

**Supplementary material.** Questionnaire for spinal cord injury patients

1. Basic information

- 1.1 Year of birth
- 1.2 Sex
- 1.3 Vector of injury
- 1.4 Year of injury
- 1.5 Period of admission
- 1.6 Number of admissions
- 1.7 Cohabitation status

2. Daily discomforts (choose from listed below)

- 1) Physical disability
- 2) Sore
- 3) Urinary problems
- 4) Bowel problems
- 5) Sexual life
- 6) Pain
- 7) Hyperreflexia
- 8) Dyspnea
- 9) Depression
- 10) Other

- 2.1 What is your 'most bothersome' problem? 1st : \_\_\_\_\_, 2nd : \_\_\_\_\_, 3rd : \_\_\_\_\_
- 2.2 What is the problem you 'wish would improve'? 1st : \_\_\_\_\_, 2nd : \_\_\_\_\_, 3rd : \_\_\_\_\_

3. Daily management of voiding

3.1 Please check the voiding method you are using now, and answer the following questions

3.1.1 Incontinence voiding ( )

3.1.1.1 Managing method

- 1) Pad or diaper (used per day: )
- 2) Condom, Latex bag, Gismo
- 3) Other

3.1.1.2 Additional method

- 1) Valsalva maneuver
- 2) Percussion
- 3) Crede's maneuver
- 4) Other

3.1.2 Clean intermittent catheterization (CIC) ( )

3.1.2.1 Who does the CIC?

- 1) Self
- 2) Family
- 3) Caregiver
- 4) Other

3.1.2.2 Which type of catheter do you use? ( )

- 1) Latex (disposable)
- 2) Silicon (disposable)
- 3) Silicon (re-useable), if YES go to 3.1.2.3
- 4) Other

3.1.2.3 If you are using a re-usable silicon catheter please answer.

- Exchange period of catheter: ( ) per month
- Exchange period of antiseptic solution: ( ) per month

3.1.3 Urethral Foley catheterization ( )

- Exchange period of catheter: ( ) per month

3.1.4 Suprapubic Foley catheterization ( )  
Exchange period of catheter: ( ) per month

3.2 What are the problems related to your current voiding method? (multiple answers allowed)

- 1) None
- 2) Incontinence
- 3) Urinary tract infection
- 4) Kidney stone
- 5) Headache or dizziness when bladder is distended
- 6) Vesicoureteral reflux
- 7) Other

3.3 Usually where do you get information about urologic management?

- 1) Physician
- 2) Spinal cord injury patients
- 3) Internet, books
- 4) Other

3.4 When was your most recent urologic examination?

- 1) Within 1 year
- 2) Within 3 years
- 3) Within 5 years
- 4) Over 5 years ago
- 5) Never

3.5 What was the recommended method of urinary management by physician?

- 1) Clean intermittent catheterization
- 2) Self-voiding
- 3) Urethral Foley catheterization
- 4) Suprapubic Foley catheterization
- 5) Medication
- 6) Other (multiple answers allowed)

3.6 If you are not on the urinary management your physician recommended, what is the reason?

- 1) Economic problems
- 2) No effect
- 3) Difficult to use catheter
- 4) No caregiver
- 5) Side effects
- 6) Other

3.7 Answer if you are on CIC.

3.7.1 How many times per day?

- 1) Less than once
- 2) 1-3 times
- 3) 3-5 times
- 4) More than 5 times
- 5) Varies

3.7.2 Amount of urine per each CIC

- 1) 100-300 mL
- 2) 300-500 mL
- 3) More than 500 mL

3.7.3 What is the difficulty of CIC? (multiple answers allowed)

- 1) Difficult to use
- 2) Economic problem
- 3) Side effects
- 4) Difficult to find places for CIC
- 5) Hard to keep sanitized
- 6) Other

3.7.4 What is the side effect of CIC? (multiple answers allowed)

- 1) Urinary tract infection
- 2) Urethral stricture
- 3) Headache, dizziness
- 4) Pain
- 5) Bladder stone
- 6) Incontinence
- 7) Other

3.8 Have you had any of the procedures/operations below? (multiple answers allowed)

- 1) Bladder augmentation
- 2) Artificial urethral sphincter implantation
- 3) Bulking agent for urethra
- 4) Urinary bypass
- 5) Incision of the sphincter
- 6) Dialysis
- 7) Anti-reflux surgery
- 8) Other

3.9 Do you know of the possibility of renal injury due to bladder dysfunction?

- 1) Yes (Go to 3.10)
- 2) No

3.10 What was your source of information? (multiple answers allowed)

- 1) Physician
- 2) Spinal cord injured colleagues
- 3) Internet or books
- 4) Other

3.11 What was your expense for urinary management in 2013?

Per month: \_\_\_\_\_ KRW (Korean won)

3.12 Are you taking voiding related medications?

- 1) Yes
- 2) No

4. Sex and family planning

4.1 Do you have children?

- 1) Yes
- 2) No

4.2 Do you plan to have children?

- 1) Yes
- 2) No

4.3 Do you have a sex life?

- 1) Yes
- 2) No

4.4 Are you satisfied with your current sex life?

- 1) Very unsatisfied
- 2) Quite unsatisfied
- 3) Average
- 4) Quite satisfied
- 5) Very satisfied

4.5 What is your complaint about your present sex life? (multiple answers allowed)

- 1) Lack of libido
- 2) Impotence
- 3) Able to achieve erection but unable to go through with intercourse
- 4) Able to go through with intercourse but cannot last long
- 5) No partner
- 6) Other

4.6 Do you have a sexual desire?

- 1) None
- 2) Slight
- 3) Average
- 4) Quite a lot
- 5) Extreme

4.7 What was the recommended supportive method from the physician for sexual activity? (multiple answers allowed)

- 1) Medication
- 2) Penile injection of drug
- 3) Suppository of drug
- 4) Vacuum constriction device
- 5) Penile prosthetic implantation
- 6) Cream
- 7) None
- 8) Other

4.8 Which supportive method are you using currently? (multiple answers allowed)

- 1) Medication
- 2) Penile injection of drug
- 3) Suppository of drug
- 4) Vacuum constriction device
- 5) Penile prosthetic implantation
- 6) Cream
- 7) None
- 8) Other

4.9 If you are not using a physician's recommended method, what is the reason? (multiple answers allowed)

- 1) No effect
- 2) Financial problems
- 3) Pain
- 4) Side effects
- 5) Other