – caesarean section	☐ 1	☐ 2	☐ 3
e.	Repeat repair of perineal tear or episiotomy	☐ 1	☐ 2	☐ 3
f.	Repeat repair of caesarean section wound	☐ 1	☐ 2	☐ 3

G4 SINCE THE BIRTH, how many times have you visited a hospital emergency room/department about

a. your health?

Never	☐ 1
Once	☐ 2
Twice	☐ 3
3 times	☐ 4
4 times	☐ 5

b. your baby's health?

Never	☐ 1
Once	☐ 2
Twice	☐ 3
3 times	☐ 4
4 times	☐ 5

a. your health?

5-6 times ☐ 6

7 or more times ☐ 7

b. your baby's health?

5-6 times ☐ 6

7 or more times ☐ 7

Please give reasons if you wish

_____

_____

_____

_____

G5 SINCE THE BIRTH, how many times have you or your baby been re-admitted to a hospital?

a. you?

Never ☐ 1

Once ☐ 2

Twice ☐ 3

3 times ☐ 4

4 times ☐ 5

5-6 times ☐ 6

7 or more times ☐ 7

b. your baby?

Never ☐ 1

Once ☐ 2

Twice ☐ 3

3 times ☐ 4

4 times ☐ 5

5-6 times ☐ 6

7 or more times ☐ 7

Please give reasons if you wish

_____

_____

_____

_____

G6 SINCE THE BIRTH, when you go to the doctor do you feel able to talk about things that are troubling you concerning <u>your own health and well-being</u>? *(Please tick ALL statements with which you agree. Leave the statements that you do not agree with blank.)*

- Yes, my doctor makes it easy for me to talk about anything that is concerning me ☐ 1
- Yes, but he/she is often busy and doesn't seem to have time to listen ☐ 2
- Yes, I can talk to my doctor and he/she is very supportive and reassuring ☐ 3
- I can talk about some issues, but there are other things I do not feel comfortable talking about with my GP ☐ 4
- There's no point in talking to the doctor about my health because he/she cannot fix any of my problems ☐ 5
- No, I go to see the doctor about my baby not myself ☐ 6
- I don't talk to my doctor because I am worried he/she will think I am not coping ☐ 7
- I don't talk to the doctor because I am concerned he/she might want me to do something that will make the situation worse ☐ 8
- There are some issues I don't talk about because I am concerned the doctor might tell someone else ☐ 9

G7 SINCE THE BIRTH, has your local doctor or GP asked you directly whether or not you are experiencing any of the following *(please tick one response on each line)*

	Yes	**No**	**Not sure**
a. Tiredness or exhaustion	☐ 1	☐ 2	☐ 3
b. Leakage or involuntary loss of urine	☐ 1	☐ 2	☐ 3
c. Leakage or involuntary loss of bowel motion	☐ 1	☐ 2	☐ 3
d. Perineal pain	☐ 1	☐ 2	☐ 3
e. Sexual problems	☐ 1	☐ 2	☐ 3
f. Haemorrhoids	☐ 1	☐ 2	☐ 3
g. Feeling depressed or low	☐ 1	☐ 2	☐ 3
h. Relationship problems	☐ 1	☐ 2	☐ 3

G8 a. SINCE THE BIRTH, how many times have you visited or been visited at home by a midwife (who is <u>not</u> a Public Health Nurse as well)?

Unsure	☐ 1
Never	☐ 2
Once	☐ 3
Twice	☐ 4
3 times	☐ 5
4 times	☐ 6
5-6 times	☐ 7
7 or more times	☐ 8

b. SINCE THE BIRTH, how many times have you visited or been visited at home by a Public Health Nurse?

Never	☐ 1
Once	☐ 2
Twice	☐ 3
3 times	☐ 4
4 times	☐ 5
5-6 times	☐ 6
7 or more times	☐ 7

G9 How many times have you discussed an issue related to <u>your own health and well-being</u> with your midwife or public health nurse in the past three months?

Never	☐	1
Once	☐	2
Twice	☐	3
3 times	☐	4
4 times	☐	5
5-6 times	☐	6
7 or more times	☐	7

G10 Are you able to talk to your midwife or public health nurse about things that are troubling you concerning <u>your own health and well-being</u>? *(Please tick ALL statements that you agree with. Leave the statements that you do not agree with blank.)*

Yes, she/he makes it easy for me to talk about anything that is concerning me	☐	1
Yes, but she/he is often busy and doesn't seem to have time to listen	☐	2
Yes, I can talk to her/him and she/he is very supportive and reassuring	☐	3
I can talk to her/him about some issues, but there are other things I do not feel comfortable talking about	☐	4
There's no point in talking to her/him about my health because she/he cannot fix any of my problems	☐	5
No, I go to see her/him about my baby not myself	☐	6
I don't talk to her/him because I am worried she/he will think I am not coping	☐	7
I don't talk to her/him because I am concerned she/he might want me to do something that will make the situation worse	☐	8
There are some issues I don't talk about because I am concerned she/he might tell someone else	☐	9

G11 SINCE THE BIRTH, has your midwife or public health nurse asked you directly whether or not you are experiencing any of the following *(Please tick one response on each line)*

	Yes	No	Not sure
a. Tiredness or exhaustion	☐ 1	☐ 2	☐ 3
b. Leakage or involuntary loss of urine	☐ 1	☐ 2	☐ 3
c. Leakage or involuntary loss of bowel motion	☐ 1	☐ 2	☐ 3
d. Perineal pain	☐ 1	☐ 2	☐ 3
e. Sexual problems	☐ 1	☐ 2	☐ 3
f. Haemorrhoids	☐ 1	☐ 2	☐ 3
g. Feeling depressed or low	☐ 1	☐ 2	☐ 3
h. Relationship problems	☐ 1	☐ 2	☐ 3

G12 Please feel free to comment on any other aspect of your own or your baby's health in the last 3 months

_____

_____

_____

_____

_____

_____

Section H: About you and your household

Thank you for taking the time to complete the survey so far. The next few questions ask for personal details about your household and social factors. Sometimes social factors can affect women's health in pregnancy and this is why these questions have been included here.

All the information that you provide is **confidential** and cannot be linked to you as an individual or your household and there is no possibility that any of this information will be passed on to any other agency or department, government or otherwise.

H1 Are you currently: *(Please tick ONE only)*

- Married ☐ 1
- Living with a partner ☐ 2
- Divorced or separated ☐ 3
- In a relationship - not living together ☐ 4
- Widowed ☐ 5
- Single ☐ 6
- Other *(Please describe)* ☐ 7

_____

H2 Who else lives together with you in your household? *(Please tick ALL that apply.)*

- Your child ☐ 1
- Your partner/husband ☐ 2
- Your mother ☐ 3
- Your father ☐ 4
- Your partner's mother ☐ 5
- Your partner's father ☐ 6
- Partner's child/children from previous relationship ☐ 7
- Your sister(s) and/or brother(s) ☐ 8

A friend/friends ☐ 9

Nanny/au pair ☐ 10

No one ☐ 11

Other *(please describe)* ☐ 12

_____

H3 How would you describe your current living accommodation?

House *(with a mortgage)* ☐ 1

House *(with no mortgage)* ☐ 2

Apartment *(with a mortgage)* ☐ 3

Apartment *(with no mortgage)* ☐ 4

Rented house *(rented privately)* ☐ 5

Rented house *(rented from local authority)* ☐ 6

Rented apartment *(rented privately)* ☐ 7

Rented apartment *(rented from local authority)* ☐ 8

Caravan / Mobile Home ☐ 9

Bed and breakfast accommodation ☐ 10

Hostel accommodation ☐ 11

No fixed accommodation *(homeless)* ☐ 12

Other *(Please give details)* ☐ 13

_____

_____

H4 a. Since having your baby have you gone back to work or study?

Yes, gone back to paid work ☐ 1

Yes, returned to study ☐ 2

Am on paid maternity leave ☐ 3

Am on unpaid maternity leave ☐ 4

No, not in paid work or studying at the present time ☐ 5

b. How old was your baby when you returned to paid work or study?

Less than seven weeks old ☐ 1

Between seven weeks old and three months old ☐ 2

More than three months old ☐ 3

c. How many hours did you spend at work or studying last week?

Less than 10 hours ☐ 1

Between 10 and 20 hours ☐ 2

More than 20 hours ☐ 3

H5 How would you describe your current employment status *(please tick one response)*

I gave up my job when my baby was born ☐ 1

Full time paid work ☐ 2

Part-time paid work ☐ 3

Casual paid-work ☐ 4

Looking for first job ☐ 5

Unemployed ☐ 6

Student or pupil ☐ 7

Looking after home/family ☐ 8

Unable to work due to sickness / disability ☐ 9

Unpaid voluntary work ☐ 10

Other *(Please describe)* ☐ 11

_____

_____

H6 Which of the following best describes your medical cover/health insurance when you gave birth to your baby? *(Please tick one response)*

I had private health insurance for private care ☐ 1

I had private health insurance for semi-private care ☐ 2

I had private health insurance but chose not to use it for my pregnancy and birth ☐ 3

I had public care ☐ 4

Other *(Please describe)* ☐ 5

_____

H7 a. Are you hoping to have another baby?

Yes ☐ 1

No ☐ 2

Not sure ☐ 3

H7 b. If YES, would you prefer to have?

A vaginal birth ☐ 1

A caesarean section ☐ 2

No particular preference ☐ 3

Section I: you and your relationships

The next few questions are about you and your relationships and ask about your experiences in adult intimate relationships (for example, husband, partner, girlfriend or boyfriend of longer than one month.)

Again, if you feel uncomfortable answering any of these questions or they are too personal, you do not have to answer them. However, if you have experienced any of the symptoms or issues asked about, it would be help us to understand them and it might help other women to know they are not alone in their experiences when the findings are published. Again, we would like to reassure you that all the information that you provide is **strictly confidential** and all the findings from this survey will be presented and published in a way that does not identify you or **any** individual women.

I1 Are you currently in a relationship?

Yes ☐ 1 No ☐ 2

I2 Are you afraid of your current partner?

Yes ☐ 1 No ☐ 2

I3 Have you ever been afraid of any partner?

Yes ☐ 1 No ☐ 2

Please comment if you wish _____

_____

_____

_____

I4 I would like to know if you have experienced any of the actions listed below and how often they happened during the last THREE months, since you had your baby. Please answer, even if you are not with a partner at present. *(Please indicate how often it happened OVER THE LAST 3-MONTH PERIOD, by ticking one box on each line)*

My Partner …	Never	Only once	Several times	Once a month	Once a week	Daily
Told me I wasn't good enough	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Tried to turn my family, friends and children against me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Slapped me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Told me I was ugly	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Tried to keep me from seeing or talking to my family	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Threw me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Blamed me for causing their violent behaviour	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Shook me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Pushed, grabbed or shoved me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Became upset if dinner/housework wasn't done when they thought it should be	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Told me I was crazy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Told me no-one would ever want me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Hit or tried to hit me with something	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Did not want me to socialise with my female friends	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Kicked me, bit me or hit me with a fist	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Tried to convince my friends, family or children that I was crazy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Told me I was stupid	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Beat me up	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Please comment if you wish _____

_____

_____

_____

I5 Have you told anyone about the above experiences? *(Please tick ALL that apply.)*

I have not had any of the above experiences ☐ 1

I have not told anyone ☐ 2

I have told my Public Health Nurse ☐ 3

I have told my regular GP/family doctor ☐ 4

I told someone else *(Please say who)* ☐ 5

_____

If you would like to tell us more about your experiences please use the space below.

_____

_____

_____

_____

_____

Women's Aid - working to end violence against women

If you need help, phone them on:

National Freephone Helpline

1800 341 900 - 10am to 10pm

http://www.womensaid.ie/

Email: info@womensaid.ie

Everton House
47 Old Cabra Road
Dublin 7
Tel: +353 1 868 4721
Fax: +353 1 868 4722

If you or someone you know is experiencing domestic violence, Women's Aid can help:

- **Women's Aid** operate the National Freephone Helpline 1800 341 900 (10am to 10pm, 7 days a week except Christmas Day)
- **Women's Aid** provide one to one support in six locations throughout Dublin including Cabra, Coolock, Swords, Dublin City Centre, Amiens and Ballymun.
- **Women's Aid** provide a court accompaniment service in the Greater Dublin Area.
- **Women's Aid** refer women to local domestic violence support services and refuges.

All of **Women's Aid** services offer **free**, confidential support to women and their children who are experiencing domestic violence in the Republic of Ireland.

Section J: Comments on the survey

J1 Now that you have got to the end of this part of the survey I am interested in knowing how you found it? *(Please tick ALL that apply.)*

I managed to finish it but it took ages	☐	1
I was pleased to be asked about my experiences	☐	2
It was OK	☐	3
It was interesting	☐	4
I didn't understand some of the terms or language used	☐	5
Other (*please say what*)	☐	6

_____

_____

_____

_____

J2 About the MAMMI Study website http://www.mammi.ie

a. Have you had an opportunity to look at the MAMMI Study website?

Yes ☐ 1 No ☐ 2

b. Did you recommend the website to others?

Yes ☐ 1 No ☐ 2

c. If you have looked at the website, please comment on how you found it and/or what other information **you** would have liked to see on it.

_____

_____

_____

_____

Comments

If you wish to write any further comments please do so on this page. Thank you.

Please help us to keep in touch.

If your address or other contact details have changed (or you are about to move), please fill in the details below:

Your NEW address:	Your NEW phone number(s):

Thank you for taking the time to complete this survey.

Again, we want to reassure you that no names will be used in any publication and it will not be possible to identify any individual woman or her responses.

Please use the reply paid envelope to send it back to us. If no envelope was enclosed with this survey or you have mislaid it, please call **us on 087 2290989** and we will send you out another one.

The third (S2: three months postnatal) survey results will not be available until all of the women taking part in the study have given birth. As soon as the third survey results are available, we will let you know via the website www.mammi.ie and the study newsletter for participants.

Please call us if you have any questions about the study. We look forward to contacting you again when your baby is six months old and wish you well.

Best wishes.

The MAMMI study team

087 2290989

www.mammi.ie

My sincerest thanks to Professor Stephanie Brown, Murdock Children's Research Institute, Melbourne, Australia for granting permission to amend and use this survey in an Irish setting.