

Report supplementary material 1 – TRIUMPH booklet administration checklist

Questionnaire/bladder diary scores		Drinks and water intake	Controlling bladder leakage	Controlling urgent need to urinate	Emptying bladder completely	Getting rid of the last drops	Reducing sleep disturbance	GP consultation
IPSS	Q1 score <i>Incomplete emptying</i>				Score of 3 or more <input type="checkbox"/>			
	Q2 score <i>Frequency</i>	Score of 3 or more <input type="checkbox"/>						
	Q4 score <i>Urgency</i>			Score of 3 or more <input type="checkbox"/>				
	Q7 score <i>Nocturia</i>	Score of 1 or more <input type="checkbox"/>					Score of 1 or more <input type="checkbox"/>	
ICIQ UI SF	Q1 score <i>How often leak</i>		Score of 1 or more <input type="checkbox"/>					
	Q4 part 2 <i>Leak before toilet</i>			Yes <input type="checkbox"/>				
	Q4 part 3 <i>Leak cough/sneeze</i>		Yes <input type="checkbox"/>					
	Q4 part 4 <i>Leak asleep</i>							Yes <input type="checkbox"/>
	Q4 part 5 <i>Leak active</i>		Yes <input type="checkbox"/>					
	Q4 part 6 <i>Leak after urinating</i>					Yes <input type="checkbox"/>		
	Q4 part 7 <i>Leak no reason</i>							Yes <input type="checkbox"/>
	Q4 part 8 <i>Leak all the time</i>							Yes <input type="checkbox"/>
Bladder diary*	24 hour fluid intake	2L or more <input type="checkbox"/>						
	No. of caffeine & alcoholic drinks daily	More than 2 drinks <input type="checkbox"/>						
	No. times passes urine in the day	8 or more times <input type="checkbox"/>						
	No. times passes urine at night	1 or more times <input type="checkbox"/>					1 or more times <input type="checkbox"/>	
	Sensation score		Score of 4 <input type="checkbox"/>	Score of 3-4 <input type="checkbox"/>				

* the "worst" complete 24 hour given, "Day" = between waking and sleeping, "Night" = between sleeping and waking