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<table>
<thead>
<tr>
<th>LUTS subtypes</th>
<th>Definitions</th>
<th>Question (Outcome measure at 3 years follow up)</th>
<th>Response option</th>
<th>Question (Outcome measure at 11.5 years of follow up)</th>
<th>Response option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress urinary incontinence (stress UI)</td>
<td>Complaint of involuntary leakage on effort or exertion, or on sneezing or coughing</td>
<td>In the past month, how often have you had any of the following: problem holding urine when you jump, sneeze etc.</td>
<td>1-Almost all the time 2-Sometimes 3-Not at all</td>
<td>Does urine leak when you are physically active, exert yourself, cough or sneeze?</td>
<td>1-Never 2-Occasionally 3-Sometimes 4-Most of the time 5-All of the time</td>
</tr>
<tr>
<td>Urgency urinary incontinence (urgency UI)</td>
<td>Complaint of involuntary leakage accompanied by or immediately preceded by urgency</td>
<td>Does urine leak before you can get to the toilet?</td>
<td>1-Never 2-Ocassionally 3-Sometimes 4-Most times 5-Every time</td>
<td>Does urine leak before you can get to the toilet?</td>
<td>1-Never 2-Occasionally 3-Sometimes 4-Most of the time 5-All of the time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How often do you have to rush to the toilet to urinate?</td>
<td>1-Never 2-Ocassionally 3-Sometimes 4-More often than not 5-Every time</td>
<td>Do you have a sudden need to rush to the toilet to urinate?</td>
<td>1-Never 2-Occasionally 3-Sometimes 4-Most of the time 5-All of the time</td>
</tr>
</tbody>
</table>
Mixed urinary incontinence (mixed UI)

<table>
<thead>
<tr>
<th>Complaint of involuntary leakage associated with urgency and also with effort, exertion, sneezing and coughing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does urine leak before you can get to the toilet?</td>
</tr>
<tr>
<td>How often do you have to rush to the toilet to urinate?</td>
</tr>
<tr>
<td>In the past month, how often have you had any of the following: problem holding urine when you jump, sneeze etc.</td>
</tr>
</tbody>
</table>

1-Never  
2-Ocassionally  
3-Sometimes  
4-Most times  
5-Every time

1-Never  
2-Ocassionally  
3-Sometimes  
4-Most times  
5-All of the time

1-Never  
2-Ocassionally  
3-Sometimes  
4-Most times  
5-All of the time

1-Never  
2-Ocassionally  
3-Sometimes  
4-Most times  
5-All of the time

* The outcomes were defined based on multiple questions and required positive responses to all questions.

Note: Answers marked as **bold** were considered positive when defining the types of urinary incontinence.