**I) Preoperative questionnaire (all questionnaires translated from german)**

1) General contentment and quality of life

* *I describe my health condition as*  
  - Perfect - A little less than good
* Very good - Bad
* Good
* *General satisfaction with life*
* Absolutely - Usually not
* Most of the time - Not at all
* Sometimes

2) Feelings Never Sometimes Usually Always

* *I am feeling anxious and unsecure - - - -*
* *I am feeling down and depressed - - - -*
* *I do have pain and physically problems - - - -*

3) Everyday Life

* *Are you able to care for yourself?*
* I don´t have any problems to care for myself
* I have small problems in my everyday life and sometimes need assistance
* I often have problems in my everyday life and usually need assistance
* I have severe problems in my everyday life and always need assistance
* *Work, household and activity (e.g. going for a walk, ride bike, carrying things at home)*
* I do not have any problems
* Sometimes I am disabled in my everyday life
* I am often disabled in my everyday life
* I am not able to do anything on my ow

4) Physical health

* *I am contemplating about voiding urine permanently*
* Yes, and I do not feel save outside my house/my toilet
* Yes, and I sometime avoid situations, that were normal before I turned ill
* Yes, but I do not feel disabled
* No, I am not contemplating about voiding urine/ not more than healthy people
* *I do feel physically fit*
* Absolutely - Usually I do not feel physically fit
* Usually I feel fit - I do not feel physically fit at all
* *I have to rest during everyday life*
* I never have to rest - Sometimes I have to rest, after physical exercise
* I do rest most of the time - I rest all day long (e.g. sitting or lying in bed)
* *Sleep*
* I sleep well through the night without nocturnal voiding
* I usually sleep well and sometimes have to void at night
* I usually sleep lightly (e.g. fear to wet the bed)
* I do not sleep well (e.g. wet the bed, have to change clothes, bedclothes, pantyliner)
* *Digestion problems (e.g. diarrhea, obstipation, nausea, vomiting)*
* I do not have digestion problems
* I do have digestion problems rarely
* I often have digestion problems and help myself with domestic remedy
* I do have sever digestion problems and I am on medication for this
* *My sexual life is*
* Very good - Bad (e.g. potency problems, need for medical assistance)
* Good - I am not having a sexual life at all

5) Continence

* *Do you have problems with your continence?*
* No, I am continent (no loss of urine during night, at work, exercise or sports)
* I sometimes lose urine (during night, hard exercise)
* I lose urine when I laugh, cough or sneeze (light exercise / 1-2 pantyliner)
* I have severe continence problems (without exercise / more than 3 pantyliner)
* *Do you fear to not reach the toilet in time? (urge incontinence)*
* Never - sometimes
* Rarely - always
* *Did your continence situation change during the last months?*
* It became continuously better
* It became lightly better
* No change at all
* It became continuously worse

**II) Postoperative questionnaire – ileal conduit**

1) General contentment and quality of life

* *I describe my health condition as*  
  - Perfect - A little less than good
* Very good - Bad
* Good
* *Am I satisfied with my life?*
* Absolutely - Usually not
* Most of the time - Not at all
* Sometimes

2) Surgery

* *Since I underwent surgery, I feel*
* A lot better, than before - No difference before and after surgery
* A little better, than before - Worse, than before surgery
* *If I could turn back time, I would decide for this surgery again*
* Absolutely yes - No, I don´t think so
* Yes, I think so - Absolutely not
* *I do talk about my illness and the operation openly*
* Yes, that is right
* I avoid talking about it
* I feel awful about it
* *I am contemplating about my urine bag permanently*
* Yes, and I do not feel save outside my house/my toilet
* Yes, and I sometime avoid situations, that were normal for me before I underwent surgery
* Yes, but I do not feel disabled
* No, I do not contemplate more than healthy people

3) Feelings

Never Sometimes Usually Always

* *I am feeling anxious and unsecure - - - -*
* *I am feeling down and depressed - - - -*
* *I do have pain and physically problems - - - -*

4) Everyday Life

* *Are you able to care for yourself?*
* I don´t have any problems to care for myself
* I have small problems in my everyday life and sometimes need outside assistance
* I often have problems in my everyday life and usually need outside assistance
* I have severe problems in my everyday life and always need outside assistance
* *Work, household and activity (e.g. going for a walk, ride bike, carrying things at home)*
* I do not have any problems
* Sometimes I am disabled in my everyday life
* Often I am disabled in my everyday life
* I am not able to do anything on my own

5) Physical health

* *I do feel physically fit*
* Absolutely - Usually I do not feel physically fit
* Usually I feel fit - I do not feel physically fit at all
* *I have to rest during everyday life*
* I never have to rest - Sometimes I have to rest, after physical exercise
* I do rest most of the time - I rest all day long (e.g. sitting or lying in bed)
* *Sleep*
* I sleep better, than before surgery
* The surgery did not change my sleeping habits
* I usually sleep lightly (e.g. fear to wet the bed/ leaking urine bag)
* I do not sleep well (e.g. leaking urine bag, wet the bed, have to change clothes, bedclothes, urine bag)
* *Digestion problems (e.g. diarrhea, obstipation, nausea, vomiting)*
* I do not have digestion problems
* I do have digestion problems rarely
* I often have digestion problems and help myself with domestic remedy
* I do have sever digestion problems and I am on medication for this
* *My sexual life is*
* Better, than before surgery - Bad (e.g. potency problems, need for medical assistance)
* The surgery did not change my sexual life - I am not having a sexual life at all

6) Continence/ Stoma handling

* *Do you have problems with stoma handling since you underwent surgery? (e.g. skin care, changing bags)*
* No, I do not have any problems and I care for myself
* I rarely need outside assistance
* I sometimes need outside assistance
* I have severe problems and always need outside assistance
* *I am content with my urinary bag?*
* Yes, and the bag is leak-proof - Yes, but I sometimes lose urine beside the bag
* Yes, although I rarely lose urine beside the bag - No, because I often lose urine beside the bag
* *Did stoma handling change since you underwent surgery?*
* It became continuously better - No change at all
* It became lightly better - It became continuously worse

**III) Postoperative questionnaire – neobladder**

1) General contentment and quality of life

* *I describe my health condition as*  
  - Perfect - A little less than good
* Very good - Bad
* Good
* *I am satisfied with my life*
* Absolutely - Usually not
* Most of the time - Not at all
* Sometimes

2) Operation

* *Since I underwent surgery, I feel*
* A lot better, than before - No difference before and after surgery
* A little better, than before - Worse, than before surgery
* *If I could turn back time, I would decide for this surgery again*
* Absolutely yes - No, I don´t think so
* Yes, I think so - Absolutely not
* *I do talk about my illness and the operation openly*
* Yes, that is right
* I avoid talking about it
* I feel awful about it
* *I am contemplating about voiding urine permanently*
* Yes, and I do not feel save outside my house/my toilet
* Yes, and I sometime avoid situations, that were normal before I underwent surgery
* Yes, but I do not feel disabled
* No, I am not contemplating more than healthy people

3) Feelings

Never Sometimes Usually Always

* *I am feeling anxious and unsecure - - - -*
* *I am feeling down and depressed - - - -*
* *I do have pain and physically problems - - - -*

4) Everyday Life

* *Are you able to care for yourself?*
* I don´t have any problems to care for myself
* I have small problems in my everyday life and sometimes need outside assistance
* I often have problems in my everyday life and usually need outside assistance
* I have severe problems in my everyday life and always need outside assistance
* *Work, household and activity (e.g. going for a walk, ride bike, carrying things at home)*
* I do not have any problems
* Sometimes I am disabled in my everyday life
* Often I am disabled in my everyday life
* I am not able to do anything on my own

5) Physical health

* *I do feel physically fit*
* Absolutely - Usually I do not feel physically fit
* Usually I feel fit - I do not feel physically fit at all
* *I have to rest during everyday life*
* I never have to rest - Sometimes I have to rest, after physical exercise
* I do rest most of the time - I rest all day long (e.g. sitting or lying in bed)
* *Sleep*
* I sleep better than before surgery
* The surgery did not change my sleeping habits
* I usually sleep lightly (e.g. fear to wet the bed)
* I do not sleep well (e.g. wet the bed, have to change clothes, bedclothes, pantyliner)
* *Digestion problems (e.g. diarrhea, obstipation, nausea, vomiting)*
* I do not have digestion problems
* I do have digestion problems rarely
* I often have digestion problems and help myself with domestic remedy
* I do have sever digestion problems and I am on medication for this
* *My sexual life is*
* Better, than before surgery - Bad (e.g. potency problems, need for medical assistance)
* The surgery did not change my sexual life - I am not having a sexual life at all

6) Continence

* *Do you have problems with your continence since you underwent surgery?*
* No, I am continent (no loss of urine during night, at work, exercise or sports)
* I sometimes lose urine (during night, hard exercise)
* I lose urine when I laugh, cough or sneeze (light exercise / 1-2 pantyliner)
* I have severe continence problems (without exercise / more than 3 pantyliner)
* *Do you fear to not reach the toilet in time? (urge incontinence)*
* Never - Sometimes
* Rarely - Always
* *Did your continence situation change since you underwent surgery?*
* It became continuously better - No change at all
* It became lightly better - It became continuously worse

**IV) Postoperative questionnaire – ileocoecal pouch**

1) General contentment and quality of life

* *I describe my health condition as*  
  - Perfect - A little less than good
* Very good - Bad
* Good
* *Am I satisfied with my life?*
* Absolutely - Usually not
* Most of the time - Not at all
* Sometimes

2) Operation

* *Since I underwent surgery, I feel*
* A lot better, than before - No difference before and after surgery
* A little better, than before - Worse, than before surgery
* *If I could turn back time, I would decide for this surgery again*
* Absolutely yes - No, I don´t think so
* Yes, I think so - Absolutely not
* *I do talk about my illness and the operation openly*
* Yes, that is right
* I avoid talking about it
* I feel awful about it
* *I am contemplating about about self-catheterism permanently*
* Yes, and I do not feel save outside my house/my toilet
* Yes, and I sometime avoid situations, that were normal before I underwent surgery
* Yes, but I do not feel disabled
* No, I am not contemplating more than healthy people

3) Feelings

Never Sometimes Usually Always

* *I am feeling anxious and unsecure - - - -*
* *I am feeling down and depressed - - - -*
* *I do have pain and physically problems - - - -*

4) Everyday Life

* *Are you able to care for yourself?*
* I don´t have any problems to care for myself
* I have small problems in my everyday life and sometimes need outside assistance
* I often have problems in my everyday life and usually need outside assistance
* I have severe problems in my everyday life and always need outside assistance
* *Work, household and activity (e.g. going for a walk, ride bike, carrying things at home)*
* I do not have any problems
* Sometimes I am disabled in my everyday life
* Often I am disabled in my everyday life
* I am not able to do anything on my own

5) Physical health

* *I do feel physically fit*
* Absolutely - Usually I do not feel physically fit
* Usually I feel fit - I do not feel physically fit at all
* *I have to rest during everyday life*
* I never have to rest - Sometimes I have to rest, after physical exercise
* I do rest most of the time - I rest all day long (e.g. sitting or lying in bed)
* *Sleep*
* I sleep better, than before surgery
* The surgery did not change my sleeping habits
* I usually sleep lightly (e.g. fear to wet the bed/ leaking stoma)
* I do not sleep well (e.g. leaking stoma, wet the bed, have to change clothes, bedclothes)
* *Digestion problems (e.g. diarrhea, obstipation, nausea, vomiting)*
* I do not have digestion problems
* I do have digestion problems rarely
* I often have digestion problems and help myself with domestic remedy
* I do have sever digestion problems and I am on medication for this
* *My sexual life is*
* Better, than before surgery - Bad (e.g. impotence, need for medical assistance)
* The surgery did not change my sexual life - I am not having sex at all

6) Continence

* *Do you have problems with your self-catheterism (CIC= clean intermittent catheterization)?*
* It works unproblematically. I care for myself (5/5 successful CIC)
* I sometimes have light problems with CIC. It does not always work at first try (4/5)
* I usually have problems with CIC and need outside assistance or a mirror (2-3/5)
* I have severe problems with CIC and often need outside assistance or have to try often (1/5)
* *The umbilical/cutaneous stoma is leak-proof*
* Yes, I never lose urine - Yes, but I lose urine at light exercise
* Yes, but I lose urine at hard exercise - No, I usually lose urine
* *Did the self-catheterism change since you underwent surgery?*
* It became continuously better - No change at all
* It became lightly better - It became continuously worse