

Appendix 1 Outpatient Doctors Survey

Thanks for entering this questionnaire in your busy schedule. This questionnaire is a questionnaire initiated by the General Urology team of Xiangya Hospital of Central South University. The data in this questionnaire will not be used for purposes other than scientific research, and the identity of the respondent cannot be known in the background. The questionnaire takes 3-5 minutes. Please be sure to answer according to your actual situation. Thanks for your support.

1. Your gender [multiple choice]

- Male
- Female

2. Your age [fill in the blank question]

3. Your height (cm) [fill in the blank question]

4. Your weight (kg) [fill in the blank question]

5. Your department [multiple choice]

- Surgeon
- Non surgeon

6. Your marital status [multiple choice]

- Married
- Unmarried
- Divorced

7. How long do you sit in an outpatient clinic each week? [multiple choice]

- 0 day
- 0.5 day
- 1 days
- 1.5 days
- 2 days
- 2.5 days
- 3 days
- 3.5 days
- 4 days
- 4.5 days
- 5 days
- 5.5 days
- 6 days

8. Do you smoke? [multiple choice]

- Yes
- No

9. Do you drink [multiple choice]

- Yes
- No

10. Do you have one of the following conditions: history of urinary tract infections, urethral stricture, benign prostatic hyperplasia, urinary tract tumor, urological surgery history or trauma, neurogenic bladder dysfunction, and known

urinary system malignant diseases [multiple choice]

- Yes
- No

11. During the last month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating? [multiple choice]

- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

12. During the last month or so, how often have you had to urinate again less than 2 hours after you finished urinating? [multiple choice]

- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

13. During the last month or so, how often have you found you stopped and started again several times when you urinated? [multiple choice]

- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

14. During the last month or so, how often have you found it difficult to postpone urination? [multiple choice]

- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

15. During the last month or so, how often have you had a weak urinary stream? [multiple choice]

- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

16. during the last month or so, how often have you had to push or strain to begin urination? [multiple choice]
- Not at all
 - Less than 1 time in 5
 - Less than half the time
 - About half the time
 - More than half the time
 - Almost always
17. During the last month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning? [multiple choice]
- None
 - 1 time
 - 2 times
 - 3 times
 - 4 times
 - 5 or more times
18. If you were to spend the rest of your life with your prostate symptoms just as they are now, how would you feel about that? [multiple choice]
- Delighted
 - Pleased
 - Mostly satisfied
 - Mixed (about equally satisfied and dissatisfied)
 - Mostly dissatisfied
 - Unhappy
 - Terrible
19. Sleep induction (time it takes you to fall asleep after turning off the lights) [multiple choice]
- No problem
 - Slightly delayed
 - Markedly delayed
 - Very delayed or did not sleep at all
20. Awakenings during the night [multiple choice]
- No problem
 - Minor problem
 - Considerable problem
 - Serious problem or did not sleep at all
21. Final awakening earlier than desired [multiple choice]
- Not earlier
 - A little earlier
 - Markedly earlier
 - Much earlier or did not sleep at all
22. Total sleep duration [multiple choice]
- Sufficient
 - Slightly insufficient
 - Markedly insufficient

- Very insufficient or did not sleep at all
23. Overall quality of sleep (no matter how long you slept) [multiple choice]
- Satisfactory
 - Slightly unsatisfactory
 - Markedly unsatisfactory
 - Very unsatisfactory or did not sleep at all
24. Sense of well-being during the day [multiple choice]
- Normal
 - Slightly decreased
 - Markedly decreased
 - Very decreased
25. Functioning (physical and mental) during the day [multiple choice]
- Normal
 - Slightly decreased
 - Markedly decreased
 - Very decreased
26. Sleepiness during the day [multiple choice]
- None
 - Mild
 - Considerable
 - Intense
27. How do you rate your confidence that you could get and keep an erection? [multiple choice]
- Very low
 - Low
 - Moderate
 - High
 - Very high
28. When you had erections with sexual stimulation how often were your erections hard enough for penetration? [multiple choice]
- Almost never/never
 - A few times (much less than half the time)
 - Sometimes (about half the time)
 - Most times (much more than half the time)
 - Almost always/always
29. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner? [multiple choice]
- Almost never/never
 - A few times (much less than half the time)
 - Sometimes (about half the time)
 - Most times (much more than half the time)
 - Almost always/always

30. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse? [multiple choice]
- Extremely difficult
 - Very difficult
 - Difficult
 - Slightly difficult
 - Not difficult
31. When you attempted sexual intercourse, how often was it satisfactory for you? [multiple choice]
- Almost never/never
 - A few times (much less than half the time)
 - Sometimes (about half the time)
 - Most times (much more than half the time)
 - Almost always/always