



# Specialty Physical Therapy

## Urogenital Distress Inventory

**Instructions:** please circle or select button nearest your answer. If answering yes to any question, you must also answer the follow up question: how much does it bother you? (including the response Not At All)

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

**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

No = 0, Not At All = 1, Slightly = 2, Moderately = 3, Greatly = 4  
Obtain the mean value of all the answered items then multiply by 25 for the scale score. Missing items are dealt with using the mean from the answered items only.