

**Your 7-Digit Code**

First letter of your first name \_\_\_\_\_

Day of birth (2 digits) \_\_\_\_\_

First two letter of your mother's first name \_\_\_\_\_

First letter of your middle name (if none, use X) \_\_\_\_\_

First letter of the city or town you were born in \_\_\_\_\_

**Pre-Operative Anxiety Survey  
2-Weeks Pre-Op**

*Instructions: Please complete this survey to the best of your ability. It should take no more than 15-20 minutes to complete. Thank you for your time!*

**About Me**

Age (in years): \_\_\_\_\_

Employment status (circle one):

Ethnicity (circle all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other: \_\_\_\_\_

- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work and not looking for work
- A homemaker
- A student
- Military
- Retired
- Unable to work

Highest education completed (circle one):

- None
- Some high school
- High school or GED
- Trade or craft certificate
- Some college
- College
- Post-graduate or professional degree

Household income (circle one):

- \$0-49,999 per year
- \$50,000-\$99,000 per year
- >\$100,000 per year

Marital status (circle one):

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated

## About My Health

What is your height (in inches)? \_\_\_\_\_

What is your weight (in lbs)? \_\_\_\_\_

Do you currently smoke? (circle one) Yes / No

If yes, how many packs per day?

\_\_\_\_\_

Have you ever smoked? Yes / No

If yes, for how many years?

\_\_\_\_\_

If yes, how many packs per day?

\_\_\_\_\_

During the last 12 months, how often did you have any kind of drink containing alcohol? [Drink means 12 ounce can or glass of beer, 5 ounce glass of wine, or a drink containing 1 shot of liquor.] (circle one)

- Every day
- 3-4 times a week
- 1-2 times a week
- 2-3 times a month
- <1 time a month
- 1-2 times in the past year
- I did not drink any alcohol in the past year, but I did drink in the past
- I never drank any alcohol in my life

## Obstetric and Gynecologic History

How many times have you been pregnant?

\_\_\_\_\_

How many of the pregnancies resulted in live births? \_\_\_\_\_

Have any of your deliveries required forceps? Yes / No

Were all your births vaginal? Yes / No

At what age did you start your periods?

\_\_\_\_\_

Have you undergone menopause? Yes / No

If so, in what year did you begin menopause? \_\_\_\_\_

## Mental Health & Other Health Conditions

Have you ever been diagnosed with a mental health condition? Yes / No

If so, what condition(s) (circle all that apply):

- Depression
- Anxiety
- Post-traumatic stress disorder (PTSD)
- Attention deficit hyperactivity disorder (ADHD)
- Bipolar disorder
- Schizophrenia
- Borderline personality disorder
- Conduct disorder
- Other personality disorder
- Substance abuse
- Other: \_\_\_\_\_

Have you ever received treatment for a mental health condition? Yes / No

Do you have any of the following health conditions? (circle all that apply)

- Diabetes
- Hypertension
- High cholesterol
- Cardiovascular disease
- History of stroke
- Hypothyroidism
- Hyperthyroidism
- Arthritis
- COPD
- Asthma
- Cancer
- None
- Other \_\_\_\_\_

Have you ever had surgery? Yes / No

What surgery will you be having in a couple of weeks? (circle one)

- Sacral colpopexy
- Sacrospinous ligament suspension
- Uterosacral suspension

What time will your surgery start? (circle one)

- 7:00 AM – 9:00 AM
- 9:00 AM – 11:00 AM
- 11:00 AM – 1:00 PM
- 1:00 PM – 3:00 PM
- After 3:00 PM

Please indicate your agreement with the following statements by circling the appropriate response.

	Strongly disagree	Moderately disagree	Neither agree nor disagree	Moderately agree	Strongly agree
I am worried about the anesthesia.	1	2	3	4	5
The anesthesia is constantly on my mind.	1	2	3	4	5
I would like to know as much as possible about the anesthesia.	1	2	3	4	5
I am worried about the procedure.	1	2	3	4	5
The procedure is constantly on my mind.	1	2	3	4	5
I would like to know as much as possible about the procedure.	1	2	3	4	5
I am worried about the post-operative period.	1	2	3	4	5
The post-operative period is constantly on my mind.	1	2	3	4	5
I would like to know as much as possible about the post-operative period.	1	2	3	4	5

*\*Post-operative period defined as the time immediately after surgery up to 6 weeks after the procedure.*

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**Pre-Operative Anxiety Survey  
2 Weeks Post-Op**

*Instructions: Please complete this survey to the best of your ability. It should take no more than 15-20 minutes to complete. Thank you for your time!*

What surgery did you have? (circle one)

- Sacral colpopexy
- Sacrospinous ligament suspension
- Uterosacral suspension

On a scale of 1-10, what was your pain immediately after surgery? \_\_\_\_\_

*1 being no pain; 10 being the worst*

Were any of the following also done? (circle all that apply)

- Anterior repair
- Posterior repair
- TVT or TOT mid-urethral sling
- Hysterectomy
- Removal of tubes and/or ovaries

On a scale of 1-10, what was your pain 2-3 days after surgery? \_\_\_\_\_

*1 being no pain; 10 being the worst*

On a scale of 1-10, what is your pain today?

\_\_\_\_\_ *1 being no pain; 10 being the worst*

How long were you in the hospital after your surgery? (circle one)

- <12 hours
- 12-24 hours
- >2 nights

What are your current symptoms? (circle all that apply)

- Pain
- Discomfort
- Cramping
- Numbness
- Other: \_\_\_\_\_

**Please indicate your agreement with the following statements by circling the appropriate response.**

	Strongly disagree	Moderately disagree	Neither agree nor disagree	Moderately agree	Strongly agree
Leading up to surgery, I became more worried about the anesthesia.	1	2	3	4	5
Leading up to surgery, the anesthesia was constantly on my mind.	1	2	3	4	5
Leading up to surgery, I wanted to know as much as possible about the anesthesia.	1	2	3	4	5
Leading up to surgery, I became more worried about the procedure.	1	2	3	4	5

Leading up to surgery, the procedure was constantly on my mind.	1	2	3	4	5
Leading up to surgery, I wanted to know as much as possible about the procedure.	1	2	3	4	5
Leading up to the surgery, I became more worried about the post-operative period.	1	2	3	4	5
Leading up to the surgery, the post-operative period was constantly on my mind.	1	2	3	4	5
Leading up to the surgery, I wanted to know as much as possible about the post-operative period.	1	2	3	4	5

*\*Post-operative period defined as the time immediately after surgery up to 6 weeks after the procedure.*

**Please indicate your agreement with the following statements by circling the appropriate response.**

	Strongly disagree	Moderately disagree	Neither agree nor disagree	Moderately agree	Strongly agree
On the day of surgery, I was more worried about the anesthesia than the days leading up to surgery.	1	2	3	4	5
On the day of surgery, the anesthesia was constantly on my mind.	1	2	3	4	5
On the day of surgery, I wanted to know as much as possible about the anesthesia.	1	2	3	4	5
On the day of surgery, I was more worried about the procedure than the days leading up to surgery.	1	2	3	4	5
On the day of surgery, the procedure was constantly on my mind.	1	2	3	4	5
On the day of surgery, I wanted to know as much as possible about the procedure.	1	2	3	4	5
On the day of surgery, I was more worried about the post-operative period.	1	2	3	4	5
On the day of surgery, the post-operative period was constantly on my mind.	1	2	3	4	5
On the day of surgery, I wanted to know as much as possible about the post-operative period.	1	2	3	4	5

*\*Post-operative period defined as the time immediately after surgery up to 6 weeks after the procedure.*

What is your anxiety level today? (circle one)

- About the same since the day of surgery
- Worse than the day of surgery
- Better than the day of surgery
- I have had no change in my anxiety at all

If your anxiety level leading up to surgery was unchanged or decreased, what helped to keep it stable?

If your anxiety level leading up to surgery increased, what do you think could have helped reduce it?

If you still have anxiety related to the procedure, what concerns you?

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**Pre-Operative Anxiety Survey  
6 Weeks Post-Op**

*Instructions: Please complete this survey to the best of your ability. It should take no more than 5 minutes to complete. Rate each option only once by circling the appropriate response with 1 being very unlikely and 5 being very likely to have helped. Thank you for your time!*

Which of the following strategies do you think would have helped you?

Options ↓	Rating →	Very unlikely	Unlikely	Neutral	Likely	Very likely
Booklet on what to expect after surgery/during recovery		1	2	3	4	5
Video on what to expect after surgery/during recovery		1	2	3	4	5
Online portal/network of support from women who have undergone the same or similar surgeries		1	2	3	4	5
Strategies/instructions on meditation		1	2	3	4	5
Anti-anxiety medications		1	2	3	4	5
[Write in your own option(s)]		1	2	3	4	5

Any other thoughts or considerations?

☐ Please check box if survey was completed over telephone or Zoom.