

Urogenital Distress Inventory

Instructions

Do you experience, and if so, how much are you bothered by:

Frequent Urination?

No

Yes

If yes, how much does it bother you?

Not At All

Slightly

Moderately

Greatly

Night time Urination?

No

Yes

If yes, how much does it bother you?

Not At All

Slightly

Moderately

Greatly

Urine leakage related to the feeling of urgency?

No

Yes

If yes, how much does it bother you?

Not At All

Slightly

Moderately

Greatly

Urine leakage related to physical activity, coughing or sneezing?

No

Yes

If yes, how much does it bother you?

Not At All

Slightly

Moderately

Greatly

General urine leak not related to urgency or activity?

No

Yes

If yes, how much does it bother you?

Not At All

Slightly

Moderately

Greatly

Small amounts of urine leakage (drops)?

No

Yes

If yes, how much does it bother you?

Not At All

Slightly

Moderately

Greatly

Large amounts of urine leakage?

No

Yes

If yes, how much does it bother you?

Not At All

Slightly

Moderately

Greatly

Difficulty emptying your bladder?

No

Yes

If yes, how much does it bother you?

Not At All

Slightly

Moderately

Greatly

Pain or discomfort in the lower abdominal or genital area?

No

Yes

If yes, how much does it bother you?

Not At All

Slightly

Moderately

Greatly
