S1 File: Screening questionnaire (Modified ICIQ-UI SF)

1. How often do you have urinary problems *?
Never (
About once a week or less often
Two or three times a week \square
About once a day \(\sigma\)
Several times a day \(\square\)
All the time \sum :
2. We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)?
None (
A small amount \(\square\)
A moderate amount \(\square\)
A large amount \square
3. Overall, how much do urinary problems * interfere with your everyday life? Please ring a number between 0 (not at all) and 10 (a great deal)
0 1 2 3 4 5 6 7 8 9 10
Total Score: 1+2+3:
Urinary problems: intermittent stream, incomplete bladder emptying, weak stream, straining, nocturia, urgency, frequency and incontinence etc.