

Supplementary file 1.

	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied
How satisfied are you with your treatment for incontinence?					
How satisfied are you with the incontinence materials you use?					
To what extent are you satisfied with the freedom of choice regarding the care/treatment of you incontinence?					
To what extent are you satisfied with the freedom of choice regarding the choice of incontinence materials?					
To what extent do the incontinence materials support your sleep?					
To what extent do the incontinence materials support your daytime activities?					