

THE UROLOGY GROUP

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URINARY DISTRESS INVENTORY (UDI-6)

Name: _____ DOB: _____ Date of Visit _____

Do you experience, and, if so, how much are you bothered by frequent urination?

Not at all 0 Slightly 1 Moderately 3 Greatly 4

Do you experience, and, if so, how much are you bothered by urine leakage related to feeling of urgency?

Not at all 0 Slightly 1 Moderately 3 Greatly 4

Do you experience, and, if so, how much are you bothered by urine leakage related to physical activity, coughing, or sneezing?

Not at all 0 Slightly 1 Moderately 3 Greatly 4

Do you experience, and, if so, how much are you bothered by difficulty emptying your bladder?

Not at all 0 Slightly 1 Moderately 3 Greatly 4

Do you experience, and, if so, how much are you bothered by pain or discomfort in the lower abdominal or genital area?

Not at all 0 Slightly 1 Moderately 3 Greatly 4

Total Score for UDI-6 = _____

INCONTINENCE IMPACT QUESTIONNAIRE (IIQ-7)

Has urine leakage affected your ability to do household chores (cooking, cleaning, laundry, etc)?

Not at all 0 Slightly 1 Moderately 3 Greatly 4

Has urine leakage affected your physical recreation, such as walking, swimming, or other exercise?

Not at all 0 Slightly 1 Moderately 3 Greatly 4

Has urine leakage affected your entertainment activities (movies, concerts, etc)?

Not at all 0 Slightly 1 Moderately 3 Greatly 4

Has urine leakage affected your ability to travel by car or bus more than 30 minutes from home?

Not at all 0 Slightly 1 Moderately 3 Greatly 4

Has urine leakage affected your participation in social activities outside your house?

Not at all 0 Slightly 1 Moderately 3 Greatly 4

Has urine leakage affected our emotional health (nervousness, depression, etc.)?

Not at all 0 Slightly 1 Moderately 3 Greatly 4

Has urine leakage affected your feeling frustrated?

Not at all 0 Slightly 1 Moderately 3 Greatly 4

Total Score for IIQ-7 = _____