

## 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

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No= 0, Not at all= 1, Somewhat= 2, Moderately= 3, Quite a bit= 4  
Obtain the mean value of all the answered items then multiply by 25 for the scale score. Missing items are dealt with by using the mean from the answered items only