Study No.

THE MAMMI STUDY

Second baby follow up survey- 6 months postnatal

FOR WOMEN WHO HAD THEIR SECOND BABY APPROXIMATELY 6 MONTHS AGO.

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 087 118 6762

The MAMMI study has been approved by the Research Ethics Committee of the Faculty of Health Sciences, Trinity College Dublin.

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

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Structure of the MAMMI Study follow-up survey

The **M**aternal health **A**nd **M**aternal **M**orbidity in **I**reland (MAMMI) **second baby** follow-up study is designed for women who had their second baby in the last year. This survey is for women who had their second baby approximately **6 MONTHS** ago.

The survey is structured as follows:

Section 1- You and Your Children

Part A You and Your Children

Section 2- You and Your Second Baby

Part A You and Your Second Baby
Part B Your labour and Second Baby's Birth
Part C Life with a Second Baby
Part D Sex after the Birth of Your Second Baby

Section 3- Life Now

Part A Life Now
Part B Exercise
Part C Your Health and Well-Being Now
Part D Sexual Health Now
Part E Your Emotional Health and Well-Being Now
Part F You and Your Household
Part G You and Your Relationships
Part H Views on Data Sharing
Part I Comments

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 30 /Month 04 / Year 1980

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

Section 1: Part A: You and Your Children.

These questions are about your history of pregnancies since you had your second baby.

A1(a) What is today's date?

☐☐ / ☐☐ / ☐☐☐☐

d d m m y y y y

A1(b) What is your FIRST baby's date of birth?

☐☐ / ☐☐ / ☐☐☐☐

d d / m m / y y y y

A2. Are you pregnant now? Yes ☐ 1 No ☐ 2

If yes, my baby is due on [*please insert date below*]:

☐☐ / ☐☐ / ☐☐☐☐

d d / m m / y y y y

A3. When and how was your second baby born?

a. Second child ☐☐ / ☐☐ / ☐☐☐☐ **b. Was this a Twin birth?** ☐

d d / m m / y y y y

I had normal vaginal birth ☐ 1

I had assisted vaginal birth (e.g. vacuum [ventouse, kiwi], forceps etc) ☐ 2

I had a caesarean section ☐ 3

A4(a) Is there anything you wish to say about subsequent pregnancies and births since the birth of your first child?

_____

_____

A5 (a) Since the birth of your first child, how many miscarriages, if any, have you had?

I have had ☐ number of miscarriage(s). None. ☐ Prefer not to answer. ☐

A5 (b) Since the birth of your first child, how many babies have you had that were stillborn?

I have had ☐ number of babies that were stillborn. None. ☐ Prefer not to answer. ☐

A5 (c) Since the birth of your first child, how many termination(s) of pregnancy, if any, have you had?

I have had ☐ number of termination(s)/abortion(s) of pregnancy. None ☐

Prefer not to answer ☐

A5 (d) If **yes**, where did you have the termination(s): Ireland ☐ 1 Abroad ☐ 2

Please comment if you wish:

_____

_____

_____

A6. In the past SIX MONTHS, did you use any form of family planning or contraception?

Yes ☐ 1 No ☐ 2

If you answered '**no**', can you tell us the reason for your choice:

I was trying for another baby	☐ 1
I am not in a relationship	☐ 2
I am in a same sex relationship	☐ 3
I could not afford it	☐ 4
Myself and my partner don't have sex	☐ 5
I prefer not to say	☐ 6
Other (Please describe) _____	☐ 7

A7. What do you currently weigh without clothes or shoes?

☐☐☐ kgs OR ☐☐ stones and ☐☐ pounds

If you are affected by any of the issues raised in this section and feel you would like to talk to someone, the following is a list of organisations that provide help and support.

Miscarriage Association of Ireland
Website: www.miscarriage.ie
Tel: 01 873 5702
Email: info@miscarriage.ie

A Little Lifetime Foundation
(Formerly Irish Stillbirth and Neonatal Death Society)
Website: www.alittlelifetime.ie
Tel: 01 882 9030
Send an email through their website: www.alittlelifetime.ie/contact

NISIG (National Infertility support and Information Group)
Website: www.nisig.com
Tel: 087 797 5058
Email: nisigireland@gmail.com

Section 2: Part A: You and Your Second Baby

This section asks questions about you and your second baby, including questions about the birth. If you should have any questions you can contact the MAMMI Team on 087 118 6762 or email mammistudy@tcd.ie

A1. Did you have :

One baby	Twins	Triplets or more
☐ 1	☐ 2	☐ 3

A2. Where did you give birth to your second child?

At home ☐ 1 **At hospital** ☐ 2 **Other** ☐ 3

Please comment if you wish _____

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

_____pounds and _____ ounces / **OR** _____Kilograms

*(If you had twins or triplets, please insert the weight of twin/triplet born **first** here, and please text us and ask us to send you the 'Twin 2 (or Triplet 3)' survey questions so you can tell us about the other baby's/babies weight(s) and wellbeing)*

A4. How did 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) Started spontaneously but was accelerated *(you started labour yourself but your labour was sped 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

(e) If you had a C-Section, did you ask /request it? **Yes** ☐ 1 **No** ☐ 2

(f) Not sure ☐

Please comment if you wish _____

_____

_____

Section 2: Part B: Your Labour and Second Baby's Birth

B1. How was your baby born?

(a) If you had a VAGINAL birth, did you have:	YES	NO	NOT SURE
1. Normal vaginal birth	☐ 1	☐ 2	☐ 3
2. Vaginal breech *(bottom first)* birth	☐ 1	☐ 2	☐ 3
3. Birth assisted with forceps only *(with no rotation of your baby's head)*	☐ 1	☐ 2	☐ 3
4. Birth assisted with rotation forceps *(to turn your baby's head into the correct position for the birth)*	☐ 1	☐ 2	☐ 3
5. Vacuum extraction or ventouse *(with no rotation of your baby's head)*	☐ 1	☐ 2	☐ 3
6. Vacuum extraction or ventouse *(with rotation of your baby's head)*	☐ 1	☐ 2	☐ 3
7. Birth assisted with vacuum AND forceps	☐ 1	☐ 2	☐ 3
8. 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
(b) If you had a CAESAREAN section, did you have:			
9. Caesarean section after unsuccessful attempt to deliver your baby using forceps or vacuum extraction	☐ 1	☐ 2	☐ 3
10. Caesarean section with no other procedure used first	☐ 1	☐ 2	☐ 3

Please comment if you wish _____

_____

_____

If you did NOT experience labour please skip to Question B13: *page 10*

B2. During labour did you use any of the following to help relieve pain? *(Please tick one per line).*

		YES	NO	NOT SURE	I ASKED FOR IT BUT WAS NOT GIVEN IT
a.	Gas and oxygen *(Nitrous Oxide)*	☐ 1	☐ 2	☐ 3	☐ 4
b.	Injections of Pethidine *(or pain killing drugs)*	☐ 1	☐ 2	☐ 3	☐ 4
c.	Epidural or spinal injection in your back	☐ 1	☐ 2	☐ 3	☐ 4
d.	TENS	☐ 1	☐ 2	☐ 3	☐ 4
e.	Water pool or bath	☐ 1	☐ 2	☐ 3	☐ 4
f.	Complementary therapies	☐ 1	☐ 2	☐ 3	☐ 4
g.	Hypnotherapy	☐ 1	☐ 2	☐ 3	☐ 4
h.	Other *(Please describe)*	☐ 1	☐ 2	☐ 3	☐ 4

_____

_____

B3. (a) 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
g.	Birthing ball	☐ 1	☐ 2	☐ 3

B3 (b) Please comment if you wish on how you coped/dealt with contractions or any aspect of your labour in hospital or at home prior to going to the hospital

_____

_____

_____

_____

B4. During 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

B5. 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? *(Please tick all that apply)*

	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

_____

B6. Which of the following methods of pushing were you encouraged to use? *(Please tick all that apply)*

	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

_____

B7. What was the main method of pushing you used? (e.g. follow own urge, hold breath when pushing)

_____

_____

B8(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

B8(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

B9. How long were you pushing before your baby was born?

☐☐ 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? *(Please tick all that apply)*

	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 a 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.)

	YES	NO	NOT SURE
(a) Did you have an episiotomy (surgical cut to your perineum)?	☐ 1	☐ 2	☐ 3
(b) Did you have a perineal tear?	☐ 1	☐ 2	☐ 3
(c) Did you have stitches for a tear or episiotomy?	☐ 1	☐ 2	☐ 3

	YES	NO	NOT SURE
B13. (a) Did you have a tear that affected your rectum?	☐ 1	☐ 2	☐ 3
If YES, did the midwife or doctor tell you?			
(b) That the tear had extended to your anal sphincter *(the muscle that you tighten when you move your bowels)*	☐ 1	☐ 2	☐ 3
(c) 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?

Yes ☐ 1 No ☐ 2 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. (a) Do you think you were given an active say in making decisions about what happened during your labour and/or birth?

Yes in all cases	Yes in most cases	At some time and not others	Rarely	Not at all	Not sure
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

B17. (b) 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 Skip to B 19 ☐ 3

B18 (b)If YES, why was your baby admitted?

_____

_____

B18(c) If YES, 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?

Less than 1 day	1-2 days	3 or 4 days	5 or 6 days	7 or 8 days	9 days or more
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

B20. While 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)*	☐ 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

	Yes	No	Not sure
(h) Local anaesthetic gel	☐ 1	☐ 2	☐ 3
(i) Herbal remedies	☐ 1	☐ 2	☐ 3
(j) Other *(please describe)*	☐ 1	☐ 2	☐ 3

B21. While you were in hospital after the birth, did you use any other medications?
(Please tick 1 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

B22. What did you weigh at the end of your pregnancy without clothes or shoes?

☐☐☐ kgs OR ☐☐ stones and ☐☐ pounds

B23. While you were in hospital after the birth, did you experience any of the following medical complications or health problems? (Please tick one perline)

	Yes	No	Not sure
(a) Painful or sore perineum *(from episiotomy or tear)*	☐ 1	☐ 2	☐ 3
(b) Perineum wound infection, breakdown and repeat repair	☐ 1	☐ 2	☐ 3
(c) Pain from caesarean section wound breakdown and repeat repair	☐ 1	☐ 2	☐ 3
(d) Caesarean section wound infection	☐ 1	☐ 2	☐ 3
(e) Postpartum haemorrhage	☐ 1	☐ 2	☐ 3
(f) Uterine (womb) infection	☐ 1	☐ 2	☐ 3

Section 2: Part C: Life with a Second Baby

The next few questions are about your life with a Second Baby

C1. Looking back to your first week at home with your second baby, how would you describe your own health at that time? Did you feel: *(Please tick one)*

Extremely well	Very well	OK	Not very well	Extremely unwell
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

C2. How confident did you feel about looking after your baby in the first week at home? *(Please tick one)*

Very confident	Fairly confident	Mixed	Fairly anxious	Not confident
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

C3 (a) Did your baby cry a lot in the first weeks?

Yes ☐ 1 No ☐ 2

C3 (b) Now that your baby is around six to twelve months old, does she/he cry very much?

Yes ☐ 1 No ☐ 2

C3 (c) How easy is it to settle your baby NOW once she/he starts crying? *(Please tick one)*

Usually very easy	Usually fairly easy	Sometimes easy sometimes difficult	Often difficult	Often very difficult
☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?

Yes ☐ 1 No ☐ 2

C6 (a) Did/do you breastfeed your baby *(or give expressed breast milk)*?

Yes ☐ 1 No ☐ 2 Skip to C7

(b) Are you still breastfeeding your baby *(or giving breast milk)?*

Yes ☐ 1 No ☐ 2

(c) If you breastfed your baby but have stopped now, how long did you breastfeed your second baby for?

Months	Weeks

(d) Was there a reason why you stopped breastfeeding? Please comment

_____

C7 (a) If you needed help with feeding your baby, did you receive it?

Yes ☐ 1 No ☐ 2

C7 (b) If YES, who did you receive help from? *(Please tick all that apply)*

Your mother	☐ 1	*Private* healthcare professional (e.g. GP, public health nurse, lactation consultant)	☐ 7
Your partner	☐ 2	Peer support groups (in person/telephone)	☐ 8
Friends/other women	☐ 3	Online peer support	☐ 9
Mother-in-law	☐ 4	Voluntary organisations (e.g. La Leche League)	☐ 10
Sister	☐ 5	Books/magazines/tv	☐ 11
Public healthcare professional (e.g. GP, public health nurse, lactation consultant)	☐ 6	Other *(Please describe)*	☐ 12

_____

_____

C8. (a) Has your baby had any problems feeding (breast or bottle) since leaving hospital?

Yes, quite a lot ☐ 1 Yes, some ☐ 2 No, none ☐ 3

C8 (b) 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

(c) If yes, please describe

_____

_____

C9. How confident do you feel NOW about looking after your baby? *(Please tick one)*

Very confident	Fairly confident	Mixed	Fairly anxious	Not confident
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

C10. Is there anything else you would like to tell us about your second baby?

Please comment if you wish: _____

_____

_____

C11 (a) Are you hoping to have another baby?

Yes ☐ 1 No ☐ 2 Please go to C 11 (e)

Not sure ☐ 3 I am pregnant now ☐ 4 Please go to C 11 (e)

C11 (b) Are you currently trying to conceive?

Yes ☐ 1 No ☐ 2

C11 (c) If *Yes*, are you receiving any infertility treatment?

Yes ☐ 1 No ☐ 2

C11 (d) Would you prefer to have:

A vaginal birth ☐ 1 A caesarean section ☐ 2 No particular preference ☐ 3

(e) If you wish, please comment regarding future pregnancies

_____

_____

_____

_____

_____

Comments

If you wish to make any further comments regarding the labour and birth of your second baby or life with a second child please write them here. Thank you.

Section 2: Part D: Sexual Health After the Birth of Your Second Baby

The next few questions are about your sexuality and sexual health after the birth of your second baby. If you feel uncomfortable answering any of these questions or they are too personal, you do not have to answer them.

D1 (a) When did you first have sexual or intimate contact again after you had your second 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	Skip to D2	☐ 1
During the first 3 months		☐ 2
4-6 months after the birth		☐ 3

(b) Did you feel it was:

Too soon after birth	☐ 1
Would have liked to start sooner	☐ 2
About the right time after birth	☐ 3

D2 (a) If you have NOT had any sexual or intimate contact since the birth is this because?

I do not have a partner	Skip to Question A1: page 20	☐ 1
Other reasons		☐ 2

D2 (b) If you have a partner, but have not had any sexual contact since the birth of your second baby, please tell me why? (Please tick all that apply)

Too tired / exhausted	☐ 1	Baby waking up	☐ 5
Relationship problems	☐ 2	Still experiencing pain from perineal wound	☐ 6
Scared it will be painful	☐ 3	Still experiencing pain from caesarean section	☐ 7
Fear of getting pregnant	☐ 4	Don't feel interested	☐ 8
		Other reason (please describe)	☐ 9

_____

Please comment if you wish: _____

_____

_____

D3 (a) Have you had vaginal intercourse since your second baby was born?

Yes	☐ 1
Tried on one or more occasions, but it was too painful each time I tried	☐ 2
No	☐ 3

D3 (b) When did you first have vaginal intercourse again (*or attempt vaginal intercourse again)* after you had your second baby?

I have not had sexual or intimate contact since the birth	Skip to D6	☐ 1
During the first 3 months		☐ 2
4-6 months after the birth		☐ 3

D3 (c) Did you feel it was:

Too soon after birth	☐ 1
Would have liked to start sooner	☐ 2
About the right time after birth	☐ 3

D4. How much pain or discomfort, if any, did you feel the first time you attempted to have vaginal intercourse after your second baby was born? (Tick one)

No Pain	Mild	Discomforting	Distressing	Horrible	Excruciating
☐	☐	☐	☐	☐	☐
1	2	3	4	5	6

D5. Overall, would you say that your sex life has changed since the birth of your second child?

Improved	About the same	Not as good	Not sure
☐	☐	☐	☐
1	2	3	4

D6. If there is anything else you would like to tell us/say about your sexual and intimate relationships since the birth of your second child, please write them here.

_____

_____

_____

_____

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).

SATU telephone number:	**01 8171736 (Dublin)**
	091765751 (Galway)
SATU e-mail:	**SATU@ROTUNDA.IE**
Web:	**http://www.rotunda.ie/**
Opening hours:	**8.00am to 4.00pm Mon – Fri (Dublin);**
	8.00am to 4.00pm Mon – Fri (Galway)

Outside of these hours please contact the Rotunda Hospital at 01 8171700. Or you can call the national Rape Crisis Centre.

The Rape Crisis Centre 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
Galway Rape Crisis Centre telephone number: HELPLINE 1800 355355

Section 3: Part A: Life Now

The next few questions are about your life now

A1. Looking back over the past THREE MONTHS at home with your children, how would you describe your own health during this time? Did you feel: *(Please tick one)*

Extremely well	Very well	OK	Not very well	Extremely unwell
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

A2. How confident did you feel about looking after your children over the past THREE MONTHS at home? *(Please tick one)*

Very confident	Fairly confident	Mixed	Fairly anxious	Not confident
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

A3. Do you feel like you are getting enough sleep yourself?

Yes ☐ 1 No ☐ 2

A4(a) Does your child/children have any health or developmental problems that have had a major impact on your life?

Yes ☐ 1 No ☐ 2

A4 (b) If YES, please describe and indicate to which child it applies to (1st, 2nd, etc.):

_____

_____

_____

A5. Is there anything else you would like to tell us about your children?

_____

_____

_____

_____

A6 (a) In the past THREE MONTHS do/did you have time for yourself when someone else looked after your children? *(Please do not include time spent doing paid work).*

Yes ☐ 1 No ☐ 2

A6 (b) **What do you do when you have this time for yourself?** *(Please tick all that apply)*

Relax, put my feet up, watch TV	☐	1	Go running or bike riding	☐	10
Go walking	☐	2	Go swimming	☐	11
Go out with a friend (e.g. to the movies, or for a coffee)	☐	3	Go to an adult education class	☐	12
Read a book or listen to music	☐	4	Pay bills, go to the bank	☐	13
Have a bath (with the door closed) or a long shower	☐	5	Go to the hairdresser or beautician	☐	14
Go shopping for the household	☐	6	Mow the lawn or do some gardening	☐	15
Go shopping for myself	☐	7	Cook *(for enjoyment)*	☐	16
Play sport (e.g. tennis, netball, golf)	☐	8	Go out with partner (boyfriend/girlfriend/husband/wife)	☐	17
Go to a gym, aerobics or another exercise class	☐	9	Other *(please describe)*	☐	18

_____

A7. **In the LAST MONTH, how often have you had time for yourself?** (Please tick one).

Hardly ever	Less than once a fortnight	About once a fortnight	About once a week	Usually two to three times a week	Usually four or more times a week
☐	☐	☐	☐	☐	☐
1	2	3	4	5	6

A8. **During the LAST MONTH, have any of the following people given you any practical help?** *(For example, with preparing meals, doing housework, providing childcare, etc.* *(Tick all that apply)*

Please tick here if you have not had any help in the last month. ☐

Your partner	☐	1	Friends or neighbours	☐	5
Your mother	☐	2	Family day care or child care centre	☐	6
Your sister	☐	3	Paid housekeeper	☐	7
Other relative	☐	4	Nanny/au pair	☐	8
			Other (please describe)	☐	9

_____

A9. Looking back over the LAST MONTH, would you have liked more practical help?
(e.g. with preparing meals, housework, childcare, etc.)

Yes, definitely. ☐ 1 Yes, possibly. ☐ 2 No, I had all help I needed. ☐ 3

A10 (a) Are you happy with the contribution that your partner (husband/wife/ boyfriend/girlfriend) makes to household tasks?

Yes, definitely ☐ 1

Yes, in the circumstances *(e.g. work commitments)* ☐ 2

No ☐ 3

Not applicable, I do not have a partner ☐ 4 (Skip to Question B1(a). Page 23)

A10 (b) Are you happy with the contribution that you partner (husband/wife boyfriend/girlfriend) makes to looking after your children?

Yes, definitely ☐ 1

Yes, in the circumstances (*e.g. work commitments*) ☐ 2

No ☐ 3

A10 (c) How involved would you say your partner (husband/wife/boyfriend/girlfriend) is in being a parent?

Really involved ☐ 1

Somewhat involved ☐ 2

Not really involved ☐ 3

Please comment if you wish

Section 3: Part B: Exercise

The next few questions ask about physical activities you may have done in the LAST WEEK.

B1(a) In the LAST WEEK, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get from place to place?

☐ 1 None ☐ 2 Yes: ☐☐☐ times

Skip to Q B2a.

(b) What do you estimate was the total time you spent walking in this way in the LAST WEEK?

☐☐☐ Hours ☐☐ minutes

B2(a) In the LAST WEEK, how many times did you do any vigorous gardening or heavy work around the house or garden which made you breathe harder or puff and pant?

☐ 1 None ☐ 2 Yes: ☐☐☐ times

Skip to Q B3a.

(b) What do you estimate was the total time you spent doing vigorous gardening or heavy work around the house or garden in the LAST WEEK?

☐☐☐ Hours ☐☐ minutes

B3(a) In the LAST WEEK, how many times did you do any strenuous household chores involving moderate physical activity? *(I.e., vacuuming, washing windows, carrying shopping up several flights of stairs, scrubbing floors)*

☐ 1 None ☐ 2 Yes: ☐☐☐ times

Skip to Q B4a.

(b) What do you estimate was the total time you spent doing these kinds of household chores in the LAST WEEK?

☐☐☐ Hours ☐☐ minutes

B4(a) In the LAST WEEK, how many times have you held your child(ren) continuously for at least ten minutes (in your arms or baby carrier) while standing up in order to soothe or comfort your child(ren)?

☐ 1 None ☐ 2 Yes: ☐☐☐ times

Skip to Q B5a.

(b) What do you estimate was the total time you spent in this way in the LAST WEEK?

☐☐☐ Hours ☐☐ minutes

B5(a) In the LAST WEEK, how many times have you done household chores or shopping while carrying a back pack or a baby carrier?

☐ 1 None ☐ 2 Yes: ☐☐☐ times

Skip to Q B6a.

(b) What do you estimate was the total time you spent in this way in the LAST WEEK?

☐☐☐ Hours ☐☐ minutes

B6(a) In the LAST WEEK how many times did you do any <u>vigorous physical activity</u> which made you breathe harder or puff and pant? *(For example, jogging, cycling, aerobics)*

☐ [1] None ☐ [2] Yes: ☐☐☐ times

Skip to Q B7a.

(b) What do you estimate was the total time you spent doing this vigorous physical activity in the LAST WEEK?

☐☐☐ Hours ☐☐ minutes

B7(a) In the LAST WEEK, how many times did you do any other more <u>moderate physical activity</u>? *(For example, gentle swimming)*

☐ [1] None ☐ [2] Yes: ☐☐☐ times

Skip to Q B8

(b) What do you estimate was the total time you spent doing these activities in the LAST WEEK?

☐☐☐ Hours ☐☐ minutes

B 8. <u>If</u> you do any <u>regular</u> exercise (for 10 minutes or more at least ONCE a week), please indicate the exercise you do AND how many times per week you take part in each exercise.

TYPE OF EXERCISE	NUMBER OF TIMES A WEEK		TYPE OF EXERCISE	NUMBER OF TIMES A WEEK	
Fast walking	☐	1	Swimming	☐	6
Jogging/running	☐	2	Cycling	☐	7
Aerobics	☐	3	Ball games (soccer, GAA, rugby)	☐	8
Weight training	☐	4	Racket sports (tennis, badminton)	☐	9
Dancing	☐	5	Weight lifting	☐	10
			Other (please specify)	☐	11

_____

B 9. Do you have access to childcare to allow you to exercise? *(Tick all that apply)*

I pay for childcare while I exercise	☐	1	I do not exercise because I don't have access to childcare	☐	3
Family or friends mind my child(ren) while I exercise	☐	2	I can bring my child/children with me (e.g. mum & baby exercise groups)	☐	4

Section 3: Part C: Your health and Well-being Now

*The next few questions are about your health over the **PAST THREE MONTHS.***

C1. In the past THREE MONTHS, have you experienced any of the following:
(Please tick 1 on EACH line).

		Never	Rarely	Occasionally	Often
a.	Extreme tiredness or exhaustion	☐ 1	☐ 2	☐ 3	☐ 4
b.	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
o.	Constipation *(opening your bowels only twice a week or less, or pushing or straining to open your bowels every fourth time you go)*	☐ 1	☐ 2	☐ 3	☐ 4
p.	Haemorrhoids *(Swollen veins around your back 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.	Heavy vaginal bleeding or bleeding that worried you	☐ 1	☐ 2	☐ 3	☐ 4
u.	Other (please describe)	☐ 1	☐ 2	☐ 3	☐ 4

_____

C2 (a) In the past THREE MONTHS, have you felt depressed for two weeks or longer?

Yes, and I still feel depressed ☐ 1 Yes, I felt depressed, but I feel better now ☐ 2 No ☐ 3

Skip to C4 (a)

C2 (b) Are you receiving treatment (e.g. medication, psychotherapy or counselling) for depression? (Tick all that apply)

Yes, I'm taking tablets or medications (antidepressants) ☐ 1

No ☐ 2

Yes, I'm having psychotherapy or counselling ☐ 3

I have been referred to a psychiatrist or psychotherapist ☐ 4

Other (please specify) ☐ 5

_____

C2 (c) How does depression affect your life? *If you wish, you can describe what it's like.*

_____

_____

_____

C3. During/after which pregnancies did you feel depressed :

None of my pregnancies ☐ 1

During pregnancy or after the birth of my FIRST child only ☐ 2

During pregnancy or after the birth of my SECOND child only ☐ 3

During pregnancy or after the birth of ALL my children ☐ 4

Please comment if you wish_____

_____

C4 (a) In the past THREE MONTHS have you experienced anxiety or panic attacks?

Never	Rarely	Occasionally	Often
☐ Skip to C5	☐	☐	☐
1	2	3	4

C4 (b) Are you receiving treatment for anxiety or panic attacks? (Tick all that apply)

Yes, I'm taking tablets or medications ☐ 1

No ☐ 2

Yes, I'm having psychotherapy or counselling ☐ 3

I have been referred to a psychiatrist or psychotherapist ☐ 4

Other (please specify) ☐ 5

_____

C4(c) How does anxiety affect your life? If you wish, you can describe what it's like.

_____

_____

C5. During/after which pregnancies did you experience anxiety or panic attacks?

None of my pregnancies ☐ 1

During pregnancy or after the birth of my FIRST child only ☐ 2

During pregnancy or after the birth of my SECOND child only ☐ 3

During pregnancy or after the birth of ALL my children ☐ 4

Please comment if you wish_____

_____

The following questions ask about **Urinary Incontinence**.

C6. In the past THREE MONTHS, have you leaked even small amounts of urine in the following situations? *(Tick one on each line)*

	NEVER	LESS THAN ONCE A MONTH	SEVERAL TIMES A MONTH	SEVERAL TIMES A WEEK	EVERYDAY
a. When you coughed, laughed or sneezed, or did physical exercise?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. When you were on the way to the toilet?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. When you had to wait to use the toilet?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. If you did not go to the toilet immediately?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

C7 (a) In the past THREE MONTHS, have you ever felt an URGENT need to urinate which was accompanied by a FEAR of leakage?

No, never ☐ 1 Yes, sometimes ☐ 2

C7 (b) In the past THREE MONTHS, have you ever felt an URGENT need to urinate which was accompanied by ACTUAL leakage?

No, never ☐ 1 Yes, sometimes ☐ 2

If you answered NO to all of the questions in C6 and C7, please go to C11 (page 28)

C8 (a) When you leak urine, is it?

Drops or just a little ☐ 1 More like a trickle ☐ 2 More than a trickle ☐ 3

C8 (b) How does urine leakage affect your life? (i.e. limits your everyday and physical activities or requires use of protective products etc.) (Please describe)

_____

_____

C9. During/after which pregnancies did you experience urine leakage?

None of my pregnancies ☐ 1

During pregnancy or after the birth of my FIRST child only ☐ 2

During pregnancy or after the birth of my SECOND child only ☐ 3

During pregnancy or after the birth of ALL my children ☐ 4

Please comment if you wish: _____

_____

C10 (a) In the past THREE MONTHS have you discussed your bladder problems (leaking urine) with anyone?

Yes ☐ 1 No ☐ 2 Please go to C10 (c)

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

General practitioner / local doctor ☐ 1

Public Health Nurse ☐ 2

GP practice nurse ☐ 3

Obstetrician/Gynaecologist ☐ 4

Physiotherapist ☐ 5

Other health professional ☐ 6

Partner ☐ 7

Friend ☐ 8

Sister ☐ 9

Mother ☐ 10

Other (Please describe) ☐ 11

_____

C10 (c) Do you AVOID exercise because you leak urine?

Yes ☐ 1 No ☐ 2

C10 (d) If yes, please tell us about the type(s) of exercise you avoid.

_____

C11 (a) Have you taken, or have you been prescribed antibiotics for urinary infections in the past THREE MONTHS?

Yes ☐ 1 No ☐ 2

C11 (b) If yes, how many times have you taken antibiotics for urinary infections in the past THREE MONTHS?

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.

C12. In the past THREE MONTHS 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

C13 (a) In the past THREE MONTHS have you ever, even very occasionally, experienced leakage of <u>LIQUID</u> bowel motions at an inappropriate time or an inappropriate place?

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

C13 (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

C14 (a) In the past THREE MONTHS have you ever, even very occasionally, experienced leakage of <u>SOLID</u> bowel motions at an inappropriate time or inappropriate place?

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

C14 (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

C15 (a) In the past THREE MONTHS, have you ever experienced an URGENT need to open your bowels that made you rush to the toilet immediately?

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

C15 (b) In the past THREE MONTHS, 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	Yes, less than once a month	Yes, one or several times a month	Yes, one or several times a week	Yes, every day
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

If you answered NO to all of the questions in C12 to C15, please go to C18 (page 31)

C16 (a) How does the leakage of bowel motions affect your life? *(i.e., limits your everyday and physical activities, requires use of protective products etc.)* Please describe

_____

_____

C16 (b) During/after which pregnancies did you experience leakage of bowel motions?:

None of my pregnancies ☐ 1

During pregnancy or after the birth of my FIRST child only ☐ 2

During pregnancy or after the birth of my SECOND child only ☐ 3

During pregnancy or after the birth of ALL my children ☐ 4

Please comment if you wish_____

C17 (a) In the past THREE MONTHS have you discussed your bowel problems with anyone?

Yes ☐ 1 No ☐ 2 Skip to C18.

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

General practitioner / local doctor	☐ 1	Partner	☐ 7
Public Health Nurse	☐ 2	Friend	☐ 8
GP practice nurse	☐ 3	Sister	☐ 9
Obstetrician/Gynaecologist	☐ 4	Mother	☐ 10
Physiotherapist	☐ 5	Other (please describe)	☐ 11
Other health professional	☐ 6	_____	

If you are worried or concerned about leaking urine or soiling from your back passage and wish to get help, please talk to your doctor about it.

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.

C18. How would you describe the worst pain or discomfort you feel CURRENTLY <u>in the PERINEAL area</u> *(around the entrance to your vagina)* when you are:
(The words used to describe pain are in increasing order of intensity. Please tick ONE response on EACH line.)

	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 bowel movement	☐	1	☐	2	☐	3	☐	4	☐	5	☐	6

Please comment if you wish: _____

_____

If you have not experienced pain in any of these situations, please go to C21 (a) (page 33)

C19 (a) In the past MONTH have you used any medication or other therapies for pain or tenderness in the perineal area (around the entrance to your vagina)?

Yes ☐ 1 No ☐ 2 Skip to C20

(b) If yes, which medications 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

C20 (a) In the past THREE MONTHS have you discussed this perineal pain with anyone?

Yes ☐ 1 No ☐ 2 Skip to C21 (a)

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

General practitioner / local doctor	☐ 1	Partner	☐ 7
Public Health Nurse	☐ 2	Friend	☐ 8
GP practice nurse	☐ 3	Sister	☐ 9
Obstetrician/Gynaecologist	☐ 4	Mother	☐ 10
Physiotherapist	☐ 5	Other (please describe)	☐ 11
Other health professional	☐ 6	_____	
		_____	

The following questions ask about your pelvic floor and pelvic floor exercises.

These exercises involve contracting 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.

C21 (a) To what extent would you say your PELVIC FLOOR feels 'back to normal' as opposed to too loose or slack?

Completely normal	Almost back to normal	Moderately back to normal	Somewhat back to normal	Not at all normal
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

C21 (b) If your pelvic floor does not feel completely back to normal, please describe the ways in which it feels different?

_____

_____

C22 (a) In the last month, have you been doing pelvic floor exercises?

Yes, regularly ☐ 1 Yes, when I remember ☐ 2 No ☐ 3

(b) If YES, approximately how often do you do them?

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

C23 (a) In the past THREE MONTHS, has there been any period when you felt as if something was bulging in the vaginal area?

Yes, often ☐ 1 Yes, sometimes ☐ 2 No, not at all ☐ 3

C23 (b) Are you CURRENTLY having trouble with a feeling of bulging or as if there were something falling down in the vaginal area?

Yes, often ☐ 1 Yes, sometimes ☐ 2 No, not at all ☐ 3

C24 (a) To what extent would you say your VAGINA feels 'back to normal' or like it did before your children were born?

Completely normal	Almost back to normal	Moderately back to normal	Somewhat back to normal	Not at all normal
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

C24 (b) If your vagina does not feel completely back to normal, please describe the way(s) in which it feels different?

_____

_____

C24 (c) During/after which pregnancies did you pelvic floor feel loose?

None of my pregnancies	☐ 1	During pregnancy or after the birth of my SECOND child only	☐ 3
During pregnancy or after the birth of my FIRST child only	☐ 2	During pregnancy or after the birth of ALL my children	☐ 4

Please comment if you wish: _____

_____

C25 How would you describe the worst pain or discomfort you feel CURRENTLY in your lower abdomen (*below your tummy) when you are:*

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

	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 bowel movement	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Please comment if you wish _____

C26 Are you satisfied with your body image? (Please tick one).

Always	Sometimes	Never
☐ 1	☐ 2	☐ 3

Please comment if you wish _____

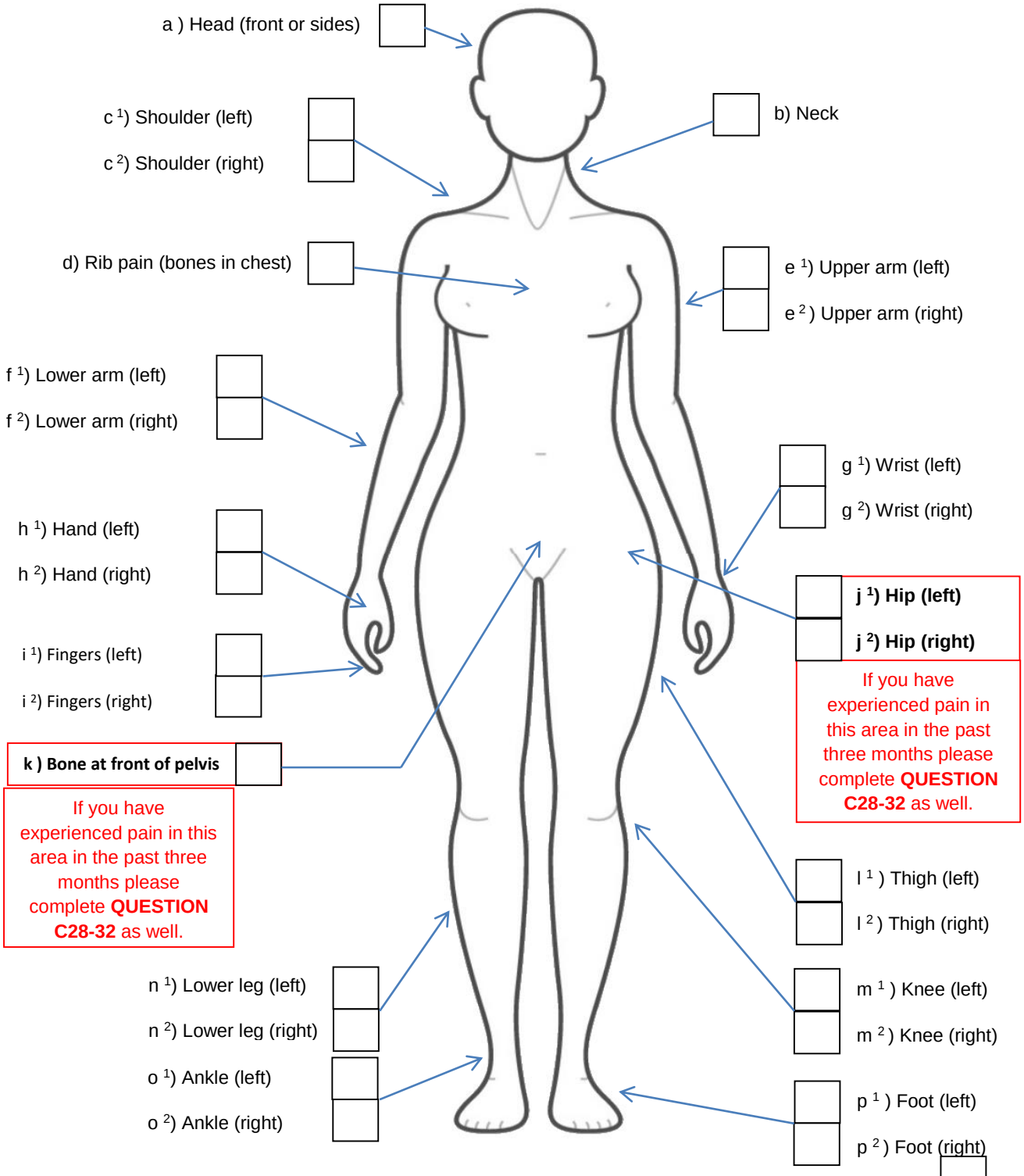
C27. Please look at the two pictures below. Picture A is looking at the body from the front. Picture B is looking at the body from the back. In the <u>past THREE MONTHS</u>, have you experienced pain in any of the parts of the body named?

Yes ☐ 1 No ☐ 2

If you have NOT experienced pain to the front or back or your body <u>please skip to C33</u>

A. *Please tick the boxes if you have experienced pain in any of the parts of the body named in the past THREE MONTHS.*

Picture A- Front of body



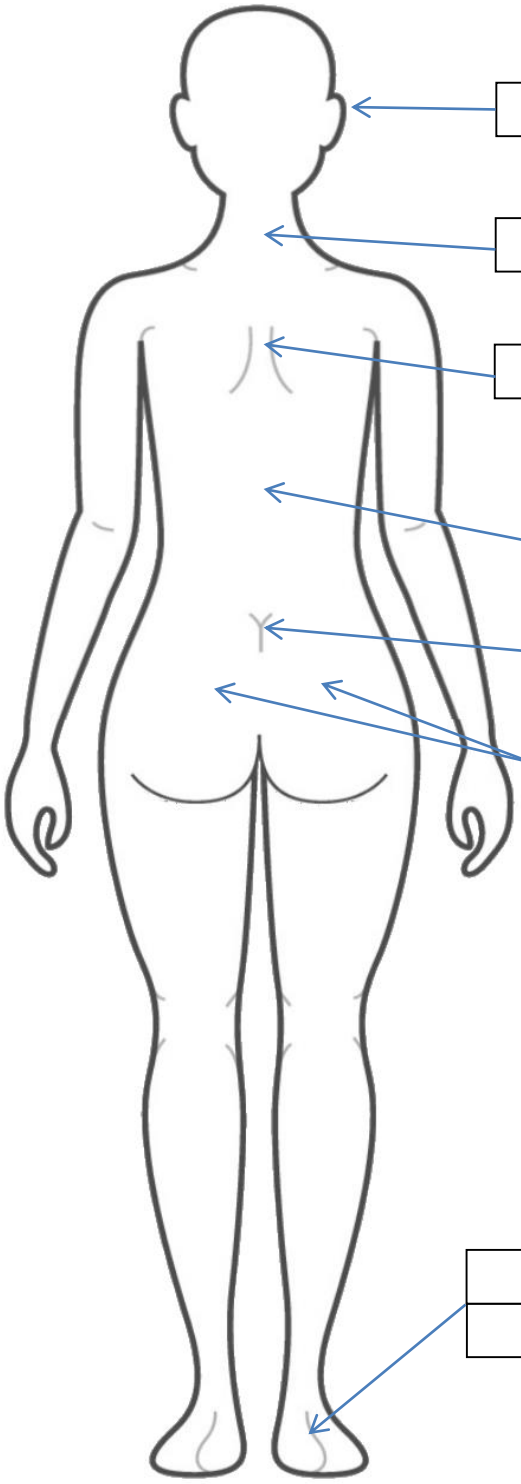
If you experienced pain in any other parts not named or shown here, please tick here ☐

Please give details _____

_____

C 27. Please tick the boxes if you have experienced pain in any parts of the body named or shown in the past THREE MONTHS.

Picture B- Back of body



☐ a) Back of head

☐ b) Back of neck

☐ c) Upper back, between shoulder blades

☐ d) Middle back (lumbar area)

☐ e) Lower back (sacrum or coccyx)

☐ f) Bones at back of pelvis (sacroiliac joint)

If you have experienced pain in this area in the past three months please complete **QUESTION C28-32** as well.

☐ g [1]) Back of ankle (left)

☐ g [2]) Back of ankle (right)

If you experienced pain in any other parts 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.

The next few questions ask about your BACK and/or PELVIC GIRDLE PAIN in the PAST 3 MONTHS. (If you have not had low back or pelvic girdle pain in the PAST 3 MONTHS, go to question C 33 (page 39)

C28. How problematic is it for you because of your back and/or pelvic girdle pain to do the following:

	NOT AT ALL	TO A SMALL EXTENT	TO SOME EXTENT	TO A LARGE EXTENT
a. Dress yourself	☐ 0	☐ 1	☐ 2	☐ 3
b. Stand for less than 10 minutes	☐ 0	☐ 1	☐ 2	☐ 3
c. Stand for more than 60 minutes	☐ 0	☐ 1	☐ 2	☐ 3
d. Bend down	☐ 0	☐ 1	☐ 2	☐ 3
e. Sit for less than 10 minutes	☐ 0	☐ 1	☐ 2	☐ 3
f. Sit for more than 60 minutes	☐ 0	☐ 1	☐ 2	☐ 3
g. Walk for less than 10 minutes	☐ 0	☐ 1	☐ 2	☐ 3
h. Walk for more than 60 minutes	☐ 0	☐ 1	☐ 2	☐ 3
i. Climb stairs	☐ 0	☐ 1	☐ 2	☐ 3
j. Do housework	☐ 0	☐ 1	☐ 2	☐ 3
k. Carry light objects	☐ 0	☐ 1	☐ 2	☐ 3
l. Carry heavy objects	☐ 0	☐ 1	☐ 2	☐ 3
m. Get up/sit down	☐ 0	☐ 1	☐ 2	☐ 3
n. Push a shopping cart	☐ 0	☐ 1	☐ 2	☐ 3
o. Run	☐ 0	☐ 1	☐ 2	☐ 3
p. Carry out sporting activities	☐ 0	☐ 1	☐ 2	☐ 3
q. Lie down	☐ 0	☐ 1	☐ 2	☐ 3
r. Roll over in bed	☐ 0	☐ 1	☐ 2	☐ 3
s. Have a normal sex life	☐ 0	☐ 1	☐ 2	☐ 3
t. Push something with one foot	☐ 0	☐ 1	☐ 2	☐ 3

C29. How much back and/or pelvic girdle pain do you experience:

	NONE	SOME	MODERATE	CONSIDERABLE
a. In the morning	☐ 0	☐ 1	☐ 2	☐ 3
b. In the evening	☐ 0	☐ 1	☐ 2	☐ 3

C30. To what extent because of your back and/or pelvic girdle pain:

	NOT AT ALL	TO A SMALL EXTENT	TO SOME EXTENT	TO A LARGE EXTENT
a. Has your leg/have your legs given way?	☐ 0	☐ 1	☐ 2	☐ 3
b. Do you do things more slowly?	☐ 0	☐ 1	☐ 2	☐ 3
c. Is your sleep interrupted?	☐ 0	☐ 1	☐ 2	☐ 3
d. Do you have difficulty lifting/handling your child(ren)?	☐ 0	☐ 1	☐ 2	☐ 3

C31 (a) In the <u>past four weeks</u> have you used any tablets/medication or other therapies for pain or tenderness in the back and/or pelvic girdle area?

Yes ☐ 1 No ☐ 2 Skip to C33

(b). If yes, which medications have you used? (Tick all that apply)

	YES	NO	NOT SURE
a. Paracetamol (e.g. Panadol®)	☐	☐	☐
b. Paracetamol and codeine (panadeine)	☐	☐	☐
c. Ponstan®	☐	☐	☐
d. Difene (Voltarol) taken orally	☐	☐	☐
e. Difene (Voltarol) (suppository inserted into the back passage)	☐	☐	☐
f. Nurofen/Isobrufen	☐	☐	☐
g. Aspirin	☐	☐	☐
h. Local anaesthetic gel	☐	☐	☐
i. Herbal remedies	☐	☐	☐
j. Other (please specify)	☐	☐	☐

_____

C32 (a) In the <u>past THREE MONTHS</u>, have you discussed this back/pelvic girdle pain with anyone?

Yes ☐ 1 No ☐ 2 Skip to C33

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

General practitioner / local doctor	☐	1	Partner	☐	7
Public health nurse	☐	2	Friend	☐	8
GP practice nurse	☐	3	Sister	☐	9
Obstetrician/Gynaecologist	☐	4	Mother	☐	10
Physiotherapist	☐	5	Other (Please describe)	☐	11
Other health professional	☐	6			

_____

C33. During which pregnancies did you experience low back/pelvic girdle pain:

None of my pregnancies	☐	1	During the pregnancy of my SECOND child only	☐	3
During the pregnancy of my FIRST child only	☐	2	During the pregnancy of ALL my children	☐	4

Please comment if you wish_____

_____

C34. How would you describe any low back/pelvic girdle pain <u>in the PAST SIX MONTHS</u>?

(If you have not had any back/pelvic girdle pain, please tick option 6).

Constant	☐	1
Episodic (1 - 2 episodes)	☐	2
Episodic (3 - 4 episodes)	☐	3
Episodic (approximately monthly)	☐	4
My symptoms started only in the past 3 months	☐	5
I have <u>not</u> had any back/pelvic girdle pain since the birth of my first child	☐	6
Other (Please specify)	☐	7

_____

Section 3: Part D: Sexual Health Now

The next few questions are about your sexuality and sexual health in the past THREE MONTHS. Again, if you feel uncomfortable answering any of these questions or they are too personal, you do not have to answer them.

D1 (a) In the past THREE MONTHS have you had any sexual or intimate contact with a partner? *(Please include all forms of sexual contact i.e. Do not restrict your answer to vaginal intercourse.)*

Yes ☐ 1 — Go to D3

No ☐ 2 — Go to D2 (b)

No, I do not have a partner ☐ 3 — Go to Section E1 (page 45).

D2 (b) If you have a partner, but have not had any sexual contact in the past THREE MONTHS, please tell me why? *(Please tick ALL that apply.)*

Too tired / exhausted	☐ 1	Experiencing perineal pain	☐ 6
Relationship problems	☐ 2	Experiencing pain from previous C-section	☐ 7
Scared it will be painful	☐ 3	Don't feel interested	☐ 8
Fear of getting pregnant	☐ 4	Other reason (please describe) _____	☐ 9
Child waking up	☐ 5	_____	

If you have not had any sexual or intimate contact in the past THREE MONTHS, please go to question D14, page 43.

D3 Do you experience pain, discomfort or tenderness during vaginal intercourse NOW?

Yes ☐ 1 No ☐ 2 (Please skip to D7)

D4 (a) If YES, How much pain or discomfort or tenderness do you experience?

No Pain	Mild	Discomforting	Distressing	Horrible	Excruciating
☐	☐	☐	☐	☐	☐
1	2	3	4	5	6

D4 (b) How long have you been experiencing pain, discomfort or tenderness during vaginal intercourse? *(Please indicate the number of weeks, months or years)*

Weeks ☐☐ **Months** ☐☐ **Years** ☐☐

D5 How often would you say vaginal intercourse is painful for you NOW?

Always	Most of the time	Occasionally	Rarely	Never
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

D6 (a) In the <u>past THREE MONTHS</u>, have you discussed the pain or discomfort you are experiencing with anyone?

Yes ☐ 1 No ☐ 2 (please skip to D7)

D6 (b) If YES, who did you discuss it with? (Please tick ALL that apply.)

General practitioner / local doctor	☐ 1	Partner	☐ 7
Public Health Nurse	☐ 2	Friend	☐ 8
GP practice nurse	☐ 3	Sister	☐ 9
Obstetrician/Gynaecologist	☐ 4	Mother	☐ 10
Physiotherapist	☐ 5	Other (Please describe)	☐ 11
Other health professional	☐ 6		

_____

_____

D7 In the past THREE MONTHS, how satisfied are you with your overall sex life?

Very satisfied	Moderately satisfied	Equally satisfied/dissatisfied	Moderately dissatisfied	Very dissatisfied	Prefer not to answer
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

D8 In the LAST MONTH, how physically pleasurable have you found your sexual relationship?

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

D9 In the past MONTH, have you had:

	YES	NO	PREFER NOT TO ANSWER
Oral sex	☐ 1	☐ 2	☐ 3
Anal sex	☐ 1	☐ 2	☐ 3
Other sexual contact *(i.e. forms of contact with the genital area not leading to intercourse but intended to achieve orgasm)*	☐ 1	☐ 2	☐ 3

D10. In the past THREE MONTHS 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
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 having a child(ren)	☐ 1	☐ 2	☐ 3
k. More interest in sex compared with before having a child(ren)	☐ 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

_____

_____

D11. During/after which pregnancies did you experience any of the above:

None of my pregnancies ☐ 1

During pregnancy or after the birth of my FIRST child only ☐ 2

During pregnancy or after the birth of my SECOND child only ☐ 3

During pregnancy or after the birth of ALL my children ☐ 4

Please comment if you wish_____

D12 (a) Have you ever discussed any of the above with anyone?

Yes ☐ 1 No ☐ 2 Skip to D13

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

General practitioner / local doctor	☐ 1	Partner	☐ 7
Public Health Nurse	☐ 2	Friend	☐ 8
GP practice nurse	☐ 3	Sister	☐ 9
Obstetrician/Gynaecologist	☐ 4	Mother	☐ 10
Physiotherapist	☐ 5	Other (please describe)	☐ 11
Other health professional	☐ 6		

_____

D13 In the past THREE MONTHS, please describe the frequency of your sexual activity

Times per month: ☐ **Prefer not to answer** ☐

Please comment if you wish _____

_____

D14 How often have the following issues affected your sex life in the past THREE MONTHS?

	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. Child waking up / interrupting you	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g. Other (please describe)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

_____

D15 Is there anything else you would like to tell me about in relation to your sexual and intimate relationships in the PAST THREE MONTHS?

_____

_____

_____

_____

_____

_____

_____

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).

SATU telephone number:	01 8171736 (Dublin)
	091765751 (Galway)
SATU e-mail:	SATU@ROTUNDA.IE
Web:	http://www.rotunda.ie/
Opening hours:	8.00am to 4.00pm Mon – Fri (Dublin);
	8.00am to 4.00pm Mon – Fri (Galway)

Outside of these hours please contact the Rotunda Hospital at 01 8171700.
Or you can call the national Rape Crisis Centre.

The Rape Crisis Centre 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
Galway Rape Crisis Centre telephone number: HELPLINE 1800 355355

Section 3: Part E: 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.

E1. Please look at the following statements and for each one think about how you have been feeling IN THE LAST WEEK, (please tick each box that applies to you)

(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

(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

(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

(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

(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

(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

(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

(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

(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

(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

E2. 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

E3 Looking back over the time in the past THREE MONTHS, 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_____

_____

E4. 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

		Not at all	Some of the time	A good part of the time	Most of the time
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
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 or email the **Aware** (Depression) Helpline on 1890 303 302, or **Anew** on (01) 635 1492 (hello@anew.ie).

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 3: Part F: You and Your Household

The next few questions are about you and your household. Again, if you feel uncomfortable answering any of these questions or they are too personal, you do not have to answer them.

F1. Are you currently *(Please tick all that apply)*

Married	1	In a relationship - not living together	5
Living with partner (boyfriend/girlfriend)	2	Widowed	6
In a same sex relationship	3	Single	7
Divorced or separated	4	Other (Please specify)	8

_____

F2. Who else lives with you in your household? *(Please tick all that apply.)*

Your child/children	1	Your sister or brother	8
Your partner (husband/wife/boyfriend/girlfriend)	2	A friend	9
Your mother	3	Nanny / Au pair	10
Your father	4	No one	11
Your partner's mother	5	Other (please specify)	12
Your partner's father	6		
Partner's child/children from previous relationship	7		

_____

F3. How would you describe your current living accommodation?

House *(with a mortgage)*	1	Rented apartment *(rented from local authority*	8
House *(with no mortgage)*	2	Caravan / Mobile Home	9
Apartment *(with a mortgage)*	3	Bed and breakfast accommodation	10
Apartment *(with no mortgage)*	4	Hostel accommodation	11
Rented house *(rented privately)*	5	No fixed accommodation *(homeless)*	12
Rented house *(rented from local authority)*	6	Other (Please specify)	13
Rented apartment *(rented privately)*	7		

_____

F4 (a) Are you currently in work or study? (*Please tick all that apply)*

I am in paid work	☐	1	I am working and studying part-time	☐	4
I am on paid maternity leave	☐	2	I am in full-time study	☐	5
I am on unpaid maternity leave	☐	3	I am not in paid work or studying at the present time	☐	6

F4 In the last week how many hours did you spend at work and, if applicable, in education/ study?

b) Hours per week spent in work: ☐

c) Hours per week spent in education/ studying: ☐

F5. How would you describe your current employment status (*Please tick all that apply)*

Public sector employee	☐	1	I gave up my job after my first child was born	☐	9
Private sector employee	☐	2	I gave up my job when my second child was born	☐	10
Self-employed	☐	3	Full-time paid work	☐	11
Student or pupil	☐	4	Part-time work	☐	12
Looking after home/family	☐	5	Casual paid-work	☐	13
Unable to work due to sickness / disability	☐	6	Other (Please specify)	☐	14
Looking for first job	☐	7			
Unemployed	☐	8	_____		

F6 Could you please indicate which of the below best describes the area in which you work? (please tick one)

Agriculture, forestry and fishing	☐	1	Financial, insurance and real estate activities	☐	8
Industry	☐	2	Professional, scientific and technical activities	☐	9
Construction	☐	3	Administrative and support service activities	☐	10
Wholesale and retail trade	☐	4	Public administration and defence, compulsory social security	☐	11
Transportation and storage	☐	5	Education	☐	12
Accommodation and food service activities	☐	6	Human health and social work activities	☐	13
Information and communication	☐	7	Other (please specify) _____	☐	14

Section 3: Part G: You and Your Relationships

The next few questions are about you, your relationships and major life events: If you feel uncomfortable answering any of these questions or they are too personal, you do not have to answer them.

G1. Major Life Events:

During your first pregnancy and since the birth of your first child, have you experienced any of the following:

		YES		NO	
a	Death of a parent	☐	1	☐	2
b.	Death of other close family member	☐	1	☐	2
	Please specify: _____				
c.	Death of close friend	☐	1	☐	2
d.	Divorce/separation	☐	1	☐	2
e.	Moving house	☐	1	☐	2
f.	Moving country	☐	1	☐	2
g.	Child or family member taken into foster home or residential care	☐	1	☐	2
h.	Major change in financial situation e.g. you or your partner being made redundant/fired at work	☐	1	☐	2
i.	Serious illness/injury of a family member	☐	1	☐	2
j.	Drug taking/alcoholism in the immediate family	☐	1	☐	2
k.	Mental illness of a family member	☐	1	☐	2
l.	Partner or immediate family member in prison	☐	1	☐	2
m.	Loss of a baby before or after birth	☐	1	☐	2
n.	Other disturbing event	☐	1	☐	2

Please specify:

_____

_____

_____

_____

_____

The next few questions ask about your experiences in adult intimate relationships (for example, Husband/Wife, Boyfriend/Girlfriend of longer than one month.)

G2. Are you currently in a relationship?

Yes ☐ 1 No ☐ 2 *Skip to G3(b)*

G3 (a) Are you afraid of your current partner?

Yes ☐ 1 No ☐ 2

G3 (b) Have you ever been afraid of any partner?

Yes ☐ 1 No ☐ 2

Please comment if you wish _____

_____

_____

G4. In the PAST THREE MONTHS, have you experienced relationship problems with your partner? (Husband/Wife, Boyfriend/Girlfriend)

Never	Rarely	Occasionally	Often
☐	☐	☐	☐
1	2	3	4

G5. If you are no longer in a relationship with your first child's father/co-parent, have you experienced relationship problems with this person in the PAST THREE MONTHS?

Never	Rarely	Occasionally	Often
☐	☐	☐	☐
1	2	3	4

G6. How emotionally satisfying have you found your relationship with your partner in the PAST THREE MONTHS?

Extremely emotionally satisfying	Very emotionally satisfying	Moderately emotionally satisfying	Slightly emotionally satisfying	Not at all emotionally satisfying	Not sure
☐	☐	☐	☐	☐	☐
1	2	3	4	5	6

G7. We would like to know if you have experienced any of the actions listed below and how often they happened during the last THREE MONTHS.

These questions may be upsetting as they ask about partners physically, emotionally and sexually hurting mothers. You can skip this question if you prefer not to complete it. You can 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
Kept me from medical care	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Followed me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Tried to turn my family, friends and children against me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Locked me in the bedroom	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Slapped me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Raped 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
Hung around outside my house	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Blamed me for causing their violent behaviour	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Harassed me over the telephone	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Shook me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Tried to rape me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Harassed me at work	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Pushed, grabbed or shoved me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Used a knife or gun or other weapon	☐ 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

My Partner…	Never	Only once	Several times	Once a month	Once a week	Daily
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
Took my wallet and left me stranded	☐ 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
Put foreign objects in my vagina	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Kicked me, bit me or hit me with a fist	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Refused to let me work outside the home	☐ 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 on ANY of the issues raised in G7 if you wish

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G8. 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.

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Women's Aid - working to end violence against women
If you need help, phone them on:
National Freephone Helpline
1800 341 900 – 24hrs/day, 7 days a week

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 (24hrs/day, 7 days a week except Christmas Day)
- **Women's Aid** provide one to one support in six locations throughout Dublin.
- **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.
- **COPE – Waterside house women's refuge** provides refuge in Galway (091 565985) and the **Domestic Violence response** also provide support in Galway (091 866740)

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 3: Part H: Views on Data Sharing

These next few questions ask about YOUR VIEWS on data sharing in research in general,
by answering these questions you are NOT giving consent to your MAMMI data being shared:
We will never share your or the MAMMI study data without your consent and without ethical approval.

What is 'Data Sharing'?

'Data sharing', sometimes called 'open science', means making the underlying results and full information from research studies available to others. The aim is to make research findings more transparent and create openness in the science community.

Many of the bodies that fund health research now insist that full datasets from studies are shared with (made easily available to) other researchers. So that they can re-use and do different analyses with the data. This is much more extensive than the usual approach, where only the headline findings of studies are published in journal articles.

All data shared would be anonymised so that no individual could ever be identified, and would be stored on an international database. Researchers wishing to reuse a dataset usually have to successfully submit a detailed proposal before they can gain access. If you are interested in reading more about this topic, please go to https://wellcome.ac.uk/what-we-do/our-work/open-research

While there is a lot of talk about data sharing in media, very little is known about what research participants think or feel about data sharing. We would like to know your views on data sharing and we should be delighted if you would answer the following questions please.

Please be aware that these questions are included here *just to ask you about your views,* and *we will NEVER share your or the MAMMI study data without your consent* and without ethical approval.

H. 1. Have you heard about data sharing or open science before?

Yes ☐ 1 No ☐ 2 Not sure ☐ 3

H. 2. Do you think anonymised full findings from scientific research should be made available to other researchers?

Yes ☐ 1 No ☐ 2 Not sure ☐ 3

(continue below) (go to question H5) (continue below)

H. 3. How should the decision to share the data be made? (Tick all that apply)

a. The research team who collected the data should decide after reviewing the scientific, ethical, and public health merit of any request for access to the anonymised data (i.e. is the proposed new research or analysis based on sound science?) ☐ 1

b. The sponsor/funder of the research should review any request for access to the anonymised data and decide, based on sound science. ☐ 2

c. An independent review board should review any request for access to the anonymised data and decide, based on sound science. ☐ 3

d. The research team should request consent for sharing the anonymised data from participants at the start of the study, before data collection starts ☐ 4

e. After the study is completed the research team should then contact participants every time a request is made for access to the stored dataset. ☐ 5

H. 4. Why do you think anonymised data should be made available? (Tick all that apply)

Scientific advancement	☐	1	Health benefits emerging from research	☐	4
Research efficiency	☐	2	Serving the common good	☐	5
Transparency	☐	3	Other (please specify)	☐	6

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H. 5. To whom should anonymised data be made available? (Tick all that apply)

	YES		NO	
a) Other health researchers at the same institution	☐	1	☐	2
b) Other health researchers at other non-profit institutions/research organisations				
i) In Ireland	☐	1	☐	2
ii) Abroad	☐	1	☐	2
c) For-profit research organisations				
i) In Ireland	☐	1	☐	2
ii) Abroad	☐	1	☐	2
d) Other (Please specify)	☐	1	☐	2

_____

H. 6. If you replied 'NO' to question 2, why do you think anonymised full findings from scientific research should not be made available? (Please tick all that apply)

*(If you ticked '**yes**' in question 2, then skip to question H.6).*

Privacy concerns	☐	1	Concerns about misuse of the data	☐	3
Concerns about control over the data	☐	2	Other (please specify)	☐	4

H. 7. Please comment on data sharing if you wish:

_____

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Section 3: Part I: Comments

I. 1 . Now that you have got to the end of this MAMMI 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

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I.2. About the NEW MAMMI Study website www.tcd.ie/mammi

(a) Have you had an opportunity to look at the NEW 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.

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

Thank you for completing the survey

If you have agreed to being contacted in the coming years and your address has changed or you are about to move home, please fill in the details below:

New Address

New Phone Number

We are very grateful for the time and trouble you have taken to participate in the study. Your answers will help us to understand more about the health of mothers before, during and after their pregnancy(ies) and it may help other women to know about some of the health problems experienced by women when the findings are published.

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 postage paid envelope to send this survey back to us. If no envelope was enclosed with this survey or you have mislaid it, please call us on 087 118 6762 and we will send you out another one.

The final survey results will not be available until all of the women taking part in the study have completed this survey. As soon as all the results are available, we will let you know via the website and the study newsletter. Please call us if you have any questions about the study.

We hope you and your family enjoy good health and happiness always.

Best wishes from the MAMMI follow-up study team Deirdre, Francesca, Patrick and Cecily.

Déirdre

This concludes the MAMMI 5 year follow-up survey.

Please use the postage paid envelope to send this survey back to us.

If no envelope was enclosed with this survey or you have mislaid it, please call us (on 087 118 6762) or email us (mammistudy@tcd.ie) and we will send you out another one.

Thank you.