Pessary Users Survey

The purpose of this survey is to identify the needs of women with pelvic organ prolapse (POP). We are interested in those that have POP and their experience with or perception of conservative management with vaginal pessary insert devices. This survey will take 5-10 minutes of your time.

Your responses will remain confidential. If you have any questions about the survey, please do not hesitate to contact us at the contact information provided below.

There are no anticipated risks or harms associated with participation in this survey.

If you would like to know more about the results of this survey or about pessaries please let us know:

info@femtherapeutics.com or to read more about us at www.femtherapeutics.com

Thank you in advance for your time and completion of this survey.

Before you proceed with the survey, please take some time to read through the consent form.

[Attachment: "Pessary Survey Participant Information and Consent Form (1).docx"]

After reading the consent form, do you consent to participate in this study?

- ◯ Yes
- ◯ No

What is your age?

- ◯ < 25 years
- ◯ 25 to 34 years
- ◯ 35 to 44 years
- ◯ 45 to 54 years
- ◯ 55 to 64 years
- ◯ > 65 years

What is your ethnicity?

- ◯ Asian
- ◯ Indigenous
- ◯ African American/African Canadian
- ◯ Hispanic
- ◯ Caucasian
- ◯ Prefer not to say
- ◯ Other

Please describe your ethnicity:

_____

The following question is used to assess response legitimacy. Please type in the word "pessary" as the answer.

_____

How many pregnancies have you had?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3+

How many vaginal childbirths have you had?	◯ 0 ◯ 1 ◯ 2 ◯ 3+
Have you ever been diagnosed with prolapse?	◯ Yes ◯ No
Which other pelvic floor conditions have you been diagnosed with? Choose all that apply.	☐ Stress incontinence ☐ Urgency urinary incontinence ☐ Cystocele/anterior wall prolapse ☐ Uterine prolapse/apical vault prolapse ☐ Rectocele/posterior prolapse ☐ Other
Please write down any other pelvic floor condition you have been diagnosed with:	_____
Do you know what is the stage of your prolapse?	◯ Stage I ◯ Stage II ◯ Stage III ◯ Stage IV ◯ I do not know
What prolapse symptom(s) have you had? Choose all that apply.	☐ Urinary symptoms: stress incontinence, urination difficulties ☐ Bowel symptoms: fecal incontinence, difficulty emptying the bowel ☐ Pain/discomfort ☐ Complications in engaging in physical or sexual activity ☐ Vaginal bulging/pressure or heaviness sensation ☐ None of the above ☐ Other
Please write down what other symptom(s) you have had:	_____
Has your healthcare provider discussed a pessary for your prolapse?	◯ Yes ◯ No
Do you currently use a pessary?	◯ Yes ◯ No, but I have in the past ◯ No, I have never used a pessary
How long have you used a pessary?	◯ Never used one before ◯ < 3 months ◯ 3 - 12 months ◯ 13 - 24 months ◯ > 24 months

Please respond to the following questions to the best of your ability on the use of your pessary.

Take a look at the following pessaries:

Cube

Gellhorn

Donut

Ring

What kind of pessary are you currently using?	◯ Cube ◯ Gellhorn ◯ Donut ◯ Ring
The problem that you were using the pessary for has:	◯ Been completely solved ◯ Been improved somewhat but there are still complications ◯ Not improved my condition at all ◯ Other
Please describe how the pessary has affected your problems:	_____
How do you rate your experience of pessary insertion?	◯ Very easy ◯ Easy ◯ Neutral ◯ Difficult ◯ Very difficult
Do you get help from someone for your pessary insertion?	◯ No, I do it on my own ◯ I get help from family or friends ◯ A professional does this for me (e.g., doctor, nurse) ◯ Prefer not to answer ◯ Other

Please write down who helps you with your pessary insertion:	_____
If the pessary had an applicator (similar to a menstrual tampon's applicator), would it be easier to insert?	◯ Yes ◯ No ◯ Does not make a difference
How do you rate the difficulty of your pessary removal?	◯ Very easy ◯ Easy ◯ Neutral ◯ Difficult ◯ Very difficult
How many times have you forgotten to remove your pessary for cleaning?	◯ Never ◯ Once ◯ 2 - 5 times ◯ 5+ times ◯ Prefer not to answer
How often do you remove and clean your pessary?	◯ Twice a month or more ◯ Once a month ◯ Once every 2 - 3 months ◯ Once every 3 - 6 months ◯ Once every year or less ◯ Other
Please write down how often you remove and clean your pessary:	_____
Do you experience any issues when cleaning your pessary?	◯ Yes ◯ No
Have you in the past, or currently, experienced excess vaginal discharge or odour when using a pessary	◯ Yes ◯ No ◯ Yes, in the past
Have you in the past, or currently, experienced pelvic pain or pressure when using a pessary?	◯ Yes ◯ No ◯ Yes, in the past
Have you in the past, or currently, experienced bleeding or open sores when using a pessary?	◯ Yes ◯ No ◯ Yes, in the past
Have you in the past, or currently, experienced urinary leakage when using a pessary?	◯ Yes ◯ No ◯ Yes, in the past
Have you in the past, or currently, experienced issues with insertion or removal when using a pessary?	◯ Yes ◯ No ◯ Yes, in the past
Have you in the past, or currently, experienced a reduction of intercourse as a result of your pessary?	◯ Yes ◯ No ◯ Not applicable
Have you ever considered stopping the use of your pessary, or have you ever needed to stop using your pessary?	◯ Yes ◯ No
Have you ever had surgery to treat the prolapse/incontinence symptoms? If so, please specify which one.	_____

What are the benefits that your pessary provides?	☐ Improves sexual life ☐ Gives me confidence ☐ Stops urinary leakage ☐ Ability to exercise and move around more comfortably ☐ Bulging reduced ☐ None of the above ☐ Other
Please write down any other benefits that your pessary provides:	_____
Do you recommend using a pessary as a treatment method to a friend?	◯ Yes ◯ No
The following question is used to assess response legitimacy. Please select "neutral" as the answer.	◯ Strongly disagree ◯ Disagree ◯ Neutral ◯ Agree ◯ Strongly agree

For the following section, please tell us your preferences and ideal characteristics of the perfect pessary. You do not need to have used a pessary before to let us know your suggestions.

What would be the ideal characteristics of a perfect pessary? Choose all that apply.	☐ Disposable (no need to wash) ☐ Easy insertion and removal ☐ Side effect relief (bulging/pain/pressure relief, stops urinary leakage, etc.) ☐ No displacement or friction ☐ No or less vaginal discharge/odour ☐ Softer and more flexible than existing pessaries ☐ Autonomy for users (less reliability on clinicians/family/friends for pessary maintenance) ☐ Other
Please write down any additional characteristics of a perfect pessary:	_____
How much would you be willing to pay for a personalised pessary?	◯ I would not pay for a pessary ◯ < $50 ◯ $50 - $100 ◯ $100 - $200 ◯ $200 - $500 ◯ > $500
If there is anything else you would like us to know, please leave a comment below.	_____