

# Use of fermented red clover isoflavones in the treatment of overactive bladder in postmenopausal women: A randomized, double-blinded, placebo-controlled trial

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**Supplemental file S1: ICIQ-OAB used in the study**

Participant ID:

## Overactive bladder ICIQ-OAB 08/04

Many people experience urinary symptoms some of the time. We are trying to find out how many people experience urinary symptoms, and how much they bother them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

1. Please write in your date of birth:

□ □   □ □   □ □ □ □

Day      Month      Year

3a. *How often do you pass urine during the day?*

Every hour

3

Every second hour

2

Every third hour

1

Every fourth hour or more

0

3. *How much does this bother you?*

*Please ring a number between 0 (not at all) and 10 (a great deal)*

0 1 2 3 4 5 6 7 8 9 10  
not at all a great deal

4a. *During the night, how many times do you have to get up to urinate, on average?*

None

0

One time

1

Two times

2

### Three times

 $\overline{\square} \quad 3$ 

Four times or more

4

4b. *How much does this bother you?*

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10  
not at all a great deal

5a. *Do you have to rush to the toilet to urinate?*

|                  |                          |   |
|------------------|--------------------------|---|
| Never            | <input type="checkbox"/> | 0 |
| Occasionally     | <input type="checkbox"/> | 1 |
| Sometimes        | <input type="checkbox"/> | 2 |
| Most of the time | <input type="checkbox"/> | 3 |
| All of the time  | <input type="checkbox"/> | 4 |

5b. *How much does this bother you?*  
*Please ring a number between 0 (not at all) and 10 (a great deal)*

|            |   |   |   |   |   |   |   |   |   |              |
|------------|---|---|---|---|---|---|---|---|---|--------------|
| 0          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10           |
| not at all |   |   |   |   |   |   |   |   |   | a great deal |

6a. *Does urine involuntary leak immediately after feeling the urge to urinate?*

|                           |                          |   |
|---------------------------|--------------------------|---|
| Never                     | <input type="checkbox"/> | 0 |
| Once a week or less often | <input type="checkbox"/> | 1 |
| Two or three times a week | <input type="checkbox"/> | 2 |
| Once daily                | <input type="checkbox"/> | 3 |
| Several times a day       | <input type="checkbox"/> | 4 |
| All the time              | <input type="checkbox"/> | 5 |

6b. *How much does this bother you?*  
*Please ring a number between 0 (not at all) and 10 (a great deal)*

|            |   |   |   |   |   |   |   |   |   |              |
|------------|---|---|---|---|---|---|---|---|---|--------------|
| 0          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10           |
| not at all |   |   |   |   |   |   |   |   |   | a great deal |

**Thank you very much for answering these questions.**