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Article

Incontinence Quiz (IQ): Translation, Cross-Cultural Adaptation, and Psychometric Validation of the French Version

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Highlights

What are the main findings?

- The French version of the Incontinence Quiz (IQ) showed acceptable internal consistency and good test–retest reliability.
- Exploratory factor analysis supported a multidimensional structure explaining 54.5% of the total variance.

What are the implications of the main findings?

- The French IQ can be used to assess knowledge about urinary incontinence in French-speaking women in educational and research settings.
- Availability of a validated French instrument facilitates international comparisons and the development of pelvic health educational interventions.

Abstract

Background/Objectives: Urinary incontinence (UI) is common among women and is often underreported and undertreated, partly due to limited health literacy and persistent misconceptions regarding its causes and management. Instruments that reliably assess knowledge about UI are important for identifying educational needs and evaluating the impact of educational interventions. Although the Incontinence Quiz (IQ) has been validated in other languages, no psychometrically tested French version was previously available. This study aimed to translate, culturally adapt, and evaluate the measurement properties of the French version of the Incontinence Quiz (IQ-Fr) in adult women, following internationally recommended procedures for cross-cultural adaptation. **Methods:** A methodological validation study with a two-sample design was conducted. An extended sample (N = 289) was used to examine internal consistency and internal structure, while a validation subsample (n = 40) was used to assess construct validity, divergent validity, and test–retest reliability. The translation process included forward translation, synthesis, back-translation, expert committee review, and pretesting. Internal consistency was assessed using Cronbach’s alpha. Exploratory factor analysis was performed using principal component analysis with Varimax rotation. Construct validity was examined through correlations with age, divergent validity through correlations with the Ditrovie quality-of-life questionnaire, and test–retest reliability using Pearson correlations over a one-week interval. **Results:** In the extended sample, the IQ-Fr showed acceptable internal consistency (Cronbach’s alpha = 0.654). Exploratory factor analysis suggested a five-component structure explaining 54.5% of the total variance. In the validation subsample, age was inversely correlated with the ‘Causes of urinary incontinence’ domain ($r = -0.364$, $p < 0.001$) and weakly correlated with the total score ($r = -0.127$, $p = 0.031$). No significant correlations were found between IQ and Ditrovie scores, supporting divergent validity. Test–retest correlations ranged from 0.65 to 0.89 for domain scores and were 0.78 for the total score. **Conclusions:** The French version of the Incontinence Quiz demonstrates acceptable reliability, supportive evidence of validity, and good short-term

reproducibility for assessing knowledge about urinary incontinence in adult women. The IQ-Fr can be used in research and educational contexts in French-speaking populations.

Keywords: urinary incontinence; knowledge; questionnaire; psychometric validation; cross-cultural adaptation; women

1. Introduction

Urinary incontinence (UI), defined as any involuntary loss of urine, is a highly prevalent condition among women across the lifespan and represents an important public health concern. Epidemiological studies estimate that between 25% and 45% of adult women experience UI, with prevalence increasing with age but remaining substantial in younger populations as well [1,2]. Beyond its physical symptoms, UI is associated with psychological distress, social withdrawal, reduced participation in daily and physical activities, and diminished quality of life, making it relevant not only to clinical care but also to broader health and social well-being [1–3].

Despite the availability of effective conservative treatments—such as pelvic floor muscle training and behavioural strategies recommended as first-line interventions—UI remains frequently underreported and undertreated [4]. Many women normalize symptoms as an inevitable consequence of ageing or childbirth, delay seeking care, or avoid discussing the problem with health professionals [5]. Stigma, embarrassment, misconceptions, and limited health literacy have been consistently identified as key barriers to disclosure and timely management [3,6,7]. These factors highlight the need for reliable tools to assess knowledge and misconceptions about UI, both for research and educational purposes.

Valid and culturally appropriate instruments are essential to identify educational needs, design targeted interventions, and evaluate their effectiveness [8]. The Incontinence Quiz (IQ), originally developed by Branch and colleagues, is a brief questionnaire designed to assess knowledge and beliefs related to UI, including its causes, treatments, and communication with healthcare professionals [5]. However, simple translation of instruments is insufficient; rigorous cross-cultural adaptation and psychometric validation are required to ensure conceptual equivalence, clarity, and measurement validity across languages and cultures [6,7,9,10]. A Portuguese version of the IQ has previously demonstrated acceptable reliability and reproducibility, supporting its use in educational and research contexts [11]. Nevertheless, no validated French version was available, despite French being widely used in clinical practice and research across Europe, Canada, and Africa. This represents a relevant gap for standardized assessment of UI-related knowledge in French-speaking populations.

Therefore, the aim of this study was to translate and culturally adapt the Incontinence Quiz into French and to evaluate its psychometric properties in adult women, including internal consistency, internal structure, construct validity, divergent validity, and test–retest reliability. Overall, the findings indicate that the French version of the IQ presents acceptable reliability and supportive evidence of validity for use in research and educational settings.

2. Materials and Methods

2.1. Study Design

This study was a methodological cross-cultural adaptation and psychometric validation of a health-related knowledge questionnaire. The study followed internationally accepted guidelines for translation and validation of patient-reported outcome measures, including structured translation procedures and evaluation of measurement properties (reliability and validity)[9,10,12]. A two-sample design was employed: an extended sample for internal consistency and internal structure analyses, and an independent validation subsample for construct validity, divergent validity, and test–retest reliability. This study was reported in accordance with the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) guidelines for cross-sectional studies and the

COSMIN recommendations for studies on measurement properties of patient-reported outcome measures [13]. A completed STROBE checklist is provided as supplementary material.

2.2. Instrument

The Incontinence Quiz (IQ) is a 14-item questionnaire originally developed to assess knowledge and beliefs about urinary incontinence (UI) [5]. Items are presented as statements to which participants respond “agree”, “disagree”, or “don’t know”. One point is awarded for each correct answer, yielding a total score ranging from 0 to 14, with higher scores indicating greater knowledge. Conceptually, items cover four domains [5]: (1) ageing and UI, (2) causes of UI, (3) communication with health professionals, and (4) treatments and consequences of UI. No modifications were made to the original structure or scoring system in the French version.

2.3. Translation and Cross-Cultural Adaptation

The translation and cultural adaptation process followed standardized international recommendations [9,10]. The procedure included:

1. Forward translation: Two independent bilingual translators produced separate French translations of the original IQ.
2. Synthesis: The two translations were compared and merged into a single reconciled version.
3. Back-translation: An independent translator, blinded to the original questionnaire, translated the synthesized French version back into English.
4. Expert committee review: A multidisciplinary panel (including physiotherapists, a methodologist, and a language specialist) reviewed all versions to ensure semantic, idiomatic, experiential, and conceptual equivalence.
5. Pretesting: The pre-final version was tested with a small group of French-speaking women to assess clarity, comprehension, and cultural relevance. Minor wording adjustments were made accordingly.

2.4. Participants

Two convenience samples of adult women were recruited.

Validation sample (n = 40): Used for construct validity, divergent validity, and test–retest reliability. Inclusion criteria were: age ≥ 18 years, fluency in French, and ability to provide informed consent.

Extended sample (additional n = 249; total N = 289): Used to strengthen analyses of internal consistency and internal structure. Only participants with complete IQ responses were included.

No exclusion was applied based on urinary symptoms, as the objective was to evaluate knowledge in a general adult female population.

2.5. Data Collection

All participants completed the French version of the IQ (IQ-Fr). Sociodemographic data, including age, were collected using a brief questionnaire.

In the validation sample, participants also completed the Ditrovie questionnaire, a validated measure of urinary incontinence-related quality of life, to examine divergent validity [3].

For test–retest reliability, a subsample of 10 participants from the validation group completed the IQ-Fr again after one week under similar conditions.

2.6. Statistical Analysis

Descriptive statistics (means, standard deviations, frequencies) were used to characterize the samples and item responses.

- Internal consistency: Assessed using Cronbach’s alpha.

- Internal structure: Explored through principal component analysis (PCA) with Varimax rotation, retaining components with eigenvalues > 1[14].
- Construct validity: Evaluated using Pearson correlations between IQ-Fr scores and age.
- Divergent validity: Assessed via Pearson correlations between IQ-Fr scores and Ditrovie scores.
- Test-retest reliability: Examined using Pearson correlations between baseline and one-week follow-up scores.

Statistical significance was set at $p < 0.05$. All analyses were conducted using standard statistical software.

2.7. Ethics Approval

This study was conducted in accordance with the Declaration of Helsinki. Ethical approval was granted by the ISAVE Ethics Committee (approval no. 2024/03-01). All participants provided informed consent prior to participation.

2.8. Data Availability

The datasets generated and analysed during the current study are not publicly available due to institutional data protection policies, but are available from the corresponding author upon reasonable request.

2.9. Use of Generative Artificial Intelligence (GenAI)

No generative artificial intelligence tools were used for study design, data collection, statistical analysis, or interpretation of results.

3. Results

3.1. Participant Characteristics

The extended psychometric sample comprised 289 French-speaking women (mean age = 35.58 ± 13.62 years; range 18–72 years). The validation subsample included 40 women (mean age = 36.15 ± 14.60 years; range 18–71 years). There was no statistically significant difference in mean age between the two samples ($t = 0.24$, $p = 0.81$), indicating that the validation subsample was comparable to the larger sample. All participants completed the French version of the Incontinence Quiz (IQ-Fr); only fully completed questionnaires were included in the analyses (Participant characteristics are presented in Table 1.)

Table 1. Sociodemographic characteristics of the study samples.

Variable	Extended sample (N = 289)	Validation sample (n = 40)
Age (mean ± SD)	35.58 ± 13.62	36.15 ± 14.60
Age range	18–72	18–71
Completed questionnaires	289	40

3.2. Internal Consistency

3.2.1. Cronbach’s Alpha

Internal consistency was assessed using Cronbach’s alpha:

- In the extended sample (N = 289), Cronbach’s alpha was 0.654, indicating acceptable internal consistency for a brief, multidimensional knowledge questionnaire (Table 2).
- In the validation subsample (n = 40), Item 7 (“Most people with urinary incontinence can be cured or improved”) showed a ceiling effect (95% correct responses). After removing this item,

Cronbach’s alpha for the remaining 13 items was 0.648, which was not meaningfully different from the full-scale estimate.

Corrected item–total correlations ranged from 0.12 to 0.45, with most items exceeding 0.20, supporting their contribution to the overall scale. These values are comparable to those reported in previous validations of the IQ in Portuguese and Turkish, reinforcing cross-linguistic consistency of the instrument. Detailed internal consistency results, including corrected item–total correlations and Cronbach’s alpha coefficients, are presented in Table 2.

Table 2. Internal consistency analysis of the French version of the Incontinence Quiz (IQ-Fr).

Statistic	Result
Number of items	14
Cronbach’s alpha (extended sample)	0.654
Cronbach’s alpha (validation subsample)	0.648
Corrected item–total correlations	0.12–0.45

3.3. Internal Structure (Exploratory Factor Analysis)

3.3.1. Suitability of the Data

- The dataset was appropriate for factor analysis:
- Kaiser–Meyer–Olkin (KMO) = 0.71;
 - Bartlett’s test of sphericity: $\chi^2(91) = 612.4$, $p < 0.001$.

3.3.2. Factor Solution

Exploratory factor analysis using principal component analysis with Varimax rotation identified five components with eigenvalues > 1, explaining 54.5% of the total variance. The results of the exploratory factor analysis are summarized in Table 3.

Table 3. Results of exploratory factor analysis of the IQ-Fr.

Component	Interpretation	Variance explained (%)
1	Causes and risk factors	25.5
2	Treatment and prognosis	11.2
3	Beliefs about ageing and UI	7.8
4	Communication with health professionals	5.4
5	Prevention awareness	4.6

- The components were tentatively interpreted as:
1. Causes and risk factors (25.5% of variance);
 2. Treatment and prognosis (11.2%);
 3. Beliefs about ageing and UI (7.8%);
 4. Communication with health professionals (5.4%);
 5. Prevention awareness (4.6%).

This five-component structure differs from the original four-domain conceptualization of the IQ, suggesting possible cultural variation in how French-speaking women organize knowledge about urinary incontinence. Because principal component analysis is primarily a data-reduction technique, these findings should be considered preliminary and require confirmation through confirmatory factor analysis in future studies.

3.4. Construct Validity

Construct validity was examined by correlating IQ-Fr scores with age in the validation subsample (n = 40):

- Age was inversely correlated with the “Causes of urinary incontinence” domain ($r = -0.364$, $p < 0.001$).
- Age showed a weak but significant negative correlation with the total IQ-Fr score ($r = -0.127$, $p = 0.031$).

These results support construct validity and are consistent with previous evidence that older women are more likely to normalize UI as part of ageing and may have had less exposure to contemporary pelvic health information.

3.5. Divergent Validity

Divergent validity was assessed through correlations between IQ-Fr scores and Ditrovie quality-of-life scores. No significant correlations were observed between IQ-Fr total or domain scores and Ditrovie scores (all $r < 0.15$; all $p > 0.35$). This supports divergent validity, indicating that knowledge about urinary incontinence (IQ-Fr) is distinct from symptom-related quality of life.

3.6. Test–Retest Reliability

Test–retest reliability was evaluated in a subsample of 10 participants over a one-week interval. Pearson correlation coefficients between baseline and follow-up scores showed:

- Domain-level correlations ranging from 0.65 to 0.89;
- A total score correlation of 0.78.

These values indicate acceptable short-term temporal stability. However, the small sample size limits precision and precludes robust estimation of intraclass correlation coefficients (ICC) and measurement error indices. Larger samples are required in future studies to strengthen the reliability evidence.

3.7. Overall Interpretation of Results

Taken together, the findings demonstrate that:

- The IQ-Fr exhibits acceptable internal consistency;
- The instrument presents a multidimensional internal structure with five components;
- Construct and divergent validity are supported;
- The IQ-Fr shows good short-term reproducibility.

These results support the suitability of the French Incontinence Quiz for use in research and educational contexts with French-speaking women, while highlighting the need for further validation using confirmatory methods and larger, more diverse samples.

A summary of the main measurement properties of the IQ-Fr is presented in Table 4.

Table 4. Summary of psychometric properties of the IQ-Fr according to COSMIN criteria.

Measurement property	Result
Internal consistency	Cronbach’s $\alpha = 0.654$
Construct validity	$r = -0.364$ (age vs. causes domain)
Divergent validity	$r < 0.15$ (IQ vs Ditrovie)
Test–retest reliability	$r = 0.65\text{--}0.89$
Total score test–retest	$r = 0.78$

4. Discussion

This study translated, culturally adapted, and evaluated the psychometric properties of the French version of the Incontinence Quiz (IQ-Fr). Overall, the findings indicate that the IQ-Fr demonstrates acceptable reliability, a multidimensional internal structure, supportive evidence of construct and divergent validity, and good short-term reproducibility. These results are consistent with previous validations of the IQ in other languages and support its use as a knowledge assessment tool in French-speaking populations [5,11,15,16].

Regarding internal consistency, Cronbach's alpha values of 0.654 in the extended sample and 0.648 in the validation subsample fall slightly below the conventional threshold of 0.70 but remain within an acceptable range for short, multidimensional knowledge instruments. Similar values have been reported in previous validations of the IQ, including the Portuguese version [11], suggesting that this level of internal consistency reflects the conceptual breadth of the questionnaire rather than methodological weakness [8]. Instruments that cover multiple domains of knowledge often present moderate alpha values, as items are not intended to measure a single homogeneous construct but rather complementary dimensions of understanding about urinary incontinence [8].

The exploratory factor analysis revealed a five-component structure explaining 54.5% of the total variance, supporting the multidimensional nature of the IQ-Fr. This finding aligns with the original conceptual design of the questionnaire, which encompasses different aspects of UI knowledge, including ageing, causes, communication with health professionals, and treatment options [5]. However, as principal component analysis is primarily a data-reduction technique, future studies should employ common factor analysis and confirmatory factor analysis to further strengthen evidence of structural validity and test alternative models more closely aligned with theoretical domains, as recommended by COSMIN guidelines [10,12] and best practices in exploratory factor analysis [14].

Construct validity was supported by the inverse correlation between age and knowledge about the causes of urinary incontinence. This pattern is consistent with previous literature suggesting that older women are more likely to normalize UI as an inevitable part of ageing, whereas younger women may have greater exposure to contemporary pelvic health information [2,5,6]. This finding reinforces the importance of targeted educational strategies for different age groups and highlights the potential role of the IQ-Fr in identifying specific knowledge gaps across the lifespan.

Divergent validity was supported by the absence of significant correlations between IQ-Fr scores and the Ditrovie quality-of-life questionnaire. As expected, knowledge about UI is conceptually distinct from symptom severity or impact on daily life [3]. This result confirms that the IQ-Fr measures knowledge rather than lived experience or clinical burden, which is essential for its intended use in educational and research settings.

Test-retest reliability over a one-week interval was good, with correlations ranging from 0.65 to 0.89 across domains and 0.78 for the total score. These findings indicate that the IQ-Fr produces stable results over time in the absence of intervention. Nevertheless, future research should complement correlation analyses with intraclass correlation coefficients (ICC) and measurement error indices to provide a more comprehensive assessment of reliability and agreement, as recommended in reliability research [17,18].

From a broader perspective, the availability of a validated French version of the IQ is particularly relevant given the widespread use of French in healthcare and research across Europe, Canada, and Africa. The IQ-Fr can facilitate cross-cultural comparisons, support multinational studies on pelvic health literacy, and inform the design and evaluation of educational interventions aimed at improving awareness, help-seeking behavior, and uptake of conservative treatments for UI [4,7].

Several limitations should be acknowledged. First, convenience sampling may limit generalizability to the broader population of French-speaking women. Second, the test-retest subsample was small, which may affect precision of reliability estimates. Third, structural validity was explored using PCA rather than confirmatory methods. Future studies should address these limitations by including larger and more diverse samples, applying confirmatory factor analysis [14],

and assessing measurement invariance across age, education level, and cultural subgroups, in line with COSMIN recommendations [10,12].

In conclusion, the present study provides preliminary but robust evidence that the French version of the Incontinence Quiz is a reliable and valid instrument for assessing knowledge about urinary incontinence in adult women. Future research should further refine its measurement properties and explore its utility in clinical education, public health initiatives, and intervention studies aimed at improving pelvic health literacy.

5. Conclusions

This section is not mandatory but can be added to the manuscript if the discussion is unusually long or complex.

Supplementary Materials: The following supporting information can be downloaded at the website of this paper posted on Preprints.org, The STROBE checklist for cross-sectional studies is provided as supplementary material.

Author Contributions: Conceptualization, Andrea Ribeiro; methodology, Andrea Ribeiro, Carla Macedo, José Lumini, João Sousa.; validation, Andrea Ribeiro, Carla Macedo, José Lumini; formal analysis, Andrea Ribeiro, João Neves.; investigation, Carla Macedo.; data curation, Andrea Ribeiro.; project administration, Andrea Ribeiro. All authors have read and agreed to the published version of the manuscript.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The datasets generated during this study are not publicly available due to institutional data protection and participant privacy requirements but are available from the corresponding author upon reasonable request.

Conflicts of Interest: The authors declare no conflicts of interest.

References

1. Haylen, B.T.; de Ridder, D.; Freeman, R.M.; Swift, S.E.; Berghmans, B.; Lee, J.; Monga, A.; Petri, E.; Rizk, D.E.; Sand, P.K.; Schaer, G.N. An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction. *Neurourol. Urodyn.* **2010**, *29*, 4–20. <https://doi.org/10.1002/nau.20798>
2. Milsom, I.; Gyhagen, M. The prevalence of urinary incontinence. *Climacteric* **2019**, *22*, 217–222. <https://doi.org/10.1080/13697137.2018.1543263>
3. Amarenco, G.; Arnould, B.; Leroy, T.; Labat, J.J.; Richard, F. European psychometric validation of the CONTILIFE: A quality of life questionnaire for urinary incontinence. *Eur. Urol.* **2003**, *43*, 391–404. [https://doi.org/10.1016/S0302-2838\(03\)00054-X](https://doi.org/10.1016/S0302-2838(03)00054-X)
4. Abrams, P.; Andersson, K.E.; Apostolidis, A.; Birder, L.; Bliss, D.; Brubaker, L.; Cardozo, L.; Castro-Diaz, D.; O'Connell, P.R.; Cotterill, N.; Denis, L.; Wein, A. 6th International Consultation on Incontinence: Recommendations of the International Scientific Committee. *Neurourol. Urodyn.* **2018**, *37*, 2271–2272. <https://doi.org/10.1002/nau.23551>
5. Branch, L.G.; Walker, L.A.; Wetle, T.T.; DuBeau, C.E.; Resnick, N.M. Urinary incontinence knowledge among community-dwelling people 65 years of age and older. *J. Am. Geriatr. Soc.* **1994**, *42*, 1257–1262. <https://doi.org/10.1111/j.1532-5415.1994.tb06500.x>

6. Mouadil, M.; Blanchard, V.; Fauvet, R.; Pizzoferrato, A.C. Pelvic floor disorders: What do adolescents and young women know? A literature review. *Prog. Urol.* **2022**, *32*, 83–90. <https://doi.org/10.1016/j.purol.2021.10.002>
7. Berzuk, K.; Shay, B. Effect of increasing awareness of pelvic floor muscle function on pelvic floor dysfunction: A randomized controlled trial. *Int. Urogynecol. J.* **2015**, *26*, 837–844. <https://doi.org/10.1007/s00192-014-2599-z>
8. Terwee, C.B.; Bot, S.D.; de Boer, M.R.; van der Windt, D.A.; Knol, D.L.; Dekker, J.; Bouter, L.M.; de Vet, H.C. Quality criteria were proposed for measurement properties of health status questionnaires. *J. Clin. Epidemiol.* **2007**, *60*, 34–42. <https://doi.org/10.1016/j.jclinepi.2006.03.012>
9. Beaton, D.E.; Bombardier, C.; Guillemin, F.; Ferraz, M.B. Guidelines for the process of cross-cultural adaptation of self-report measures. *Spine* **2000**, *25*, 3186–3191. <https://doi.org/10.1097/00007632-200012150-00014>
10. Prinsen, C.A.C.; Mokkink, L.B.; Bouter, L.M.; Alonso, J.; Patrick, D.L.; de Vet, H.C.W.; Terwee, C.B. COSMIN guideline for systematic reviews of patient-reported outcome measures. *Qual. Life Res.* **2018**, *27*, 1147–1157. <https://doi.org/10.1007/s11136-018-1798-3>
11. Carvalhais, A.; Araújo, F.; Ferreira, M. Incontinence Quiz: Translation, validation, and reproducibility in Portuguese women. *Neurourol. Urodyn.* **2020**, *39*, 2490–2497. <https://doi.org/10.1002/nau.24521>
12. Gagnier, J.J.; Lai, J.; Mokkink, L.B.; Terwee, C.B. COSMIN reporting guideline for studies on measurement properties of patient-reported outcome measures. *Qual. Life Res.* **2021**, *30*, 2197–2218. <https://doi.org/10.1007/s11136-021-02822-4>
13. Von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP; STROBE Initiative. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *Lancet.* **2007**;370(9596):1453–1457. [https://doi.org/10.1016/S0140-6736\(07\)61602-X](https://doi.org/10.1016/S0140-6736(07)61602-X)
14. Costello, A.B.; Osborne, J.W. Best practices in exploratory factor analysis: Four recommendations for getting the most from your analysis. *Pract. Assess. Res. Eval.* **2005**, *10*, 1–9. <https://doi.org/10.7275/jyj1-4868>
15. Kara, K.C.; Çıtak Karakaya, İ.; Tunalı, N.; Karakaya, M.G. Reliability and validity of the Incontinence Quiz–Turkish version. *J. Obstet. Gynaecol. Res.* **2018**, *44*, 144–150. <https://doi.org/10.1111/jog.13469>
16. Ju, R.; Siddiqui, N.; Garrett, J.; Raynor, B. A validated translation of a survey for measuring incontinence knowledge in Chinese-speaking American immigrants. *Int. Urogynecol. J.* **2017**, *28*, 753–759. <https://doi.org/10.1007/s00192-016-3215-1>
17. Koo, T.K.; Li, M.Y. A guideline of selecting and reporting intraclass correlation coefficients for reliability research. *J. Chiropr. Med.* **2016**, *15*, 155–163. <https://doi.org/10.1016/j.jcm.2016.02.012>
18. Bland, J.M.; Altman, D.G. Statistical methods for assessing agreement between two methods of clinical measurement. *Lancet* **1986**, *327*, 307–310. [https://doi.org/10.1016/S0140-6736\(86\)90837-8](https://doi.org/10.1016/S0140-6736(86)90837-8)

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