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

Female Incontinence Questionnaire

<table>
<thead>
<tr>
<th>Last Name (REQUIRED)</th>
<th>First Name (REQUIRED)</th>
<th>PHN/CARE CARD NUMBER (REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Do you experience, and, if so how much are you bothered by (circle all that apply):

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Greatly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Frequent urination?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Urine leakage related to feeling of urgency?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Urine leakage related to physical activity, coughing or sneezing?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Small amounts of urine leakage?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Difficulty emptying your bladder?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Pain or discomfort in the lower abdominal or genital area?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Please complete the following IF YOU ARE A NEW PATIENT OR HAVE NOT BEEN SEEN IN THE LAST YEAR

**Past reproductive history (check all that apply)**
- □ Hysterectomy
- □ Removal of ovaries
- □ Vaginal prolapse repair (‘fallen’ bladder/rectum)
- □ Bladder Surgery
- □ Recurrent bladder infection
- □ Blood in the urine

Number of pregnancies: ______
Number of deliveries: ______

**General Urinary symptoms**

How often do you usually go to the washroom?
- □ More than once per hour
- □ Every 1-2 hours
- □ Every 2-3 hours
- □ Every 3-4 hours
- □ Less than every 4 hours

**Urinary Incontinence**

How long have you had incontinence?

When do you leak (check all that apply):
- □ Exercise
- □ Coughing/sneezing
- □ Laughing
- □ Changing from sitting to standing
- □ Intercourse

On average, how many incontinence pads per day do you use?
- □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 or more

Pad thickness: □ Thin □ Medium □ Thick

Have you tried Kegels (pelvic floor muscle) exercises? □ yes □ no

Thank you for completing this questionnaire. Email, Print, Fax or Bring to your appointment.