## SUPPLEMENTARY MATERIAL

Urinary symptom questionnaire using 2002 International Continence Society definition with the response option

<table>
<thead>
<tr>
<th>Symptom/condition</th>
<th>Question</th>
<th>Response</th>
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</thead>
</table>
| Nocturia                           | Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning? | 1. None  
2. 1 time  
3. 2 times  
4. 3 times  
5. 4 times  
6. 5 or more times |
| Frequency                          | In your opinion, do you feel that you urinate too often during the day?   | 1. Yes  
2. No                                      |
| Urgency                            | Do you experience a sudden compelling desire to urinate which is difficult to put off? What I mean is a sudden intense feeling of urgency where you feel you must urinate immediately? | 1. Yes  
2. No                                      |
| Urinary incontinence               | How often do you experience urinary leakage?                              | 1. Never  
2. Less than once a month  
3. A few times a month  
4. A few times a week  
5. Every day and/or night |
| Urge urinary incontinence          | Do you leak urine in connection with a sudden compelling desire to urinate? By that I mean in connection with a sudden intense feeling of urgency? | 1. Yes  
2. No                                      |
| Stress urinary incontinence        | Do you leak urine in connection with sneezing, coughing, or when doing physical activities such as exercising or lifting a heavy object? | 1. Yes  
2. No                                      |
| Intermittency                      | Over the past month, how often have you found you stopped and started again several times when you urinated? | 1. Not at all  
2. Less than 1 time in 5  
3. Less than half the time  
4. About half the time  
5. More than half the time  
6. Almost always |
| Slow stream                        | Over the past month, how often have you had a weak urinary stream?        | 1. Not at all  
2. Less than 1 time in 5  
3. Less than half the time  
4. About half the time  
5. More than half the time  
6. Almost always |
| Straining                          | Over the past month, how often have you had to push or strain to begin urination? | 1. Not at all  
2. Less than 1 time in 5  
3. Less than half the time  
4. About half the time  
5. More than half the time  
6. Almost always |
| Terminal dribble                   | Do you experience prolonged trickle or dribble at the end of your urine flow? | 1. Yes  
2. No                                      |
| Incomplete emptying                | Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating? | 1. Not at all  
2. Less than 1 time in 5  
3. Less than half the time  
4. About half the time  
5. More than half the time  
6. Almost always |
| Postmicturition dribble            | Do you experience urine leakage almost immediately after you have finished urinating and walked away from the toilet? | 1. Yes  
2. No                                      |