

## Urogenital Distress Inventory

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### Instructions

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

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#### 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