

Supplemental Table 2. International Consultation on Incontinence Questionnaire - Urinary Incontinence Short Form (ICIQ-UI SF)

1. Please write your date of birth:	<div><div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div></div><div>Date Month Year</div></div>
2. To which gender identity do you most identify?	Female <input type="checkbox"/> Male <input type="checkbox"/>
3. How often do you leak urine? (Tick one box)	<div><div>Never</div><div>About once a week or less often</div><div>Two or three times a week</div><div>About once a day</div><div>Several times a day</div><div>All the time</div></div> <div><div><input type="checkbox"/> 0</div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div><input type="checkbox"/> 3</div><div><input type="checkbox"/> 4</div><div><input type="checkbox"/> 5</div></div>
4. We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)? (Tick one box)	<div><div>None</div><div>A small amount</div><div>A moderate amount</div><div>A large amount</div></div> <div><div><input type="checkbox"/> 0</div><div><input type="checkbox"/> 2</div><div><input type="checkbox"/> 4</div><div><input type="checkbox"/> 6</div></div>
5. Overall, how much does leaking urine interfere with your everyday life? Please circle a number between 0 (not at all) and 10 (a great deal)	

0	1	2	3	4	5	6	7	8	9	10			
Not at all											A great deal		
ICIQ score: sum scores 3+4+5											<input type="checkbox"/> <input type="checkbox"/>		
6. When does urine leak? (Please tick all that apply to you)													
											Never – urine does not leak		<input type="checkbox"/>
											Before you can get to the toilet		<input type="checkbox"/>
											When you cough or sneeze		<input type="checkbox"/>
											When you are asleep		<input type="checkbox"/>
											When you have finished urinating and are dressed		<input type="checkbox"/>
											For no obvious reason		<input type="checkbox"/>
											All the time		<input type="checkbox"/>