

## Questionnaire

1. How many times during the day do you, on average, visit the toilet for the purpose of passing water?

- 1–6 times       7–10 times       More than 10 times

(*>8 times can be indicative of an overactive bladder*)

2. How many times do you wake up at night because you need to urinate?

- None       Once       Twice  
 3 times       4 times or more

3. How often do you experience urine leakage?

- Never       Once per week or less       2-3 times per week  
 Once a day       Several times per day

4. Do you experience urine leakage during physical activity, for example at work or during exercise, when you run, cough or sneeze?

- Yes       No

(*Yes indicates stress incontinence*)

5. Do you experience urine leakage after feeling an urge, but don't make it to the toilet in time?

- Yes       No

(*Yes indicates urge incontinence*)

6. Do you experience urine leakage when sleeping?

- Yes       No

(*Yes indicates urge incontinence*)

7. Can you, by pinching, interrupt the stream of urine?

- Yes                       No

8. Do you use sanitary napkins or pads?

- Never                       Yes, sometimes                       Yes, most of the time  
 Yes, always

9. Do you have trouble starting to urinate after you have felt an urge and have reached the toilet?

- Never                       Yes, sometimes                       Yes, most of the time  
 Yes, always

*(Yes indicates dyssynergia)*

10. Do you experience unintended interruptions in urine flow while urinating?

- Never                       Yes, sometimes                       Yes, most of the time

*(Yes indicates dyssynergia)*

11. Have you suffered a urinary tract infection in the past 12 months?

- No                       Yes, 1–2 times                       Yes, 3 or more times

*(Yes indicates residual urine)*