

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. Did it seem that taking the medication for incontinence was more important than doing the exercises?

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

C8. Are there any other reasons you did not do the exercises?

- Yes ..... 1 → If yes, what are they? \_\_\_\_\_
- No..... 2 \_\_\_\_\_
- Uncertain..... 3 \_\_\_\_\_

C9. On what date did you complete this questionnaire?

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



BE-DRI

**Exercise Questionnaire**  
**Self-Administered Questionnaire**

**F255: Exercise Questionnaire , version 12/02/04 (A)**

Section A: General Study Information for Office Use Only

- A1.  A2. Intervention Visit # INT2 INT3 INT4
- A3. Date Distributed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- A4. Interventionist's Staff Initials: \_\_\_\_\_
- A5. Mode: Self-Administered ..... 1  
Interventionist-administered per phone..... 2
- A6. Date Returned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The UITN is supported by cooperative agreements from  
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**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 ...

- All 45 contractions recommended by the Nurse ..... 1  
 At least 30 contractions..... 2  
 At least 15 contractions..... 3  
 Less than 15 contractions..... 4

**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