

Affix ID Label

C5. Did it seem as if the exercises were not helping your incontinence?

Yes..... 1

No ..... 2

Uncertain ..... 3

C6. Were you so much better that you felt that you didn't need to continue the exercises?

Yes..... 1

No ..... 2

Uncertain ..... 3

C7. Are there any other reasons you did not do the exercises?

Yes ..... 1 → If yes, what are they?

No..... 2

Uncertain..... 3

C8. On what date did you complete this questionnaire?

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year



**BE-DRI**

**Exercise Questionnaire  
Visit 5 and Beyond**

**Self-Administered Questionnaire**

**F256 , version 12/15/04 (A)**

**Section A: General Study Information for Office Use Only**

A1. ID#: Label A2. Visit # VS05 VS06 VS07 VS08

VS09 VS10 VS11

A3. Date Distributed: \_\_\_\_/\_\_\_\_/\_\_\_\_

A4. Distributor's Initials: \_\_\_\_

A5. Mode: Self-Administered ..... 1

Interventionist-administered per phone ..... 2

A6. Date Returned: \_\_\_\_/\_\_\_\_/\_\_\_\_

The UITN is supported by cooperative agreements from  
the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)  
in collaboration with  
the National Institute of Child Health and Human Development (NICHD)

**SECTION B: How much did you exercise?**

Before you complete your next study visit, we'd like you to answer a few questions about the exercises you've been doing since your last visit. When you answer these questions, think about the exercises you've been doing just in the past week.

B1. In the past week, I did my pelvic floor muscle exercises...

- Every day ..... 1  
 5 or 6 days..... 2  
 Between 2 and 4 days this week .... 3  
 1 day this week ..... 4  
 No days this week ..... 5 → **SKIP TO SECTION C**

B2. On a typical day in this past week, I did ...

- More than 15 contractions ..... 1  
 Exactly 15 contractions..... 2  
 Less than 15 contractions..... 3

**SECTION C: Were there problems that interfered with your exercising?**

Some women report problems with their pelvic floor muscle exercises at one time or another. Such problems can lead to exercising less often than what we have prescribed for you. Please answer each of the questions below to indicate if you experienced any of these problems in the last week.

C1. Was it hard to find the time to do all of the exercises?

- Yes ..... 1  
 No..... 2  
 Uncertain..... 3

C2. Were you unsure if you were doing the exercises correctly?

- Yes ..... 1  
 No..... 2  
 Uncertain..... 3

C3. Did the exercises cause any pain?

- Yes ..... 1  
 No..... 2  
 Uncertain..... 3

C4. Did you have trouble remembering the exercises?

- Yes ..... 1  
 No..... 2  
 Uncertain..... 3