

QUALITY OF LIFE & SYMPTOMS DISTRESS INVENTORY

Name: _____ Date: _____

Please answer each question by checking the best response between 0 (not at all) and 3 (greatly).

Incontinence impact questionnaire

| Has urinary leakage and/or prolapse affected you: | 0= not at all | 1= slightly | 2= moderately | 3= greatly |
|--|------------------|----------------|------------------|---------------|
| Ability to do household chores (cooking, housecleaning, laundry, etc.) | | | | |
| Physical recreation such as walking, swimming, or other exercise? | | | | |
| Entertainment activities (movies, concerts, etc.)? | | | | |
| Ability to travel by car or bus more than 30 minutes from home? | | | | |
| Participation in social activities outside your home? | | | | |
| Emotional health (nervousness, depression, etc.)? | | | | |
| Feeling frustrated? | | | | |

Urogenital distress inventory

| Do you experience, and, if so, how much are you bothered by: | 0= not at all | 1= slightly | 2= moderately | 3= greatly |
|---|------------------|----------------|------------------|---------------|
| Frequent urination | | | | |
| Urine leakage related to the feeling of urgency? | | | | |
| Urine leakage related to physical activity, coughing, or sneezing? | | | | |
| Small amounts of urine leakage (drops)? | | | | |
| Difficulty emptying your bladder? | | | | |
| Pain or discomfort in the lower abdominal or genital area? | | | | |
| A feeling of bulging or protrusion in the vaginal area? | | | | |
| Bulging or protrusion you can see in the vaginal area? | | | | |

Signature: _____