



## 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 \_\_\_\_\_