



## UROGENITAL DISTRESS INVENTORY

Some people find that accidental urine loss may affect various aspect of life from activities to feelings to relationships. The questions below refer to areas of your life that may have been influenced or changed by urogenital issues.

### INSTRUCTIONS:

For each question, check the response that **best describes** how much your activity, relationships and feelings are affected by urine leakage.

On a scale of 0 – 1, how severely do you experience the following conditions?

Not at All 0	Slightly 1	Moderately 2	Greatly 3
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Frequent Urination?				
Nighttime Urination?				
Urine leakage related to the feeling of urgency?				
Urine leakage related to physical activity, coughing or sneezing?				
General urine leakage not related to urgency or activity?				
Small amounts of urine leakage (drops)?				
Large amounts of urine leakage?				
Difficulty emptying you bladder?				
Pain or discomfort in the lower abdominal or groin region?				
<b>TOTALS</b>				

SCORE: \_\_\_\_\_

Please see reverse side

**INSTRUCTIONS:**

For each question, check the response that **best describes** how much your activity, relationships and feelings are affected by urine leakage.

**HAS URINE LEAKAGE AFFECTED YOUR?**

	<b>Not at All 0</b>	<b>Slightly 1</b>	<b>Moderately 2</b>	<b>Greatly 3</b>
Ability to do household chores (cooking, house, cleaning, laundry)				
Physical recreational activities such as walking, swimming or other exercise?				
Entertainment activities such as going to a movie or concert?				
Ability to travel by car or bus for distances more than 20 minutes away from home?				
Going places if you are not sure about restroom availability?				
Employment (work) outside the home?				
Participating in social activities outside your home?				
Ability to have sexual relations?				
Does fear or embarrassment restrict your activities?				
Does your problem cause you to feel depressed or nervous?				
<b>TOTALS</b>				

**SCORE:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_