

Anogenital Distance in Adult Women Study

Participant questionnaire

Thank you for agreeing to take part in this study.

Before your surgery, please complete this questionnaire. The information in your responses will provide valuable information for the study's outcomes.

The survey should take approximately 10 minutes to complete. All of your responses are strictly confidential.

Anogenital Distance in Adult Women Study

Demographic information

* 1. What is your name and participant ID?

Study Participant
ID

First name

Surname

* 2. What is your age?

3. What is your date of birth?

Date / Time

Date

4. What is your post code?

5. What is your phone number?

6. What is your email address?

7. Preferred method of contact?

☐ Phone

☐ Email

*** 8. In which country were you born?**

*** 9. What is your race or ethnicity?**

- ☐ Oceanian
- ☐ Aboriginal and Torres Strait Islander
- ☐ North-west European
- ☐ Southern and eastern european
- ☐ North African and middle eastern
- ☐ South-east Asian
- ☐ North-east Asian
- ☐ Southern and Central Asian
- ☐ People's of the Americas
- ☐ Sub-saharan African
- ☐ Prefer not to answer
- ☐ Other, please specify

Other

*** 10. Do you identify as Aboriginal or Torres Strait Islander?**

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Neither Aboriginal or TSI
- ☐ Declined to answer

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General health information

* 11. What is your height in centimetres?

* 12. What is your weight in kilograms?

* 13. How many cigarettes per day do you currently smoke?

- ☐ 0
- ☐ 1-5
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-25
- ☐ 26+

* 14. Please select the most appropriate to you regarding cigarette smoking

- ☐ I currently smoke cigarettes
- ☐ I don't smoke cigarettes currently, but have in the past
- ☐ I have never smoked cigarettes

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Smoking follow up questions

15. In the time you have smoked, what is the average number of cigarettes you smoked per day?

- ☐ 1-5
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-25
- ☐ 26+

16. How long has it been since you stopped smoking?

- ☐ I am still smoking
- ☐ Less than 1 month ago
- ☐ Between 1 and 6 months ago
- ☐ Between 6 months and 1 year ago
- ☐ 1-2 years ago
- ☐ 2-5 years ago
- ☐ 5+ years ago

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Hormone medications

* 17. Are you taking or have you previously taken any of the below hormone medication(s) for contraception or to to prevent your period?

	Currently taking	Taken in the past 3 months	Taken more than 3 months ago	Never taken
Combined oral contraceptive pill ('The pill')	☐	☐	☐	☐
Progesterone only pill or 'Mini pill'	☐	☐	☐	☐
Mirena IUD	☐	☐	☐	☐
Implanon	☐	☐	☐	☐
Progesterone injections ('Depot')	☐	☐	☐	☐
Oral progesterone	☐	☐	☐	☐
Other	☐	☐	☐	☐

Other (please specify)

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Endometriosis questions

* 18. Has a doctor or other health care provider ever diagnosed you with endometriosis?

☐ Yes

☐ No

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Endometriosis questions continued

19. How was the diagnosis of endometriosis made?

- ☐ With a laparoscopy
- ☐ With an ultrasound
- ☐ Based on your symptoms and examination
- ☐ Other (please specify)

20. Were you diagnosed with endometriosis within the last 5 years?

- ☐ Yes
- ☐ No

21. How old were you when you were first diagnosed with endometriosis?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-50

22. Have you had previous surgery for endometriosis?

- ☐ Yes
- ☐ No

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Endometriosis questions continued

* 23. Have you ever had surgery to look for endometriosis and none was found?

☐ Yes

☐ No

Anogenital Distance in Adult Women Study PCOS questions

* 24. Has a doctor ever diagnosed you with polycystic ovarian syndrome, also known as PCOS?

☐ Yes

☐ No

Anogenital Distance in Adult Women Study PCOS follow up question

25. What was the diagnosis of PCOS based upon?

	Yes	No	Unsure
An ultrasound showing polycystic ovaries	☐	☐	☐
Irregular or absent periods	☐	☐	☐
Increased hair growth or increased pimples	☐	☐	☐

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Pregnancy Questions

* 26. Have you ever been pregnant?

☐ Yes

☐ No

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Pregnancy follow up questions

27. How many times have you been pregnant?

28. How many babies have you had, that were born at over 20 weeks gestation?

29. Regarding your babies born at over 20 weeks gestation, how many of each of the following types of birth have you had?

	0	1	2	3	4	5+
Normal vaginal birth	☐	☐	☐	☐	☐	☐
Ventouse, vacuum or suction cup birth	☐	☐	☐	☐	☐	☐
Forceps birth	☐	☐	☐	☐	☐	☐
Caesarean section birth	☐	☐	☐	☐	☐	☐

30. Did any of your vaginal births result in a perineal or vaginal tear?

- ☐ Yes
- ☐ No
- ☐ Unsure

31. Did any of your vaginal births require an episiotomy, or cut?

- ☐ Yes
- ☐ No
- ☐ Unsure

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Final questions

*** 32. Have you had any other previous abdominal or pelvic surgery?**

- ☐ No
- ☐ Yes (please specify)

*** 33. Have you had any surgery on your vulva, pelvic floor or anus?**

- ☐ No
- ☐ Yes (please specify)

*** 34. Have you had any previous surgeries (other than those mentioned previously)?**

☐ No

☐ Yes (please specify)

35. Thank you for taking the time to complete these questions. Is there anything else that you think is relevant to this study?