Affix	ID	Label

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

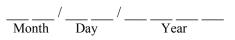
C6. Were you so much better that you felt that you didn't need to continue the exercises?

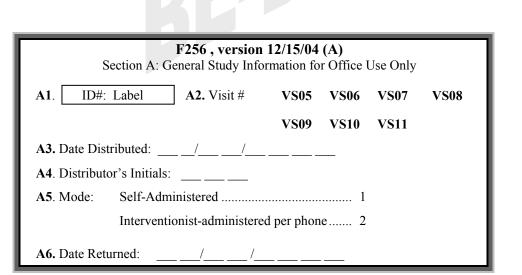
Yes	1
No	2
Uncertain	3

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?





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**BE-DRI** 

Exercise Questionnaire Visit 5 and Beyond

Self-Administered Questionnaire

Affix ID Label	Affix ID Label	
SECTION B: How much did you exercise?	SECTION C: Were there problems that interfered with your exercising?	
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.	Some women report problems with their pelvic floor muscle exercises at one tir 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.	
B1. In the past week, I did my pelvic floor muscle exercises	C1. Was it hard to find the time to do all of the exercises?	
Every day 1	Yes 1	
5 or 6 days 2	No 2	
Between 2 and 4 days this week 3	Uncertain 3	
1 day this week 4	C2. Were you unsure if you were doing the exercises correctly?	
No days this week $5 \rightarrow SKIP TO SECTION C$	Yes 1	
	No 2	
	Uncertain 3	
B2. On a typical day in this past week, I did	C3. Did the exercises cause any pain?	
More than 15 contractions 1	Yes 1	
Exactly 15 contractions 2	No 2	
Less than 15 contractions 3	Uncertain	
	C4. Did you have trouble remembering the exercises?	
	Yes 1	
	No 2	
	Uncertain 3	