

Name: _____ Date: _____

Urogenital Distress Inventory

Do You Experience...		If so, how much are you bothered by it?			
		not at all	slightly	moderately	greatly
Frequent urination?	Y / N	1	2	3	4
Night time urination?	Y / N	1	2	3	4
Urine leakage related to the feeling of urgency?	Y / N	1	2	3	4
Urine leakage related to physical activity, coughing or sneezing?	Y / N	1	2	3	4
General uring leak not related to urgency or activity?	Y / N	1	2	3	4
Small amounts of urine leakage (drops)?	Y / N	1	2	3	4
Large amounts of urine leakage?	Y / N	1	2	3	4
Difficulty emptying your bladder?	Y / N	1	2	3	4
Pain or discomfort in the lower abdominal or genital area?	Y / N	1	2	3	4