



Name: _____
 DOB: _____
 DOS: _____

UROGENITAL DISTRESS INVENTORY (UDI 6)

Do you experience? If so how much are you bothered by:

	Not at all / A little bit / Moderately/ Greatly			
1. Frequent urination?	0	1	2	3
2. Urine leakage related to the feeling of urgency?	0	1	2	3
3. Urine leakage related to physical activity coughing or sneezing?	0	1	2	3
4. Small amounts of urine leakage (that is drops)?	0	1	2	3
5. Difficulty emptying your bladder?	0	1	2	3
6. Pain or discomfort in the lower abdominal or genital area?	0	1	2	3

$$\frac{\text{RAW SCORE}}{6} \times 25 = \frac{\quad}{\text{FINAL SCORE}}$$