Urogenital Distress Inventory (UDI-6 Short Form): UDI-6

1) Do you usually experience frequent urination? □ Yes □ No
   If yes, how much does this bother you? □ Not at all □ Somewhat
   □ Moderately □ Quite a bit

2) Do you usually experience urine leakage associated with a strong sensation of needing to go to the bathroom? □ Yes □ No
   If yes, how much does this bother you? □ Not at all □ Somewhat
   □ Moderately □ Quite a bit

3) Do you usually experience urine leakage related to coughing, sneezing, or laughing? □ Yes □ No
   If yes, how much does this bother you? □ Not at all □ Somewhat
   □ Moderately □ Quite a bit

4) Do you experience small amounts of urine leakage (drops)? □ Yes □ No
   If yes, how much does this bother you? □ Not at all □ Somewhat
   □ Moderately □ Quite a bit

5) Do you experience difficulty emptying your bladder? □ Yes □ No
   If yes, how much does this bother you? □ Not at all □ Somewhat
   □ Moderately □ Quite a bit

6) Do you usually experience pain or discomfort in the lower abdomen or genital region? □ Yes □ No
   If yes, how much does this bother you? □ Not at all □ Somewhat
   □ Moderately □ Quite a bit
   If yes, then is your pain relieved after emptying your bladder? □ Yes □ No

No= 0, Not at all= 1, Somewhat= 2, Moderately= 3, Quite a bit= 4
Add all scores and multiply by 6 then multiply by 25 for the scale score
Missing items are dealt with by using the mean from the answered items only
Higher score = higher disability
Also see scoring of PFDI-20.


Grade A rating for symptoms of UI for women