



## UROGENITAL DISTRESS INVENTORY (UDI 6)

(adapted from Herman and Wallace, 2013)

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

	Not at all Greatly	A little bit	Moderately	
1. Frequent urination?	0	1	2	3
2. Urine leakage related to the feeling of urgency?	0	1	2	3
3. Urine leakage related to physical activity, coughing or sneezing?	0	1	2	3
4. Small amounts of urine leakage (that is drops)?	0	1	2	3
5. Difficulty emptying your bladder?	0	1	2	3
6. Pain or discomfort in the lower abdominal or genital area?	0	1	2	3

$$\text{RAW SCORE} \times \frac{25}{6} = \text{FINAL SCORE}$$