Appendix:

Study of persistent pain after vaginal delivery. Part 1

We kindly ask you to fill this questionnaire during the second day after given birth. The second part of the questionnaire will be sent to you a year after the delivery.

The date of delivery:

The date of answering the questionnaire:

Background information
1. How old are you?
2. How many times have you given birth?
3. How many cesarean deliveries have you had?
4. How many induced abortions have you had?
5. How many times have you been pregnant?
6. Have you had other abdominal operations?
   a) Before pregnancy
   b) After pregnancy
7. Do you smoke?
8. Do you have any illnesses or disorders?
9. Are you on regular medication?
10. Have you experienced long-term pain?

Questions concerning the pain
11. Did you get an epidural or spinal analgesia for your delivery?
12. Was episiotomy performed?
13. Did you need a vacuum extraction for your delivery?

Pain is estimated using 10 cm visual analogue scale. (0=no pain, 10=the worst pain imaginable)

14. How strong was the pain during labor?

   0  10
   no pain  worst pain imaginable

15. How intense was the pain on the day after delivery?

   0  10
   no pain  worst pain imaginable

16. How intense was the pain on the first day after delivery?

   0  10
   no pain  worst pain imaginable
17. Did you need other operations after delivery (uterine curettage, vaginal removal of placenta) or did you have other complications of delivery (e.g. tear)?
18. Did your baby require longer follow-up at the department of newborns?
19. Did your baby need intensive care?
20. Did your baby have some congenital malformation or sickness?
Study of persistent pain after vaginal delivery. Part 2

The date of answering:

Questions concerning the pain
1. Do you still have pain at the site of the operation or in the reproductive organs? (if not, go to question 10)
2. Please mark the pain on the enclosed drawing.
3. Is the pain
   a) mild
   b) moderate
   c) severe
   d) unbearable
4. Does the pain bother you?
   a) constantly
   b) daily
   c) weekly
   d) monthly
   e) in special situations; when?
5. Please use the Visual 10 cm long scale to estimate the pain you assume to be associated with your vaginal birth.
   a. How strong is the pain at rest?
   0 10
   no pain worst pain imaginable
   b) How strong if the pain during deep breathing?
   0 10
   no pain worst pain imaginable
   c) How strong if the pain when coughing?
   0 10
   no pain worst pain imaginable
   d) How strong if the pain in special situations?
   0 10
   no pain worst pain imaginable
6. What aggravates the pain?
   I feel it at rest?
   when getting up?
   when standing?
   when walking?
   during change of weather conditions?
   during depression?
   during intercourse?
   during voiding?
   during defecation?
   during carrying things?
   associated with something else?

7. Does the pain hinder your daily routines?
   a) no
   b) a little
   c) moderately
   d) rather much
   e) very greatly

Please describe how the pain hinders your daily life.

8. Does the pain disturb your sleep?
   every night
   a couple of times in a week
   more rarely

9. Has the intensity of the pain changed in the course of time?
   a) it has become stronger
   b) it has diminished
   c) it has stayed the same
   d) no pain anymore

10. If you no longer have pain now, for how long did you have pain?
    how many weeks?
    how many months?

11. Do you have pain, numbness or other symptoms elsewhere than at the site of the reproductive organs which you think are caused by the delivery? What symptoms and where?

12. Have you used pain medication at home after the cesarean delivery or delivery?
    a) daily
    b) weekly
    c) monthly
    d) no

Do you still use pain medication?
For how long did you use pain medication?
   weeks
   months

What pain medication did you use?

13. Have you treated the pain in other ways besides pain medication? How?
14. Did the pain medication alleviate the pain?
   a) no
   b) a little
   c) somewhat
   d) quite a lot
   e) very much

15. Did other ways of treating the pain help?
   a) no
   b) a little
   c) somewhat
   d) quite a lot
   e) very much

16. Have you been treated in hospital for some complication after the delivery? What kind of problem?
17. Did you experience postnatal depression?
18. Did you need to have medication for postnatal depression?
19. How long did the depression last?
20. Did your newborn have any sickness or congenital abnormality needing medical care?
Study of persistent pain after Cesarean delivery. Part 1

We kindly ask you to fill this questionnaire during the second day after given birth. We are studying pain intensity and persistent pain after vaginal delivery. The second part of the questionnaire will be sent to you a year after the delivery.

The date of delivery:

The date of answering the questionnaire:

Background information
1. How old are you?
2. How many times have you given birth?
3. How many cesarean deliveries have you had?
4. How many induced abortions have you had?
5. How many times have you been pregnant?
6. Have you had other abdominal operations?
   a) before pregnancy
   b) after pregnancy
7. Do you smoke?
8. Do you have any illnesses or disorders?
9. Are you on regular medication?
10. Have you experienced long-term pain?

Questions concerning Cesarean delivery

11. Was it performed under general anesthesia?
12. Did you try to give birth vaginally before the cesarean delivery?
13. Was it planned in advance, or was it an emergency operation?
14. Was the cut vertical or horizontal?

The pain is estimated using Visual 10 cm long scale. (0=no pain, 10= the worst pain imaginable)
15. How strong was the pain during the operation?

0 10
no pain worst pain imaginable

16. How strong was the pain on the day after the cesarean delivery?

0 10
no pain worst pain imaginable
17. How strong was the pain during the following 24 hours?

0  
  
10  

no pain  worst pain imaginable

18. Did you have complications or re-operations after the cesarean delivery?

19. Did your baby require longer follow-up at the department of newborns?

20. Did your baby need intensive care?

21. Did your baby have any congenital malformation or sickness?
Study of persistent pain after Cesarean delivery. Part 2

The date of answering:

Questions concerning the pain
1. Do you still have pain at the site of the operation or in the reproductive organs? (if not, go to question 10)
2. Please mark the pain on the enclosed drawing.
3. Is the pain
   a) mild
   b) moderate
   c) severe
   d) unbearable
   e) no pain
4. Does the pain bother you?
   a) constantly
   b) daily
   c) weekly
   d) monthly
   e) in special situations; when?

5. If you have pain at the area of operation or reproductive organs please use the Visual 10 cm long scale to estimate the pain you assume to be associated with your vaginal birth. (0=no pain, 10= the worst pain imaginable)

   How strong is the pain at rest?
   0 10
   no pain worst pain imaginable

   b) How strong if the pain during deep breathing?
   0 10
   no pain worst pain imaginable

   c) How strong if the pain when coughing?
   0 10
   no pain worst pain imaginable
6. What aggravates the pain?
   - It feels also at rest?
   - when getting up?
   - when standing?
   - when walking?
   - during change of weather conditions?
   - during depression?
   - during intercourse?
   - during voiding?
   - during defecation?
   - during carrying things?
   - associated with something else?

7. Does the pain hinder your daily routines?
   a) no
   b) a little
   c) moderately
   d) rather much
   e) very greatly

Please describe how the pain hinders your daily life.

8. Does the pain disturb your sleep?
   - every night
   - a couple of times in a week
   - more rarely

9. Has the intensity of the pain changed in the course of time?
   a) has it become stronger
   b) has it diminished
   c) has it stayed the same
   d) no pain anymore

10. If you no longer have pain now, for how long did you have pain?
    - how many weeks?
    - how many months?

11. Do you have pain, numbness or other symptoms elsewhere than at the site of surgery or the reproductive organs which you think are caused by the surgery? What symptoms and where?

12. Have you used pain medication at home after the cesarean delivery or delivery?
    a) daily
    b) weekly
    c) monthly
    d) no
    Do you still use pain medication?
    For how long did you use pain medication?
    - weeks _______
    - months _______
    What pain medication did you use?

13. Have you treated the pain in other ways besides pain medication? How?
14. Did the pain medication alleviate the pain?
   a) no
   b) a little
   c) somewhat
   d) quite a lot
   e) very much

15. Did other ways of treating the pain help?
   a) no
   b) a little
   c) somewhat
   d) quite a lot
   e) very much

16. Have you been treated in hospital for some complication after the surgery? What kind of problem?

17. Did you experience postnatal depression?

18. Did you need to have medication for postnatal depression?

19. How long did the depression last?

20. Did your newborn have any sickness or congenital abnormality needing medical care?