

Courtesy: Dr. Dennis Miller

**Instructions:** Please answer the questions by putting an X in the appropriate box. If you are unsure about how to answer a question, give the best answer you can. While answering these questions, please consider your symptoms over the last 3 months. Thank you for your help.

***Urinary distress inventory (UDI) Short Form***

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

	Not at all (0)	Somewhat (1)	Moderately (2)	Quite a bit (3)
1. Frequent urination?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit
2. Urine leakage related to the feeling of urgency?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit
3. Urine leakage related to physical activity, coughing, or sneezing?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit
4. Small amounts of urine leakage (drops)?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit
5. Difficulty emptying your bladder?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit
6. Pain or discomfort in the lower abdominal or genital area?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit
Total:				

***Incontinence impact questionnaire (IIQ) Short Form***

Have urinary leakage and/or prolapsed affected your:

	Not at all (0)	Somewhat (1)	Moderately (2)	Quite a bit (3)
1. Ability to do household chores (cooking, housecleaning, laundry)?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit
2. Physical recreation such as walking, swimming, or other exercise?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit
3. Entertainment activities (movies, concerts, etc.)?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit
4. Ability to travel by car or bus more than 30 minutes from home?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit
5. Participation in social activities outside your home?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit
6. Emotional health (nervousness, depression, etc.)?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit
7. Feeling frustrated?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit
Total:				