

## QUALITY OF LIFE & SYMPTOMS DISTRESS INVENTORY

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please answer each question by checking the best response between 0 (not at all) and 3 (greatly).

### ***Incontinence impact questionnaire***

<b>Has urinary leakage and/or prolapse affected your:</b>	0= not at all	1= slightly	2= moderately	3= greatly	
1. Ability to do household chores (cooking, housecleaning, laundry)?					PA
2. Physical recreation such as walking, swimming, or other exercise?					PA
3. Entertainment activities (movies, concerts, etc.)?					T
4. Ability to travel by car or bus more than 30 minutes from home?					T
5. Participation in social activities outside your home?					SR
6. Emotional health (nervousness, depression, etc.)?					EH
7. Feeling frustrated?					EH

### ***Urogenital distress inventory***

<b>Do you experience, and, if so, how much are you bothered by:</b>	0= not at all	1= slightly	2= moderately	3= greatly	
1. Frequent urination?					I
2. Urine leakage related to the feeling of urgency?					I
3. Urine leakage related to physical activity, coughing, or sneezing?					S
4. Small amounts of urine leakage (drops)?					S
5. Difficulty emptying your bladder?					OD
6. Pain or discomfort in the lower abdominal or genital area?					OD
7. A feeling of bulging or protrusion in the vaginal area?					OD
8. Bulging or protrusion you can see in the vaginal area?					OD

PA=physical activity; T=travel; SR=social/relationships; EH=emotional health;  
OD=obstructive/discomfort symptoms; I=irritative symptoms; s=stress symptoms.