Urinary Incontinence in Both Sexes:
Prevalence Rates and Impact on Quality of
Life and Sexual Life

Christian Temml,1 Gerald Haidinger,2 Jörg Schmidbauer,3 Georg Schatzl,3
and Stephan Madersbacher3*

1Department for Preventive Health, City of Vienna, Vienna, Austria
2Department of Epidemiology, Institute of Cancer Research, University of Vienna,
Vienna, Austria
3Department of Urology, University of Vienna, Vienna, Austria

The aim of this study was to determine the prevalence of urinary incontinence in both sexes
in Austria and to assess its impact on quality of life and sexual function. Voluntary health
examinations free of charge are regularly organized in the area of Vienna. From May 1998
to April 1999 we have included in this health examination an incontinence questionnaire
containing 37 items, which was largely based on the Bristol female lower urinary tract
symptoms (LUTS) questionnaire. This questionnaire asks in detail for various aspects of
urinary incontinence/voiding problems, including the impact of urinary incontinence on
quality of life and sexual function. In this questionnaire, urinary incontinence was defined
as any involuntary loss of urine within the past 4 weeks. The data of 2,498 participants
(1,262 women [f]; mean age: 49.7±13.6 years and 1,236 men [m]; 48.6±13.0 years; age
range: 20–96 years) were analyzed. Overall, 26.3% of women and 5.0% of men reported on
episodes of urinary incontinence during the past 4 weeks. Prevalence rates increased con-
stantly with age in both sexes: 20–29 years: 4.1% (f), 1.7% (m); 30–39 years: 10.8% (f),
2.7% (m); 40–49 years: 22.9% (f); 3.9% (m); 50–59 years: 34.9% (f), 3.7% (m); 60–69
years: 36.9% (f), 7.6% (m); 70 years or older: 36.0% (f), 11.5% (m). Overall, 65.7% of
women and 58.3% of men stated that quality of life was affected by their incontinence
status. A moderate or severe impairment was reported by 18.3% of women and 16.6% of
men. Impairment of quality of life was related as statistically significant (P < 0.05) to
frequency and degree of incontinence (irrespective of the type of incontinence), the impact
on sexual function and need for pads or other incontinence devices. Patient gender, age, and
the duration of incontinence had no effect (P > 0.05) on quality of life. An impairment
of sexual life by urinary incontinence was stated by 25.1% of women and 30.5% of women,
respectively. Although only 65.7% of women and 58.3% men with urinary incontinence
reported on an impairment of quality of life, these data underline the high prevalence and

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*Correspondence to: Stephan Madersbacher, M.D., F.E.B.U., Associate Professor of Urology, Department
of Urology, University of Vienna, Währinger Gürtel 18-20, A-1090 Vienna, Austria. E-mail:
madersbacher@hotmail.com

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INTRODUCTION

Urinary incontinence as defined by the International Continence Society (ICS) is a “condition in which involuntary loss of urine is a social or hygienic problem and is objectively demonstrable” [Abrams et al., 1988]. Urinary incontinence, particularly in the elderly, is one of the most common health problems [Brocklehurst, 1993; Damian et al., 1998; Diokno et al., 1986, 1992; Dolan et al., 1999; Fultz 1996; Gorton and Stanton, 1998; Hampel et al., 1997; Jolleys, 1988; Malmsten et al., 1997; McGrother et al., 1998; Molander et al., 1990; Robinson, 1997; Rutchik and Resnick, 1998; Schulman et al., 1997; Thomas et al., 1980; Wagg and Malone-Lee, 1997]. Economic costs to the health system for diagnosis and therapy of urinary incontinence vary greatly, yet are in the range for those of diabetes mellitus or hypertension in most Western and industrialized countries [Wyman, 1997]. The continuously aging population in these countries further emphasizes the socioeconomic implications of this condition. Consequently, reliable data on the prevalence of this disease are of importance particularly for health care administrators and physicians confronted with this disease.

When assessing the incidence/prevalence rates of this frequent condition, one is faced with a number of methodological problems as different definitions of urinary incontinence (subjective and/or objective data), target populations (ambulatory, institutionalized), sampling techniques and study designs (mailed or telephone surveys; personal interviews) have been used [Hampel et al., 1997]. This inconsistency resulted in large differences of the reported prevalence rates. For women, the respective percentages range from 8 to 53% [Hampel et al., 1997]. A further problem is the fact that only a few studies have assessed the impact of this frequent condition on quality of life (“bother factor”). Probably the most important limitation, however, is the fact that there is no generally accepted questionnaire for the assessment of urinary incontinence available [Hampel et al., 1997].

Particularly regarding the current situation for the assessment of lower urinary tract symptoms (LUTS) in elderly men, where the establishment of the International Prostate Symptom Score (IPSS) or the American Urological Association (AUA) symptom score has provided powerful means for comparative studies, it is surprising that such a universally accepted questionnaire for urinary incontinence is not available to date [Barry et al., 1992; Cockett et al., 1994]. The International Conference of Incontinence (ICI) is currently undertaking an effort to establish such a questionnaire that will be largely based on the Bristol female LUTS questionnaire.

The aim of this large-scale survey was to overcome some of the limitations mentioned above. As questionnaire, we used a German version of the Bristol Female LUTS questionnaire [Jackson et al., 1995, 1996]. This questionnaire has recently been extensively validated by psychometric and reliability testing [Jackson et al., 1995, 1996]. By using this questionnaire, which contained a total of 37 items, we determined prevalences and types of urinary incontinence in both sexes and studied the
impact of urinary incontinence on quality of life ("bother factors") and on sexual function.

MATERIALS AND METHODS

Study Design

Voluntary health examinations free of charge, which are fully sponsored by the city of Vienna, are regularly organized in the area of Vienna. Overall, there are seven sites where the city’s inhabitants can participate in a health survey. During this health examination the following parameters are routinely assessed: 1) a detailed medical history, 2) all concurrent medical therapies, 3) physical examination with assessment of age, weight, height, body mass index, heart rate, blood pressure, echocardiogram, and spirometry, 4) sociodemographic parameters including marital status, cigarette smoking, alcohol consumption, level of education, sportive activities, 5) stress factors, 6) urinalysis with a dipstick test, 7) a blood laboratory study of a total of 14 parameters including kidney and liver function tests, red and white cell counts, low- and high-density lipoprotein, cholesterol, and glucose.

From May 1998 to April 1999, we added an incontinence questionnaire containing 37 items, which asks in detail for various aspects of urinary incontinence/voiding problems, including their impact on daily activity, quality of life, and sexual function. In this questionnaire, urinary incontinence was defined as an involuntary loss of urine within the past 4 weeks. Questions 1–11, which deal with various aspects of urinary incontinence and its impact on quality of life and that are analyzed in this manuscript are given in the Appendix.

The extrapolation of the overall prevalence of urinary incontinence as well as that in different life decades were calculated age adjusted. In 1995, the male population in Austria aged 20 years or older comprised 2,942,590 persons, of whom 1,611,334 (54.8%) were 40 years or older. The respective numbers for females were as follows: 3,233,618 (women 20 years), 1,962,415 (60.7%; 40 years).

Statistical Analyses

Descriptive analyses included Student’s t-tests of means for age and Pearson χ² tests for categorical variables. Correlations of the impact of incontinence on the quality of life and several variables were tested by calculating contingency coefficients and χ² probability. A P value of <0.05 was considered to be statistically significant. All statistical procedures were calculated by using the computer software SPSS (version 6.0.1 for Windows).

RESULTS

Age Distribution of the Study Population

A total of 2,498 individuals (1,262 women/1,236 men) equal or older than 20 years was enrolled in this study. The mean age of the female population was 49.7 ± 13.6 years (mean ± standard deviation [SD]), that of the male population 48.6 ± 13.0 years (mean ± SD). The age distribution of the female population was as follows: 20–29 years: 5.8%, 30–39 years: 14.0%, 40–49 years: 31.5%, 50–59 years: 25.5%,
In the male population, the respective percentages were as follows: 4.8, 14.9, 37.1, 23.8, 10.7, 7.4, and 1.5%, respectively.

Prevalence of Urinary Incontinence in Both Sexes

Overall, 26.3% (n = 332) of women and 5.0% of men (n = 62) reported on episodes of urinary incontinence during the past 4 weeks. The risk of urinary incontinence was 6.8-fold higher (95% confidence interval [CI]: 5.1–9.1; P < 0.0001) in women than in men. The mean age of incontinent women was 54.5 ± 11.9 years (mean ± SD) compared with 56.9 ± 15.8 in men (P > 0.05), that of continent women was 47.5 ± 13.7 years and that of continent men 48.2 ± 12.7 years (P > 0.05).

In both sexes, the prevalence of urinary incontinence increased constantly with age (Fig. 1). In women, the percentage of individuals with episodes of urinary incontinence during the past 4 weeks increased from 4.1% (20–29 years; 3/73) to 10.8% (30–39 years; 19/176), 22.9% (40–49 years; 91/397), 34.9% (50–59 years; 112/321), 36.9% (60–69 years; 58/157), and 36.0% (≥70 years; 49/136) (Fig. 1). In all life decades, the respective percentages were significantly smaller (P < 0.05) for men and were as follows: 1.7% (20–29 years; 1/59), 2.7% (30–39 years; 5/184), 3.9% (40–49 years; 18/458), 3.7% (50–59 years; 11/294), 7.6% (60–69 years; 10/132), and 15.6% (≥70 years; 17/109).

Fig. 1. Prevalence rates of urinary incontinence in both sexes grouped according to life decades. Prevalence of urinary incontinence increased constantly with age. In all life decades, prevalence rates were significantly higher in women than in men.
Age-adjusted extrapolation of these numbers to the population currently living in Vienna or Austria yielded the following absolute numbers of affected individuals: Vienna women: 181,436, men: 29,688; Austria women: 853,726, men: 148,100. Hence, the total number (women/men) of affected individuals in Vienna is approximately 210,000 and in Austria almost 1,000,000.

Stress urinary incontinence was significantly more prevalent \((P < 0.0001)\) in women (92% of incontinent individuals) than in men (29.5%) (Table I). In contrast, the prevalence of urge urinary incontinence was comparable for both sexes; 53.7% of incontinent women and 53.4% \((P > 0.05)\) of incontinent men reported on episodes of urge urinary incontinence during the past 4 weeks (Table I). Post-void dribbling was significantly more prevalent \((P < 0.0001)\) in men (66.6%) than in women (16.2%) \((P < 0.05)\). Daily post-void dribbling was reported by 24.1% of men and 5.5% of women \((P < 0.05)\), respectively. Urinary incontinence during sleep was uncommon in both sexes, as only 4.4% of women and 15.3% of men (with the vast majority of cases reporting only rare episodes) reported nocturnal incontinence.

Duration and frequency of urinary incontinence were comparable for both sexes (Table II). A duration of urinary incontinence of <1 year was reported by 17.6% of affected women and 22.0% of men; 43.7% of women and 32.2% of men with urinary incontinence longer than 3 years. Frequent incontinence episodes (daily) were reported by 33.4% of women and 33.1% of men (Table II).

Patients reporting on urinary incontinence used the following strategies to protect themselves from urinary incontinence. Men: no protection: 43.6%, paper: 47.3%, mini pads: 7.3%, other strategies: 1.8%; women: no protection: 21.3%, paper: 11.1%, mini pads: 62.4%, incontinence pads: 2.5, other strategies: 2.5%.

**Impact of Urinary Incontinence of Quality of Life and Sexual Function**

The impact of urinary incontinence on quality of life in both sexes is given in Table III. The data show that 65.7% of affected women and 58.3% of incontinent men with urinary incontinence reported on a negative impact (minimal, moderate, or severe) of their incontinence status on quality of life (Table III). A more severe impairment (moderate or severe) of quality of life was reported by 18.3% of women and 16.6% of men, respectively \((P > 0.05)\) (Table III).

Stress urinary incontinence was significantly more bothersome for women \((P < 0.0001)\): 86.1% of women, yet only 39.1% of men stated that stress urinary inconti-
nence did not affect their quality of life at all (Table IV). A moderate to severe impairment of quality of life by stress urinary incontinence was reported by 39.9% of women and only 17.4% of men, respectively. The impact of urge urinary incontinence on quality of life was comparable for both sexes ($P > 0.05$) (Table IV): 62.5% of women and 57.5% of men; moderate/severe impairment: 30.4% of women and 29.8% of men. Post void residual dribbling was significantly more bothersome to men ($P < 0.0001$): women, 24.5%; men, 64.5% (Table IV). A moderate/severe impairment of post void dribbling was stated by 14.4% of women and 32.0% of men, respectively.

Impairment of sexual function by urinary incontinence was less frequently reported than an impact on quality of life in general (Table IV). Any negative impact (minimal, moderate, severe) was indicated by 25.1% of women and 30.5% of men; the respective numbers for moderate/severe impairment were 6.4 and 10.2%, respectively.

Factors Affecting Quality of Life Owing to Urinary Incontinence

A number of variables investigated in this questionnaire with particular reference to the urinary incontinence were correlated to impairment of quality of life owing to urinary incontinence (Table V). Patient age, sex, and the duration of urinary incontinence had no impact ($P > 0.05$) on the quality of life impairment (Table V). In contrast, frequency of incontinence episodes, the degree of urinary incontinence, the need for sanitary or incontinence pads, and an impaired sexual life owing to urinary incontinence correlated as statistically significant ($P < 0.01$) to impairment of quality of life (Table V). The frequency and degree of stress and urge incontinence as well
as, to a lesser degree, post-void dribbling correlated also significantly to quality of life impairment (data not shown).

DISCUSSION

This study aimed to assess the prevalence rate of urinary incontinence in an urban population in both sexes and its impact on quality of life and sexual function. This is the first large-scale study on the prevalence of urinary incontinence in Austria. Based on our data, we estimated that approximately 850,000 women and 180,000 men currently living in Austria have urinary incontinence, of whom 560,000 women and 105,000 men suffer from urinary incontinence, i.e., report on a negative impact on quality of life. In doing so, we have tried to follow the ICS definitions (i.e., a social or hygienic problem). These data demonstrate the high prevalence of this disease in both sexes and underline its significant socioeconomic implications.

A potential limitation of our study population is that it is derived from a cross-sectional health survey and is not generated by standard epidemiological random sampling technique. Therefore, one can speculate that our study population is hampered by a selection bias and might not be representative for the general population. Recently, two studies evaluating prevalence rates of LUTS in elderly men have been completed in Austria, one using a database collected by the same methodology as

| TABLE IV. Impact of Urinary Incontinence on Quality of Life and Sexual Function* |
|-----------------------------------|---------|----------------|
|                                   | Women   | Men            |
| Bother by stress incontinence     | 86.1    | 39.1           |
| Bother by urge incontinence       | 62.5    | 57.4           |
| Bother by nocturnal incontinence  | 11.8    | 28.6           |
| Bother by post-void dribbling     | 24.5    | 64.0           |
| Vita sexualis affected            | 25.1    | 30.5           |

*Any impact on quality of life: mild/moderate/severe.

| TABLE V. Factors Associated With Quality of Life Impairment Owing to Urinary Incontinence* |
|-----------------------------------|---------|
|                                   | Impact on quality of life (P value) |
| Gender                            | 0.615   |
| Age                               | 0.652   |
| Duration of incontinence          | 0.728   |
| Frequency of incontinence episodes| 0.00001 |
| Quantity of urine loss            | 0.0001  |
| Severity of stress urinary incontinence | 0.0001 |
| Severity of urge urinary incontinence | 0.0001 |
| Severity of post-void dribbling   | 0.012   |
| Sexual life affected              | 0.0001  |

*As sex was not an important factors, the data of women (n = 332) and men (n = 62) were grouped together (final number of analyzed individuals: n = 394) for this analysis.
during this survey (health investigation in the area of Vienna) and a second one using
standard epidemiological sampling [Madersbacher et al., 1998a; Haidinger et al.,
1999]. It is worth noting that both studies yielded comparable results regarding
prevalence rates of LUTS in elderly men, indicating that the current sampling tech-
nique seems to be representative for an aging Austrian population. Whether this is
also true for women as well as the prevalence of urinary incontinence is open for
discussion, although the above-mentioned studies suggest that that it is.

In general, our prevalence data of urinary incontinence fit well in the spectrum
of previously published series. First of all, this study confirms that urinary inconti-
nence is significantly more prevalent in women than in men in all life decades
[Diokno et al., 1986; Schulman et al., 1997]. In our series, prevalence of urinary
incontinence was 6.8-fold higher in women than in men ($P < 0.0001$).

Recently, Hampel et al. [1997] performed a meta-analysis of 48 epidemiological
studies of urinary incontinence on women published between 1954 and 1995. In the
youngest age group (<30 years), a more regular loss of urine was seen in 5–16%, in
our series this percentage was 4.1% [Hampel et al., 1997]. In middle-aged women
(30–60 years), the respective percentages ranged between 14–41% with a mean value
of 24.5%, present series: 24.8% [Hampel et al., 1997]. In the older age group (> 60
years), the respective percentages range from 4.5–44% with a mean value of 23.5%;
present study: 36.5% [Hampel et al., 1997]. In general, surveys combining subjective
and objective data generally resulted in lower percentages than those selectively using
subjective data, institutionalized or impaired women have significantly higher incon-
tinence rates. For a pure prevalence study such as the present one, we believe that it
is sufficient to use a detailed questionnaire and that objectivation is not mandatory.

Data on urinary incontinence of men were less frequently reported. Damian et
al. [1998] interviewed a representative sample of elderly Spanish inhabitants aged 65
years or older living and yielded percentages of approximately 15% (definition of
urinary incontinence: Do you currently experience any difficulty in controlling your
urine? (in other words, does your urine escape involuntarily?). Diokno et al. [1986]
studied the prevalence of urological symptoms including urinary incontinence (defi-
nition of urinary incontinence: loss of urine of any volume beyond voluntary control)
in 1,955 senior citizens (≥ 60 years) in Washtenaw County, Michigan (1986). Urinary
incontinence was reported by 18.9% of men. In our series, 11.2% of men aged 60
years or older reported on an incontinence episode during the past 4 weeks. Similar
data were recently reported for Sweden and Belgium. Malmsten et al. [1997] deter-
mined by a postal questionnaire (exact definition not given) an overall incontinence
rate of men aged 45 years or older and found a linear increase from 3.6% (45 years;
present study: 3.9%) to 28.2% in those older than 90 years (present study: 22.2% for
those older than 80 years). Schulman et al. [1997] studied prevalence rates in 2,499
men aged 30 years or older and observed that 5.2% of men experienced incontinence
episodes, Brocklehurst’s [1993] study, 6.6%; the present study, 5.0%. Based on these
large-scale studies one can estimate that approximately one in 20 men have urinary
incontinence.

As expected, stress urinary incontinence was more prevalent in incontinent
women (92.0%) than in men (29.5%) (Table I). The prevalence of urge incontinence,
in contrast, was identical in both sexes (women: 53.7%; men: 53.4%). The urody-
namic basis for this observation is the fact that detrusor instability is demonstrable at a high percentage in aging individuals of both sexes [Madersbacher et al., 1998b]. The high prevalence of post-void dribbling in men is related to the age-related increase of LUTS in elderly men [Madersbacher et al., 1998a].

One of the major attractions of the Bristol Female LUTS questionnaire, besides its extensive previous validation, is that it contains a number of quality of life items (including sexual function) [Jackson et al., 1995, 1996]. The impact of a number of aspects of urinary incontinence on quality of life was usually rated according to four categories: not a problem, a bit of problem, quite a problem, a serious problem [Jackson et al., 1996].

Little is known regarding the impact of urinary incontinence on sexual function [Berglund and Fugl-Meyer, 1996]. To our knowledge, this is the first large-scale survey analyzing the impact of urinary incontinence on sexual function in both sexes; 69.5% of incontinent men and 74.9% of incontinent women neglected any negative effect of urinary incontinence on their sexual life. Furthermore, 20.3% (men) or 18.7% (women) indicated only a minimal impairment. Moderate/severe impairment of sexual life was reported by 10.2% of incontinent men and 6.4% of incontinent women. In general, there was a close correlation between impairment of sexual life and quality of life by urinary incontinence. Obviously, impairment of sexual function is not a problem or only a minor one for the majority of incontinent individuals.

The impact of urinary incontinence on quality of life was comparable for both sexes ($P > 0.05$). More than one third of incontinent individuals (41.7% of men/34.3% of women) neglected any negative effect of their incontinence status on quality of life and. Minimal impairment was reported by 47.4% of women and 41.7% of men, 18.3% of women and 16.6% of men reported that their incontinence status had a significant impact on quality of life. Extrapolating these data to the general population in Austria, it is estimated that approximately 2.9% (one in 30) of men and 17.3% (one in five) of women currently living in Austria experience urinary incontinence, i.e., have a minimal/moderate/severe impact on quality of life. These data are in good agreement to the literature. Schulman et al. [1997], for instance, observed that only 30% of those affected reported on a negative effect of their incontinence status on quality of life. The impact on quality of life was, in part, dependent on the type of urinary incontinence. Stress urinary incontinence was more bothersome for women, whereas nocturnal incontinence and post-void dribbling was more bothersome for men. As we observed a close correlation between the degree of urinary incontinence and the degree of bother, one can speculate that these gender-specific differences are in part owing to the fact that stress urinary incontinence was more severe in women, whereas post-void dribbling was more pronounced in men. Urge urinary incontinence had a similar bother-impact in both sexes.

Despite major efforts of a number of non-profit organizations to enhance basic knowledge and public awareness for this disorder in Austria during the past years, it is surprising that only 5.1% of incontinent women and 16.1% of incontinent men in the current survey are at present seeking medical help for this condition. Similar low percentages were observed by others [Fultz and Herzog, 1996; Damian et al., 1998; Roberts, 1998]. According to our study, Roberts et al. [1998] observed a significantly higher percentage for men (29%) than women (13%) who consulted a doctor for urinary incontinence. It seems that particularly (elderly) women are more prone to accept urinary incontinence as an inevitable consequence of aging than men do.
CONCLUSION

By using a German version of the Bristol LUTS female questionnaire, we assessed the prevalence of urinary incontinence in an urban population. Overall 26.3% of women and 5.0% of men reported on incontinence episodes during a 4-week period. Although only 65.7% of women and 58.3% men with urinary incontinence reported on an impairment of quality of life, these data underline the high prevalence and socioeconomic implications of this disorder. The impact of urinary incontinence on quality of life is significantly higher than on sexual function. The observation that only 5.1% of women and 16.1% of men with incontinence had previously consulted a doctor for their condition indicates that, despite recent efforts, this condition is still considered taboo by the majority of affected people and indicates the urgent need for appropriate information to enhance public awareness.

REFERENCES


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APPENDIX: Incontinence questionnaire

1. Have you leaked any urine at all during the past 4 weeks?
   No [ ] Please go to Q12 (not shown herein)
   Yes [ ] Please go to Q2 below

2a. How often do you leak urine?
   About once a week or less often [ ]
   2 or 3 times a week [ ]
   About once a day [ ]
   Several times a day [ ]
   All the time [ ]

2b. How much of a problem is this for you?
   Not a problem [ ]
   A bit of a problem [ ]
   Quite a problem [ ]
   A serious problem [ ]

3. Do you usually protect yourself against urine leaking? (tick as many as you want)
   No, I ignore the problem [ ]
   Yes, I use tissue paper [ ]
   Yes, I use mini pads [ ]
   Yes, I use sanitary pads or incontinence pads [ ]
   Yes, I use something else (please specify)
4a. How much urine usually leaks?
   Enough to make underwear/pads damp [ ]
   Enough to make underwear/pads wet [ ]
   Enough to wet outer clothes [ ]
   Urine runs down legs onto floor [ ]

4b. How much of a problem is this for you?
   Not a problem [ ]
   A bit of a problem [ ]
   Quite a problem [ ]
   A serious problem [ ]

5. Overall, how much does leaking urine interfere with your life?
   Not at all [ ]
   A little [ ]
   Somewhat [ ]
   A great deal [ ]

6. To what extent do you feel that your sex life has been spoiled by urinary leakage?
   Not at all [ ]
   A little [ ]
   Somewhat [ ]
   A great deal [ ]

7a. How often does urine leak when you are physically active, cough or sneeze?
   Never [ ]
   About once a week or less often [ ]
   2 or 3 times a week [ ]
   About once a day [ ]
   Several times a day [ ]
   All the time [ ]

7b. How much of a problem is this for you?
   Not a problem [ ]
   A bit of a problem [ ]
   Quite a problem [ ]
   A serious problem [ ]

8a. How often does urine leak urine for no obvious reason and without feeling?
   Never [ ]
   About once a week or less often [ ]
   2 or 3 times a week [ ]
   About once a day [ ]
   Several times a day [ ]
   All the time [ ]

8b. How much of a problem is this for you?
   Not a problem [ ]
   A bit of a problem [ ]
   Quite a problem [ ]
   A serious problem [ ]
9a. How often does urine leak urine before you can get to the toilet?
   Never [    ]
   About once a week or less often [    ]
   2 or 3 times a week [    ]
   About once a day [    ]
   Several times a day [    ]
   All the time [    ]

9b. How much of a problem is this for you?
   Not a problem [    ]
   A bit of a problem [    ]
   Quite a problem [    ]
   A serious problem [    ]

10a. How often does urine leak when you are asleep?
    Never [    ]
    About once a week or less often [    ]
    2 or 3 times a week [    ]
    About once a day [    ]
    Several times a day [    ]
    All the time [    ]

10b. How much of a problem is this for you?
    Not a problem [    ]
    A bit of a problem [    ]
    Quite a problem [    ]
    A serious problem [    ]

11a. How often have you leaked urine after you thought you had finished
     urinating and dressed yourself?
     Never [    ]
     About once a week or less often [    ]
     2 or 3 times a week [    ]
     About once a day [    ]
     Several times a day [    ]
     All the time [    ]

11b. How much of a problem is this for you?
    Not a problem [    ]
    A bit of a problem [    ]
    Quite a problem [    ]
    A serious problem [    ]