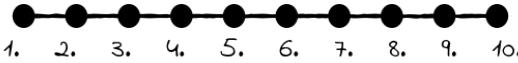
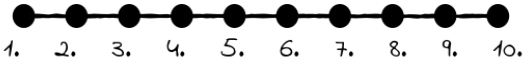
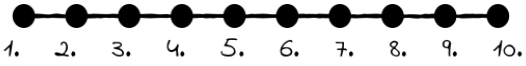
Supplementary File 2. Socio-demographic questionnaire.

1. Year of birth	.....
2. Nationality	o Italian o Other .....
3. Marital status	o Married / Co-habiting o Single o Separated / Divorced o Widow
4. Level of education	o None / Primary school (elementary) o Lower secondary school (middle school) o Upper secondary school (high school diploma) o Bachelor's degree / Master's degree / PhD
5. Weight (kg)	.....
6. Height (cm)	.....
7. Number of children	o 0 o 1 o 2 o 3 or more
8. Year of birth of the youngest child	.....
9. Type of delivery	o Vaginal delivery o Cesarean section o Both
10. Menopause	o Yes o No
11. Do you suffer from pelvic organ prolapse?	o Yes o No
12. Have you undergone any gynecological/urological surgery?	o Yes o No
13. If you answered 'Yes' to the previous question, please specify the type of surgery and the year it was performed	• Surgery/ies ..... • Year.....
14. Do you suffer from any other conditions?	o Yes o No
15. If you answered 'Yes' to the previous question, please specify which conditions	.....
16. Period of onset of symptoms	o 6 months ago or less o Between 6 and 12 months ago o From 2 to 5 years ago o From 6 to 10 years ago o More than 10 years ago
17. Frequency of urinary incontinence episodes	o Once a week or less [1] o Two to three times a week [2] o About once a day [3] o Several times a day [4] o Continuously [5]
18. Amount of urinary leakage	o Small (a few drops) [2] o Moderate (wet panty liners or absorbents) [4] o Significant (soaked panty liners or absorbents) [6]
19. Circumstance of urinary leakage (More than one answer possible)	o I experience urinary leakage before reaching the bathroom o I experience urinary leakage when coughing or sneezing o I experience urinary leakage while I am asleep o I experience urinary leakage when I am moving and during physical activity o I experience urinary leakage after I have finished urinating and got dressed o I experience urinary leakage without any particular reason o I experience urinary leakage continuously
20. From 1 (very little) to 10 (very much), how well-informed do you consider yourself on the topic of urinary incontinence?	

21. What resources or professionals have you consulted to address your questions about urinary incontinence? (More than one answer possible)	o Internet o Television o Social media o Friends o Relatives (please specify.....) o Health professionals (please specify.....) o Other (please specify.....) o None
22. Among people close to you (friends/family), have you had experience with others who have urinary incontinence?	o Yes o No
23. From 1 (very little) to 10 (very much), to what extent has urinary leakage interfered with your daily life?	
24. Has your symptomatology affected your sexual life?	o Not at all o Very little o A little o A lot
25. Have your urinary leakages led to absenteeism or reduced productivity at work?	o No o Yes, rarely o Yes, sometimes o Yes, often
26. Could you provide an estimate of your weekly expenditure on hygiene products specifically for urinary leakage (pads, cleaners, etc.)?	o I do not purchase any specific products for urinary leakage o I spend less than 3 euros per week o I spend less than 5 euros per week o I spend between 6 and 10 euros per week o I spend more than 10 euros a week
27. What expenses are you incurring for visits and treatments at the Pelvic Floor Rehabilitation Clinic, and how many are there?	.....
28. How long have you been receiving care at the Pelvic Floor Rehabilitation Clinic?	.....
29. How many rehabilitation sessions have you completed so far?	

Note. Questions 17, 18, 19 and 20 constitute the ICIQ-UI SF, and the total score is calculated by summing the scores from questions 17, 18 and 20 [scores provided in square brackets].