

Supplemental Figure 1 Complete Survey

1. Symptomatic pelvic floor disorders are common and increase with age. They are bothersome to women and significantly affect their quality of life. This brief questionnaire is designed to assess practice patterns of members of the American Geriatrics Society (AGS) regarding pelvic floor disorders.

Please take a moment to finish the survey (it should take about 10 minutes). The contents of this questionnaire will be kept confidential and will not be used for purposes other than this study. By filling out this survey, we hope that you gain further awareness of these conditions.

Your feedback is important and we will be happy to share the results with you at a future AGS meeting. If you have any questions, concerns, or other feedback, please email jhalloc1@jhmi.edu. Thank you for your participation.

Your completion of this survey or questionnaire will serve as your consent to be in this research study. Do you wish to continue?

- Yes
 No

(Question 1: If “no”, participant is redirected to disqualification page)

***2. What is your specialty?**

- Family medicine
 Internal medicine
 Medicine-pediatrics
 Geriatrics
 Gynecology
 Urogynecology

Other (please specify)

***3. What is your gender**

- Male
 Female
 Other (please specify)

4. Which category below includes your age?

- 20-35
 36-45
 45-56
 55-65
 >65

Other (please specify)

***5. What is your level of training?**

- PGY 1 (postgraduate year)

 Attending for 0-10 year(s)
- PGY 2-4

 Attending for 11-20 years
- PGY 5-7

 Attending for >20 years
- >PGY 7

Other (please specify)

***6. Describe your practice setting. Choose ALL that apply:**

- Resident

 Primarily administrative / research
- Fellow

 Urban
- Private/group practice, non-teaching

 Suburban
- Private/ group practice, with teaching responsibilities

 Rural
- Full-time faculty in a training program

Other (please specify)

- Northeast: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
- Mid-Atlantic: Delaware, Maryland, New Jersey, New York, Pennsylvania, Washington D.C.
- South: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, West Virginia
- Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
- Southwest: Arizona, New Mexico, Oklahoma, Texas
- West: Alaska, Colorado, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming
- Outside the USA

Other (please specify)

7. On average, how many total patients do you see in a week (male & female)?**8. In a given week, approximately what proportion of your patients are women?**

- 0
- <25%
- 25-49%
- 50%
- 51-75%
- >75%

Other (please specify)

[\(Question 8: If "0", participant is redirected to disqualification page\)](#)***9. Describe the age range of your female patients. Please fill in the proportions (adding up to 100%) of women in each age group:**

<21 years old	<input type="text"/>
21-65 years old	<input type="text"/>
65-80 years old	<input type="text"/>
>80 years old	<input type="text"/>

[\(Question 9: Participant cannot continue until these three values add up to 100\)](#)

***10. Do you ever perform gynecologic exams?**

- Yes
- No

Other (please specify)

***11. On average, how many gynecologic exams do you perform in a week?**

***12. Is there a urogynecologist, urologist, female urologist, or gynecologist at your institution or in your practice?**

	Yes	No	Don't know
Urogynecologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female urologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gynecologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

***13. How many patients to do you refer to another physician (eg general surgeon, cardiologist, etc), on average, in a week?**

- None
- <10%
- 11-24%
- 25-49%
- 50-74%
- 75-100%

Other (please specify)

14. Please describe your experience with PELVIC ORGAN PROLAPSE:

	Have you ever had a patient with pelvic organ prolapse?	How comfortable are you managing pelvic organ prolapse?	Please rate the ease of referral to a specialist for pelvic organ prolapse:	How frequently do you refer a patient for management of pelvic organ prolapse:
Pelvic organ prolapse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Yes No I don't know	Very comfortable Somewhat comfortable Indifferent Somewhat uncomfortable Very uncomfortable Don't know	Very easy Somewhat easy Indifferent Somewhat difficult Very difficulty Don't know	Never 1-24% 25-49% 50-74% 75-100% They are usually already followed by a specialist.

Other (please specify)

15. Please describe your experience with STRESS URINARY INCONTINENCE:

Have you ever had a patient with SUI?	How comfortable are you managing SUI?	Please rate the ease of referral to a specialist for SUI:	How frequently do you refer a patient for management of SUI:
Stress Urinary Incontinence (SUI)			
Yes No I don't know	Very comfortable Somewhat comfortable Indifferent Somewhat uncomfortable Very uncomfortable Don't know	Very easy Somewhat easy Indifferent Somewhat difficult Very difficulty Don't know	Never 1-24% 25-49% 50-74% 75-100% They are usually already followed by a specialist.
Other (please specify)			
<div style="border: 1px solid black; height: 40px;"></div>			

16. Please describe your experience with URGE INCONTINENCE:

Have you ever had a patient with urge incontinence?	How comfortable are you managing urge incontinence?	Please rate the ease of referral to a specialist for urge incontinence:	How frequently do you refer a patient for management of urge incontinence:
Urge Incontinence			
Yes No I don't know	Very comfortable Somewhat comfortable Indifferent Somewhat uncomfortable Very uncomfortable Don't know	Very easy Somewhat easy Indifferent Somewhat difficult Very difficulty Don't know	Never 1-24% 25-49% 50-74% 75-100% They are usually already followed by a specialist.
Other (please specify)			
<div style="border: 1px solid black; height: 40px;"></div>			

17. Please describe your experience with OVERACTIVE BLADDER:

Have you ever had a patient with OAB?	How comfortable are you managing OAB?	Please rate the ease of referral to a specialist for OAB:	How frequently do you refer a patient for management of OAB:
Overactive Bladder (OAB)			
Yes No I don't know	Very comfortable Somewhat comfortable Indifferent Somewhat uncomfortable Very uncomfortable Don't know	Very easy Somewhat easy Indifferent Somewhat difficult Very difficulty Don't know	Never 1-24% 25-49% 50-74% 75-100% They are usually already followed by a specialist.
Other (please specify)			
<div style="border: 1px solid black; height: 40px;"></div>			

18. Please describe your experience with FECAL INCONTINENCE:

Have you ever had a patient with FI?	How comfortable are you managing FI?	Please rate the ease of referral to a specialist for FI:	How frequently do you refer a patient for management of FI:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Yes	Very comfortable	Very easy	Never
No	Somewhat comfortable	Somewhat easy	1-24%
I don't know	Indifferent	Somewhat difficult	25-49%
	Somewhat uncomfortable	Very difficulty	50-74%
	Very uncomfortable	Don't know	75-100%
	Don't know		They are usually already followed by a specialist.

Other (please specify)

19. If you have a patient with any of the below conditions, how does that issue come up? Please choose ALL that apply.

	Patient complaint	Physician elicited	Review of systems	Past medical history	Physical exam	Not applicable to my practice
Pelvic organ prolapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress urinary incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urge incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overactive bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fecal incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

***20. If you do not refer patients for the below conditions, please explain why. Please choose ALL that apply.**

	I do not have patients with these issues.	My patients have these disorders, but are not bothered by them.	I feel comfortable managing these disorders.	I do not know where to refer to.	My patients are already seeing a specialist for that problem.	My patients do not discuss these issues.	I do not elicit these problems.	Other problems take priority during office visits.	I refer all patients with these issues.
Pelvic organ prolapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress urinary incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urge incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overactive bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fecal incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

***21. If a patient has the following, but is not bothered by it, will you refer her to a specialist?**

	Yes	No
Pelvic organ prolapse	<input type="radio"/>	<input type="radio"/>
Stress urinary incontinence	<input type="radio"/>	<input type="radio"/>
Urge incontinence	<input type="radio"/>	<input type="radio"/>
Overactive bladder	<input type="radio"/>	<input type="radio"/>
Fecal incontinence	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

***22. Which specialists do you refer patients with the following? Please choose ALL that apply.**

	Pelvic organ prolapse	Stress urinary incontinence	Urge incontinence	Overactive bladder	Fecal incontinence
Not applicable to my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't refer out for this issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urogynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colorectal surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="text"/>				

***23. In your opinion what is the prevalence of each of the following disorders within the community?**

	<1%	1-5%	5-15%	15-30%	30-50%	>50%	Don't know
Pelvic organ prolapse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress urinary incontinence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urge incontinence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overactive bladder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fecal incontinence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>						