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-useable 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 unsatisfied
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