

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CRH Keck Center for Outpatient Services**

**Urinary Distress Inventory 6 (UDI-6)**

These questions will ask you if you have certain bladder symptoms, and if you do, how much they *bother* you. Please consider your symptoms over the last 3-4 weeks:

**If the symptoms are present – use the numbers under YES – this is a scale of *bother***

**If symptoms not present – circle the “0” for No**

- 1=not at all
- 2=somewhat
- 3=Moderately
- 4=quite a bit

Do you...	No	Yes
1. Usually experience frequent urination?	0	1 2 3 4
2. Usually experience urine leakage associated with a feeling of urgency; that is a strong sensation of needing to go to the bathroom?	0	1 2 3 4
3. Usually experience urine leakage related to coughing, sneezing, or laughing?	0	1 2 3 4
4. Usually experience small amounts of urine leakage (that is, drops)?	0	1 2 3 4
5. Usually experience difficulty emptying your bladder?	0	1 2 3 4
6. Usually experience <i>pain</i> or <i>discomfort</i> in the lower abdomen or genital region?	0	1 2 3 4