

Patient Name: _____

Please answer all of the questions in the following survey. These questions will ask you if you have certain bowel, bladder or pelvic symptoms and, if you do, how much they bother you. Answer these by checking one box. While answering these questions, please consider your symptoms over the last 3 months.

Urinary Distress Inventory 6 (UDI – 6)

	Quite a bit 4	Moderately 3	Somewhat 2	Not at all 1	Not present 0
Do you usually experience frequent urination?					
Do you usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation of needing to go to the bathroom?					
Do you usually experience urine leakage related to coughing, sneezing, or laughing?					
Do you usually experience small amounts of urine leakage (that is, drops)?					
Do you usually experience difficulty emptying your bladder?					
Do you usually experience pain or discomfort in the lower abdomen or genital region?					
Total _____					

Adapted from PFDI-20 and PFIQ 7 Journal of Obstetrics and Gynecology 193: 103-113 (2005).

Patient's Signature: _____ **Date:** _____

Therapist's Signature: _____ **Date:** _____