UROLOGY CENTER OF ENGLEWOOD
a division of New Jersey Urology

# Urology Center of Englewood OAB Questionnaire

Name:_____ DOB:_____ ID:_____
Date:_____ Physician:_____

**UDI-6 Urinary Distress Inventory (Circle your best response)**

| | Not at all | Slightly | Moderately | Greatly |
|---|---|---|---|---|
| Do you experience frequent urination and if so how much are you bothered by it? | 0 | 1 | 2 | 3 |
| Do you experience urine leakage related to the feeling of urgency and if so how much are you bothered by it? | 0 | 1 | 2 | 3 |
| Do you experience urine leakage related to physical activity, coughing or sneezing and if so how much are you bothered by it? | 0 | 1 | 2 | 3 |
| Do you experience small amount of urine leakage and if so how much are you bothered by it? | 0 | 1 | 2 | 3 |
| Do you experience difficulty emptying your bladder and if so how much are you bothered by it? | 0 | 1 | 2 | 3 |
| Do you experience pain or discomfort in the lower abdominal or genital area and if so how much are you bothered by it? | 0 | 1 | 2 | 3 |

Add the score for each question and write the total in the space to the right
Symptom Score 1-6 Mild 7-12 Moderate 13-18 Severe **Symptom Score**_____

**IIQ-7 Incontinence Impact Questionnaire (Circle your best response)**

| **Over the past month has the leakage of urine and/or prolapse affected;** | **Not at All** | **Slightly** | **Moderately** | **Greatly** |
|---|---|---|---|---|
| Has urine leakage affected your ability to do household chores( cooking, housecleaning, laundry, etc.)? | 0 | 1 | 2 | 3 |
| Has urine leakage affected your physical recreation such as walking or other exercise? | 0 | 1 | 2 | 3 |
| Has urine leakage affected your ability to attend entertainment activities ( movie, concerts, etc.)? | 0 | 1 | 2 | 3 |
| Has urine leakage affected your ability to travel by car more than 30 minutes from home? | 0 | 1 | 2 | 3 |
| Has urine leakage affected your participation in social activities outside your home? | 0 | 1 | 2 | 3 |
| Has urine leakage affected your emotional health (nervousness, depression, etc.)? | 0 | 1 | 2 | 3 |
| Are you feeling frustrated by your urinary leakage symptoms? | 0 | 1 | 2 | 3 |

Add the score for each question and write the total in the space to the right
Symptom Score 1-7 Mild 8-14 Moderate 15-21 Severe **Bother Score**_____

**Quality of Life Due to Urinary Problems Score**

How would you feel if you had to live with your current urinary condition the way it is now, no better, no worse, for the rest of your life? Please circle the number that best reflects your feelings about your current urinary problem.

| Delighted | Pleased | Mostly Satisfied | Mixed | Mostly Dissatisfied | Unhappy | Terrible |
|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |