

## UDI-6/IIQ-7 Evaluation of Female Incontinence

Last Name	First Name	Date of Birth	Date
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<b>Do you experience, and, if so, how much are you bothered by:</b>					
		Not at all	Slightly	Moderately	Greatly
1.	Frequent urination	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
2	Urine leakage related to feeling of urgency?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
3	Urine leakage related to physical activity, coughing or sneezing?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
4	Small amounts of urine leakage (drops)?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
5	Difficulty emptying your bladder	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
6	Pain or discomfort in the lower abdominal area?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
	Nighttime urination?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
	A strong feeling of urgency to empty your bladder?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>

***Urogenital Distress Inventory (UDI-6+2)***

***Total score...../18***

<b>Has urine leakage and /or prolapse affected your:</b>					
		Not at all	Slightly	Moderately	Greatly
1	Ability to do household chores (cooking, housecleaning, laundry)?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
2	Physical recreation such as walking, swimming, or other exercise?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
3	Entertaining activities (movies, concerts, etc)?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
4	Ability to travel by car or bus more than 30 minutes from home?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
5	Participation in social activities outside your home?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
6	Emotional health (nervousness, depression, etc.)?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
7	Feeling frustrated?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
	Ability to have sexual relations?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>

***Incontinence Impact Questionnaire (IIQ-7+1)***

***Total score...../21***