

Anexo 3. Cuestionario en inglés

Urinary incontinence in young women

Hello, I am _____ and I study nursing in the University of Ciudad Real, Spain. _____ professor in the University, and I, _____ are working on a research project about urinary incontinence in young women.

Urinary incontinence is an underestimated health problem because it is considered by many women as something normal attributable to age or pregnancy. However, it is a health problem that can affect women quality life and the most important thing, it can be treated.

We ask for you coloboration with the aim of knowing the prevalence of the urinary incontinence in young women and its relation with sport. You can complete this survey in only 5 minutes and it will give us very precious information to get to know the problem and to plan educational strategies on its prevention.

This questionnaire is anonymous and voluntary. We ask you to answer as sincerely as possible if you suffer this problem or not.

If you've got any question, please, contact me on the following email:

: _____@gmail.com

Thank you very much.

***Obligatorio**

1. *

Selecciona todos los que correspondan.

I agree to participate in the study

General information

2. Are you (tick one) *

Marca solo un óvalo.

Female

Male

3. Have you ever been pregnant? *

Marca solo un óvalo.

Yes

No

4. Age *

5. Weight in Kg (E.g: 55,6) *

6. Height in cm (E.g: 161) *

7. Where are you from? *

Marca solo un óvalo.

- Canada
- UK
- USA
- Australia
- Denmark
- Norway
- Portugal
- Finland
- South America
- Central America
- Western Europe
- Central Europe
- Eastern Europe
- Central Asia
- Western Asia
- Eastern Asia
- South Asia
- Oceania
- North Africa
- Central Africa
- Western Africa
- South Africa

8. If you have university studies, select from which area

Marca solo un óvalo.

- Health sciences (Nursing, medicine, pharmacy...)
- Sport sciences
- Humanities and letters (Law, education, philosophy...)
- Sciences and engineering (Chemistry, electrical, industrial...)

9. How often do you take this substances? ^A

Marca solo un óvalo por fila.

	Never or rarely	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	Everyday	More than once a day
Coffe/tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energetic drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ICIQ-SF Questionnaire

10. How often do you leak urine? ^A

Marca solo un óvalo.

- Never
- About once a week or less often
- Two or three times a week
- About once a day
- Several times a day
- All the time

11. We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)? *

Marca solo un óvalo.

- None
- A small amount
- A moderate amount
- A large amount

12. Overall, how much does leaking urine interfere with your everyday life? *

Marca solo un óvalo.



13. When does urine leak? Please tick all that apply to you *

Selecciona todos los que correspondan.

- Never- Urine does not leak
- Leaks before you can get to the toilet
- Leaks when you cough or sneeze
- Leaks when you are asleep
- Leaks when you are physically active/exercising
- Leaks when you have finished urinating and are dressed
- Leaks for no obvious reason
- Leaks all the time

Urinary incontinence and sport

14. How often do you practice physical activity? *

Marca solo un óvalo.

- Never
- 1 or 2 days per week
- 3 or 4 days per week
- 5 or more days per week

15. Which sports do you practice? *

Marca solo un óvalo por fila.

	Never	1 hour per week or less	2 or 3 hours per week	3 or 4 hours per week	4 or 5 hours per week	5 or 6 hours per week	More than 6 hours per week
Pilates/Yoga	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dance/Zumba	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aerobic, body combact, aerofitness...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crossfit/Weightlifting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Martial arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cycling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soccer/football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basketball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis/Paddle tennis/Badminton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How is the intensity you think you practice the exercise with? *

Marca solo un óvalo.

	0	1	2	3	4	5	6	7	8	9	10
Low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. How often does urine leak during exercise? ⁴

Marca solo un óvalo.

- Never
- Rarely
- Sometimes
- Often
- Always

18. If urine leaks during exercise, for how long has it happened?

Marca solo un óvalo.

- Less than one year
- From 1 to 2 years
- From 3 to 5 years
- More than 5 years

19. How much urine do you usually leak during exercise? ⁴

Marca solo un óvalo.

- Urine does not leak
- A small amount
- A moderate amount
- A large amount

20. In which way does the leak of urine affect you? Answer only if you suffer the problem

Marca solo un óvalo.

- It doesn't affect me
- It affects me a little (I don't change my exercise routine but I am not completely comfortable)
- It affects me (I change in some way my exercise routine. Eg I use a sanitary towel, I don't do exercise in public.)
- It quite affects me (I reduce the intensity or the frequency of the exercise)
- It affects me very much (I stop doing the exercise)

21. Do you think the leak of urine is related with the exercise you practice? Answer only if you suffer the problem.

Marca solo un óvalo.

Yes

No

Feelings and thoughts

22. Does the leak of urine give you any of these feelings? ^A

Marca solo un óvalo por fila.

	Yes	No
Embarrassment	<input type="radio"/>	<input type="radio"/>
Insecurity	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>
Sadness	<input type="radio"/>	<input type="radio"/>
Impotence	<input type="radio"/>	<input type="radio"/>

23. Have you taken any of the following measures to try to solve the problem? ^A

Marca solo un óvalo por fila.

	Yes	No
Sanitary towels to soak up the urine	<input type="radio"/>	<input type="radio"/>
I exercise the pelvic floor: hypopressive gymnastics	<input type="radio"/>	<input type="radio"/>
I reduce the intake of liquids before exercise	<input type="radio"/>	<input type="radio"/>
I urinate before exercise	<input type="radio"/>	<input type="radio"/>
I do Kegel exercises	<input type="radio"/>	<input type="radio"/>
I go to a physiotherapist	<input type="radio"/>	<input type="radio"/>
I take medication	<input type="radio"/>	<input type="radio"/>
I am waiting for surgery	<input type="radio"/>	<input type="radio"/>

24. How informed do you think you are in relation with the measures to avoid this problem? ¹

Marca solo un óvalo.

	0	1	2	3	4	5	6	7	8	9	10	
Not informed at all												Very much informed