10.1071/PY24046

Australian Journal of Primary Health

Supplementary Material

Australian healthcare professionals' beliefs and practice behaviours in management of chronic pelvic pain: a cross-sectional survey

Jennifer Vardy[A,*], *Edwina Chan*[A], *Marika Hart*[A], *Rebecca Dallin*[A], *Emma Wise*[A], *Emmanuel Karantanis*[B,C], *and Darren Beales*[A]

[A]Curtin enAble Institute and Curtin School of Allied Health, Curtin University, Perth, WA, Australia.

[B]The University of New South Wales, Sydney, NSW, Australia.

[C]Department of Obstetrics and Gynaecology, St George Hospital, Kogarah, NSW, Australia.

[*]Correspondence to: Jennifer Vardy Curtin enAble Institute and Curtin School of Allied Health, Curtin University, Perth, WA, Australia Emails: jenvardy99@gmail.com, jvardy@mercy.com.au

Supplementary material

Supplementary Table S1. Difference in demographic variables between those who completed 80% of the questionnaire (>80%) with those who did not (<80%)

	< 80% Completed (n = 70)	>80% Completed (n = 468)	Comparison t-test/χ^2
Age years (s.d., range)	42.2 (12.65, 24–75)	45.8 (12.99, 18–81)	95% CI 44.22–46.43, P < 0.032
Gender			
Female	65 (92.9)	415 (88.7)	1.17 P = 0.56
Male	5 (7.1)	52 (11.1)	
Other	0 (0)	1 (0.2)	
Profession			
Gynaecologist	3 (4.3)	75 (16.0)	19.54 P < 0.001
General practitioner	33 (47.1)	184 (39.3)	
Physiotherapist	23 (32.9)	187 (40.0)	
'Other' professions	11 (15.7)	22 (4.7)	
Years of experience			
<5	11 (15.7)	41 (8.8)	4.22 P = 0.238

	< 80% Completed (n = 70)	>80% Completed (n = 468)	Comparison t-test/χ^2
5–10	17 (24.3)	99 (21.2)	
10–20	20 (28.6)	156 (33.3)	
21+	22 (31.4)	172 (36.8)	
Workplace			
Public hospital	12 (17.1)	77 (16.5)	29.06 P < 0.001
Private hospital	3 (4.3)	2 (0.4)	
Private practice	45 (64.3)	283 (60.5)	
Other	9 (12.9)	20 (4.3)	
Multi-site	1 (1.4)	86 (18.4)	
Pain education/course			
No course	22 (39.3)	143 (30.6)	5.56 P = 0.135
Within past 5 years	25 (44.6)	275 (58.76)	
5–10 years ago	5 (8.9)	36 (7.7)	
>10 years ago	4 (7.1)	14 (3.0)	
Understanding mechanisms of CPP			
1. Very limited	3 (5.4)	9 (1.9)	11.19 P = 0.24
2. Limited	11 (19.6)	72 (15.4)	
3. Average	30 (53.6)	187 (40.0)	
4. Very Good	11 (19.6)	171 (36.6)	

	< 80% Completed (n = 70)	>80% Completed (n = 468)	Comparison t-test/χ^2
5. Excellent	1 (1.8)	29 (6.2)	
Confidence management of patient with CPP			
1. Not confident	6 (10.7)	37 (7.9)	9.30 P = 0.054
2. Slightly Confident	14 (25.0)	75 (16.0)	
3. Averagely Confident	25 (44.6)	171 (36.5)	
4. Quite confident	10 (17.9)	153 (32.7)	
5. Extremely confident	1 (1.8)	32 (6.8)	
Awareness of EAU guidelines			
No	30 (83.3)	300 (64.1)	5.47 P = 0.019
Yes	6 (16.7)	168 (35.9)	
Awareness of NICE guidelines			
No	23 (63.9)	229 (48.9)	2.99 P = 0.084
Yes	13 (36.1)	239 (51.1)	

GP, general practitioner; CPP, chronic pelvic pain; EAU, European Association of Urology; NICE, National Institute for Health and Care Excellence; s.d., standard deviation.

Data are presented as n (%).

Supplementary Table S2. Contributing factors to chronic pelvic pain documented for the whole cohort and for each healthcare professional (gynaecologist, GP, physiotherapist)

	Whole cohort (n = 420)	Gynaecologist (n = 69)	GP (n = 172)	Physiotherapist (n = 179)	Comparison χ^2
Age					44.32 $P < 0.001$
1. Not at all important	16.2	10.1	7.6	26.8	
2. Slightly important	30.2	39.1	25.6	31.3	
3. Moderately important	34.1	34.8	37.8	30.2	
4. Very important	16.9	11.6	26.7	9.5	
5. Extremely important	2.6	4.4	2.3	2.2	
Socioeconomic status					12.45 $P = 0.132$
1. Not at all important	12.9	14.5	10.5	14.5	
2. Slightly important	28.8	31.9	23.8	32.4	
3. Moderately important	37.9	39.1	39.5	35.8	
4. Very important	17.1	14.5	22.7	12.8	
5. Extremely important	3.3	0	3.5	4.5	
Family history					4.48 $P = 0.811$

	Whole cohort (n = 420)	Gynaecologist (n = 69)	GP (n = 172)	Physiotherapist (n = 179)	Comparison χ^2
1. Not at all important	4.3	5.8	3.5	4.5	
2. Slightly important	24.5	27.5	25.6	22.4	
3. Moderately important	41.9	40.6	44.8	39.7	
4. Very important	23.6	20.3	22.1	26.3	
5. Extremely important	5.7	5.8	4.1	7.3	
Social factors					38.15 $P < 0.001$
1. Not at all important	1.6	1.5	2.9	0.6	
2. Slightly important	5.5	5.8	6.4	4.5	
3. Moderately important	28.1	33.3	37.8	16.8	
4. Very important	45.5	47.8	41.8	48.0	
5. Extremely important	19.3	11.6	11.1	30.1	
Hormonal changes					34.15 $P < 0.001$
1. Not at all important	1.0	0.0	1.7	0.6	
2. Slightly important	11.9	26.1	11.6	6.7	
3. Moderately important	43.3	47.8	47.1	38.0	

	Whole cohort (n = 420)	Gynaecologist (n = 69)	GP (n = 172)	Physiotherapist (n = 179)	Comparison χ^2
4. Very important	36.4	21.7	35.5	43.0	
5. Extremely important	7.4	4.4	4.1	11.7	
Tissue damage					40.79 $P < 0.001$
1. Not at all important	2.1	2.9	0.6	3.4	
2. Slightly important	25.5	21.7	18.6	33.5	
3. Moderately important	46.7	43.5	42.5	51.9	
4. Very important	20.9	27.6	30.2	9.5	
5. Extremely important	4.8	4.3	8.1	1.7	
Nervous system sensitisation					58.0 $P < 0.001$
1. Not at all important	0.2	0.0	0.6	0.0	
2. Slightly important	1.2	2.9	1.7	0.0	
3. Moderately important	12.8	15.9	22.1	2.8	
4. Very important	42.9	40.6	49.4	37.4	
5. Extremely important	42.9	40.6	26.2	59.8	
Sleep					55.84

	Whole cohort (n = 420)	Gynaecologist (n = 69)	GP (n = 172)	Physiotherapist (n = 179)	Comparison χ^2
					$P < 0.001$
1. Not at all important	0.0	0.0	0.6	0.0	
2. Slightly important	3	7.2	4.1	0.5	
3. Moderately important	28	29.0	38.9	17.9	
4. Very important	47	52.2	45.9	44.7	
5. Extremely important	22	11.6	10.5	36.9	
Patient's beliefs about their CPP					60.11 $P < 0.001$
1. Not at all important	0.2	0.0	0.6	0.0	
2. Slightly important	1.2	4.4	1.2	0.0	
3. Moderately important	8.8	8.7	13.4	4.6	
4. Very important	40.7	47.8	52.9	26.3	
5. Extremely important	49.1	39.1	31.9	69.3	
Fear of movement/fear avoidance					92.04 $P < 0.001$
1. Not at all important	0.5	1.4	0.6	0.0	
2. Slightly important	3.1	11.6	2.9	0.0	
3. Moderately	13.1	17.4	21.5	3.3	

	Whole cohort (n = 420)	Gynaecologist (n = 69)	GP (n = 172)	Physiotherapist (n = 179)	Comparison χ^2
important					
4. Very important	40.7	46.4	48.3	31.3	
5. Extremely important	42.6	23.2	26.7	65.4	
Smoking					29.66 $P < 0.001$
1. Not at all important	4.3	8.7	4.7	2.2	
2. Slightly important	23.8	43.4	19.8	20.1	
3. Moderately important	41.2	27.5	38.9	48.6	
4. Very important	25.7	18.8	29.7	24.6	
5. Extremely important	5.0	1.4	6.9	4.5	
Alcohol use					25.32 $P = 0.001$
1. Not at all important	4	5.8	3.5	2.8	
2. Slightly important	27	44.9	22.1	24.6	
3. Moderately important	42	34.8	38.4	48.0	
4. Very important	24	14.5	30.2	21.8	
5. Extremely important	4	0.0	5.8	2.8	

	Whole cohort (n = 420)	Gynaecologist (n = 69)	GP (n = 172)	Physiotherapist (n = 179)	Comparison χ^2
Stress, anxiety, depression					30.95 $P < 0.001$
1. Not at all important	0.2	0.0	0.6	0.0	
2. Slightly important	0.3	0.0	0.6	0.0	
3. Moderately important	7.6	11.6	10.5	3.4	
4. Very important	37.6	40.6	46.5	27.9	
5. Extremely important	54.3	47.8	41.7	68.7	
History of abuse					7.67 $P = 0.466$
1. Not at all important	0.2	0.0	0.6	0.0	
2. Slightly important	0.2	0.0	0.6	0.0	
3. Moderately important	5.5	5.8	6.4	4.5	
4. Very important	27.4	29.0	31.4	22.9	
5. Extremely important	67.7	65.2	61.1	72.6	
PFM tension/dysfunction					12.25 $P = 0.140$
1. Not at all important	0.2	0.0	0.6	0.0	
2. Slightly important	1.0	2.9	0.6	0.6	

	Whole cohort (n = 420)	Gynaecologist (n = 69)	GP (n = 172)	Physiotherapist (n = 179)	Comparison χ^2
3. Moderately important	13.8	10.2	13.9	15.1	
4. Very important	46.7	42.0	53.5	41.9	
5. Extremely important	38.3	44.9	31.4	42.5	
Abdominal pain/bloating					9.56 P = 0.298
1. Not at all important	0.2	0.0	0.6	0.0	
2. Slightly important	10.0	13.1	11.6	7.3	
3. Moderately important	36.7	36.2	37.2	36.3	
4. Very important	41.0	36.2	43	40.8	
5. Extremely important	12.1	14.5	7.6	15.6	
LBP/PGP					11.98 P = 0.152
1. Not at all important	0.2	0.0	0.6	0.0	
2. Slightly important	10.9	17.4	7.6	11.7	
3. Moderately important	32.6	33.3	31.9	32.9	
4. Very important	44.8	31.9	49.4	45.3	
5. Extremely	11.4	17.4	10.5	10.1	

	Whole cohort (n = 420)	Gynaecologist (n = 69)	GP (n = 172)	Physiotherapist (n = 179)	Comparison χ^2
important					
Body mass index					26.11 P = 0.001
1. Not at all	3.8	4.4	2.3	5.0	
2. Slightly important	23.1	33.3	14.5	27.4	
3. Moderately important	44.1	39.1	43.6	46.4	
4. Very important	21.6	14.5	28.5	17.9	
5. Extremely important	7.4	8.7	11.1	3.3	
High levels of physical activity					4.09 P = 0.849
1. Not at all important	3.1	1.5	4.7	2.2	
2. Slightly important	24.5	27.5	2.2	21.8	
3. Moderately important	43.6	42.0	42.4	45.3	
4. Very important	22.6	23.2	20.9	24.0	
5. Extremely important	6.2	5.8	5.8	6.7	
Lack of physical activity					8.45 P = 0.391
1. Not at all important	0.7	0.0	1.7	0.0	

	Whole cohort (n = 420)	Gynaecologist (n = 69)	GP (n = 172)	Physiotherapist (n = 179)	Comparison χ^2
2. Slightly important	9.8	14.5	8.7	8.9	
3. Moderately important	34.3	37.7	34.9	32.4	
4. Very important	38.3	36.2	37.8	39.7	
5. Extremely important	16.9	11.6	16.9	19.0	
Lifestyle choices/fitness levels					13.49 P = 0.096
1. Not at all important	0.3	0.0	0.6	0.0	
2. Slightly important	11.9	21.7	11.0	8.9	
3. Moderately important	35.0	34.8	38.4	31.8	
4. Very important	39.5	34.8	35.5	45.3	
5. Extremely important	13.3	8.7	14.5	14.0	
Obstetric history					33.80 P < 0.001
1. Not at all important	0.9	1.5	0.6	1.1	
2. Slightly important	18.1	33.3	9.3	20.7	
3. Moderately important	39.1	40.6	34.9	42.5	
4. Very important	31.4	21.7	40.1	26.8	

	Whole cohort (n = 420)	Gynaecologist (n = 69)	GP (n = 172)	Physiotherapist (n = 179)	Comparison χ^2
5. Extremely important	10.5	2.9	15.1	8.9	

GP, general practitioner; PFM, pelvic floor muscle; LBP/PGP, low back pain/pelvic girdle pain.

Data are presented as %.

Supplementary Table S3. Chronic pelvic pain assessment variables documented for the whole cohort and for each healthcare profession (gynaecologist, GP, physiotherapist)

	Whole cohort (*n* = 419)	Gynaecologist (*n* = 69)	GP (*n* = 171)	Physiotherapist (*n* = 179)	Comparison χ^2
Midstream urine sample	*n* = 419	*n* = 69	*n* = 171	*n* = 179	129.85 *P* < 0.001
Always	36.0	26.1	63.7	13.4	
Sometimes	40.8	55.1	29.8	45.8	
Rarely	13.6	15.9	6.4	19.6	
Never	9.6	2.9	0.0	21.2	
Blood tests	*n* = 419	*n* = 69	*n* = 171	*n* = 179	215.42 *P* < 0.001
Always	17.7	2.9	40.4	1.7	
Sometimes	33.9	46.4	44.4	19.0	
Rarely	31.5	49.3	14.0	41.3	
Never	16.9	1.4	1.1	38.0	
Pelvic ultrasound	*n* = 418	*n* = 69	*n* = 171	*n* = 178	218.12 *P* < 0.001
Always	41.	71.0	70.2	3.4	
Sometimes	38.0	24.6	28.7	52.3	
Rarely	9.8	2.9	1.2	20.8	
Never	10.3	1.5	0.0	23.6	

	Whole cohort (n = 419)	Gynaecologist (n = 69)	GP (n = 171)	Physiotherapist (n = 179)	Comparison χ^2
CT scan/MRI	n = 415	n = 67	n = 170	n = 178	30.48 P < 0.001
Always	1.2	0.0	2.9	0.0	
Sometimes	18.1	22.4	21.2	13.5	
Rarely	46.5	56.7	50.0	39.3	
Never	34.2	20.9	25.9	47.2	
Swabs for thrush/STI	n = 418	n = 69	n = 170	n = 179	175.19 P < 0.001
Always	37.3	40.6	67.7	7.3	
Sometimes	40.4	47.8	30.0	47.5	
Rarely	10.8	10.1	2.3	19.0	
Never	11.5	1.5	0.0	26.2	
Vaginal internal examination	n = 420	n = 69	n = 172	n = 179	31.86 P < 0.001
Always	64.0	79.7	51.1	70.4	
Sometimes	30.2	15.9	41.3	25.1	
Rarely	2.9	1.5	5.8	0.6	
Never	2.9	2.9	1.7	3.9	
Bimanual examination	n = 418	n = 69	n = 171	n = 178	169.95 P < 0.001
Always	32.8	69.6	41.5	10.1	

	Whole cohort (n = 419)	Gynaecologist (n = 69)	GP (n = 171)	Physiotherapist (n = 179)	Comparison χ^2
Sometimes	31.1	24.6	43.3	21.9	
Rarely	16.0	2.9	11.1	25.9	
Never	20.1	2.9	4.1	42.1	
Trigger point examination PFM	n = 416	n = 69	n = 168	n = 179	110.22 P < 0.001
Always	32.4	43.5	11.9	47.5	
Sometimes	29.6	33.3	20.8	36.3	
Rarely	17.1	13.1	28.0	8.4	
Never	20.9	10.1	39.3	7.8	
Lumbar spine screening exam	n = 419	N = 69	n = 171	n = 179	135.98 P < 0.001
Always	28.4	7.3	12.9	51.4	
Sometimes	35.6	21.7	36.8	39.7	
Rarely	23.4	40.6	33.9	6.7	
Never	12.6	30.4	16.4	2.2	
Psychosocial assessment	n = 419	n = 69	n = 171	n = 179	15.00 P = 0.02
Always	60.9	44.9	62.6	65.4	
Sometimes	29.8	37.7	28.6	27.9	
Rarely	8.1	14.5	8.8	5.0	
Never	1.2	2.9	0.0	1.7	

	Whole cohort (n = 419)	Gynaecologist (n = 69)	GP (n = 171)	Physiotherapist (n = 179)	Comparison χ^2
Goal setting	n = 417	n = 69	n = 169	n = 179	150.59 P < 0.001
Always	54.9	30.4	29.0	88.8	
Sometimes	24.9	33.3	37.3	10.1	
Rarely	15.8	27.6	26.6	1.1	
Never	4.3	8.7	7.1	0.0	
Screening patient beliefs about their disorder	n = 419	n = 69	n = 172	n = 178	61.96 P < 0.001
Always	59.9	39.1	46.5	80.9	
Sometimes	27.0	39.1	36.1	13.5	
Rarely	11.2	16.0	15.1	5.6	
Never	1.9	5.8	2.3	0.0	
Screening for history of abuse and ACEs	n = 420	n = 69	n = 172	n = 179	55.97 P < 0.001
Always	56.9	36.2	44.8	76.6	
Sometimes	31.2	44.9	37.2	20.1	
Rarely	10.7	17.4	16.9	2.2	
Never	1.2	1.5	1.1	1.1	
Validated screening	n = 418	n = 69	n = 170	n = 179	123.62

	Whole cohort (n = 419)	Gynaecologist (n = 69)	GP (n = 171)	Physiotherapist (n = 179)	Comparison χ^2
tools					$P < 0.001$
Always	22.0	11.6	6.5	40.8	
Sometimes	31.1	18.9	24.7	41.9	
Rarely	23.9	33.3	32.9	11.7	
Never	23.0	36.2	35.9	5.6	
Other	n = 76	n = 13	n = 42	n = 21	11.17 P = 0.083
Always	15.8	23.1	9.5	23.8	
Sometimes	17.1	7.7	11.9	33.3	
Rarely	2.6	7.7	2.4	0.0	
Never	64.5	61.5	76.2	42.9	

GP, general practitioner; CT scan/MRI, computerised tomography scan/magnetic resonance imaging; STI, sexually transmitted infection; PFM, pelvic floor muscle; ACEs, adverse childhood events.

Data are presented as %.

Supplementary Table S4. Influences on management of patients with chronic pelvic pain

	Whole cohort (*n* = 420)	Gynaecologist (*n* = 69)	GP (*n* = 172)	Physiotherapist (*n* = 179)
Literature	201 (47.9)	28 (40.6)	78 (45.3)	95 (53.1)
Guidelines	152 (36.2)	31 (44.9)	81 (47.1)	40 (22.3)
Clinical experience	297 (70.7)	51 (73.9)	113 (65.7)	133 (74.3)
Continuing education/PD	321 (76.4)	47 (68.1)	127 (73.8)	147 (82.1)
Networks	143 (34.0)	18 (26.1)	52 (30.2)	73 (40.8)
Mentoring	191 (45.5)	37 (53.6)	62 (36.0)	92 (51.4)

GP, general practitioner; PD, professional development.

Data are presented as n (%).

Supplementary Table S5. Checklist for reporting results of internet e-surveys (CHERRIES)

Checklist item	Explanation	Page number
Describe survey design	Describe target population, sample frame. Is the sample a convenience sample? (In 'open' surveys this is most likely).	3–5
IRB approval	Mention whether the study has been approved by an IRB.	2
Informed consent	Describe the informed consent process. Where were the participants told the length of time of the survey, which data were stored and where and for how long, who the investigator was, and the purpose of the study?	3
Data protection	If any personal information was collected or stored, describe what mechanisms were used to protect unauthorised access.	3
Development and testing	State how the survey was developed, including whether the usability and technical functionality of the electronic questionnaire had been tested before fielding the questionnaire.	3
Open survey versus closed survey	An 'open survey' is a survey open for each visitor of a site, whereas a closed survey is only open to a sample that the investigator knows (password-protected survey).	2
Contact mode	Indicate whether the initial contact with the potential participants was made on the Internet. (Investigators may also send out questionnaires by mail and allow for web-based data entry).	2–3
Advertising the survey	How/where was the survey announced or advertised? Some	2–3; 34,

Checklist item	Explanation	Page number
	examples are offline media (newspapers) or online (mailing lists – If yes, which ones?) or banner ads (Where were these banner ads posted and what did they look like?). It is important to know the wording of the announcement as it will heavily influence who chooses to participate. Ideally the survey announcement should be published as an appendix.	35
Web/E-mail	State the type of e-survey (e.g. one posted on a web site, or one sent out through e-mail). If it is an e-mail survey, were the responses entered manually into a database, or was there an automatic method for capturing responses?	2–3
Context	Describe the web site (for mailing list/newsgroup) in which the survey was posted. What is the website about, who is visiting it, what are visitors normally looking for? Discuss to what degree the content of the website could pre-select the sample or influence the results. For example, a survey about vaccination on a anti-immunisation website will have different results from a web survey conducted on a government website.	2–3
Mandatory/voluntary	Was it a mandatory survey to be filled in by every visitor who wanted to enter the website, or was it a voluntary survey?	2–3
Incentives	Were any incentives offered (e.g. monetary, prizes, or non-monetary incentives such as an offer to provide the survey results)?	3
Time/Date	In what timeframe were the data collected?	2
Randomisation of items or	To prevent biases, items can be randomised or alternated.	3

Checklist item	Explanation	Page number
questionnaires		
Adaptive questioning	Use adaptive questioning (certain items, or only conditionally displayed based on responses to other items) to reduce number and complexity of the questions.	N/A
Number of items	What was the number of questionnaire items per page? The number of items is an important factor for the completion rate.	3
Number of screens (pages)	Over how many pages was the questionnaire distributed? The number of items is an important factor for the completion rate.	3
Completeness check	It is technically possible to do consistency or completeness checks before the questionnaire is submitted. Was this done, and if 'yes', how (usually JAVAScript)? An alternative is to check for completeness after the questionnaire has been submitted (and highlight mandatory items). If this has been done, it should be reported. All items should provide a non-response option such as 'not applicable' or 'rather not say', and selection of one response option should be enforced.	3
Review step	State whether respondents were able to review and change their answers (e.g. through a Back button or a Review step that displays a summary of the responses and asks the respondents if they are correct).	3
Unique site visitor	If you provide view rates or participation rates, you need to define how you determined a unique visitor. There are different techniques available, based on IP addresses or cookies or both.	23

Checklist item	Explanation	Page number
View rate (Ratio of unique survey visitors/unique site visitors)	Requires counting unique visitors to the first page of the survey, divided by the number of unique site visitors (not page views!). It is not unusual to have view rates of less than 0.1% if the survey is voluntary.	23
Participation rate (Ratio of unique visitors who agreed to participate/unique first survey page visitors)	Count the unique number of people who filled in the first survey page (or agreed to participate; e.g. by checking a checkbox), divided by visitors who visit the first page of the survey (or the informed consents page, if present). This can also be called the 'recruitment' rate.	23
Completion rate (Ratio of users who finished the survey/users who agreed to participate)	The number of people submitting the last questionnaire page, divided by the number of people who agreed to participate (or submitted the first survey page). This is only relevant if there is a separate 'informed consent' page or if the survey goes over several pages. This is a measure for attrition. Note that 'completion' can involve leaving questionnaire items blank. This is not a measure for how completely questionnaires were filled in. (If you need a measure for this, use the word 'completeness rate').	6
Cookies used	Indicate whether cookies were used to assign a unique user identifier to each client computer. If so, mention the page on which the cookie was set and read, and how long the cookie was valid. Were duplicate entries avoided by preventing users access to the survey twice or were duplicate database entries having the same user ID eliminated before analysis? In the	N/A

Checklist item	Explanation	Page number
	latter case, which entries were kept for analysis (e.g. the first entry or the most recent)?	
IP check	Indicate whether the IP address of the client computer was used to identify potential duplicate entries from the same user. If so, mention the period of time for which no two entries from the same IP address were allowed (e.g. 24 h). Were duplicate entries avoided by preventing users with the same IP address access to the survey twice or were duplicate database entries having the same IP address within a given period of time eliminated before analysis? If the latter, which entries were kept for analysis (e.g. the first entry or the most recent)?	5
Log file analysis	Indicate whether other techniques to analyse the log file for identification of multiple entries were used. If so, please describe.	N/A
Registration	In 'closed' (non-open) surveys, users need to login first and it is easier to prevent duplicate entries from the same user. Describe how this was done. For example, was the survey never displayed a second time once the user had filled it in, or was the username stored together with the survey results and later eliminated? If the latter, which entries were kept for analysis (e.g. the first entry or the most recent)?	N/A
Handling of incomplete questionnaires	Were only completed questionnaires analysed? Were questionnaires that terminated early (where, for example, users did not go through all questionnaire pages) also	6

Checklist item	Explanation	Page number
	analysed?	
Questionnaires submitted with an atypical timestamp	Some investigators may measure the time people needed to fill in a questionnaire and exclude questionnaires that were submitted too soon. Specify the timeframe that was used as a cut-off point and describe how this point was determined.	N/A
Statistical correction	Indicate whether any methods such as weighting of items or propensity scores have been used to adjust for the non-representative sample; if so, please describe the methods.	6

This checklist has been modified from Eysenbach G. Improving the quality of Web surveys: the Checklist for Reporting Results of Internet E-Surveys (CHERRIES). *J Med Internet Res* 2004 Sep 29; 6(3): e34 [erratum in *J Med Internet Res* 2012; 14(1): e8.].

Supplementary Fig. S1. Social media post for recruitment to our questionnaire

Supplementary Fig. S2. Email flyer for recruitment to our questionnaire