



Quality of Life Questionnaire

Name: _____ Date: _____ MRN#: _____

Respond to the questions below using the following scores:
= Not at all; (1) = Slightly; (2) = Moderately; (3) = Greatly
The scores you select should reflect your PRESENT condition/situation!

INCONTINENCE IMPACT QUESTIONNAIRE

Has urine leakage and/or prolapse affected your:

1. Ability to do household chores (cooking, laundry, housecleaning?) _____
 2. Physical recreation such as walking, swimming, or exercise? _____
 3. Entertainment activities (movies, concerts, etc.)? _____
 4. Ability to travel by car or bus more than 30 minutes from home? _____
 5. Participation in social activities outside your home? _____
 6. Emotional health (nervousness, depression, etc.)? _____
 7. Feeling frustrated? _____
- Total _____

UROGENITAL DISTRESS INVENTORY

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

1. Frequent urination? _____
 2. Urine leakage related to the feeling of urgency? _____
 3. Urine leakage related to physical activity, coughing, or sneezing etc? _____
 4. Small amounts of urine leakage (drops)? _____
 5. Difficulty emptying your bladder? _____
 6. Pain or discomfort in the lower abdominal or genital area? _____
- Total _____

WHAT PERCENTAGE DO YOU THINK YOU HAVE IMPROVED SINCE YOUR SURGERY?

Circle one: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%