

## Quality of Life – an example of a validated Quality of Life assessment tool

### Urge-Urinary Distress Inventory (U-UDI)

This set of questions deals specifically with your bladder problems and/or urine leakage. The following symptoms have been described by people who have bladder problems and/or experience urine leakage. Please indicate which symptoms you have experienced *in the past four weeks*, and how bothersome they were for you. Be sure to answer all items.

*In the past four weeks did you experience the following problems (yes/no), and if yes, how much did it bother you. Please tick appropriate box.*

1. Frequent urination? Yes  No   
If **yes**, how much did it bother you? Please tick appropriate box.

Not at all	<input type="checkbox"/>
Slightly	<input type="checkbox"/>
Moderately	<input type="checkbox"/>
Greatly	<input type="checkbox"/>

2. A strong feeling of urgency to empty your bladder? Yes  No   
If **yes**, how much did it bother you? Please tick appropriate box.

Not at all	<input type="checkbox"/>
Slightly	<input type="checkbox"/>
Moderately	<input type="checkbox"/>
Greatly	<input type="checkbox"/>

3. Difficulty in holding your urine? Yes  No   
If **yes**, how much did it bother you? Please tick appropriate box.

Not at all	<input type="checkbox"/>
Slightly	<input type="checkbox"/>
Moderately	<input type="checkbox"/>
Greatly	<input type="checkbox"/>

4. Any urine leakage? (If no, go to Q8) Yes  No   
If **yes**, how much did it bother you? Please tick appropriate box.

Not at all	<input type="checkbox"/>
Slightly	<input type="checkbox"/>
Moderately	<input type="checkbox"/>
Greatly	<input type="checkbox"/>

5. Urine leakage related to the feeling of urgency? Yes  No   
If **yes**, how much did it bother you? Please tick appropriate box.

Not at all	<input type="checkbox"/>
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Slightly	
Moderately	
Greatly	

6. Urine leakage related to physical activity, coughing or sneezing? Yes  No   
 If **yes**, how much did it bother you? Please tick appropriate box.

Not at all	
Slightly	
Moderately	
Greatly	

7. Urine leakage **not** related to urgency or activity? Yes  No   
 If **yes**, how much did it bother you? Please tick appropriate box.

Not at all	
Slightly	
Moderately	
Greatly	

8. Nighttime urination? Yes  No   
 If **yes**, how much did it bother you? Please tick appropriate box.

Not at all	
Slightly	
Moderately	
Greatly	

9. Bedwetting? Yes  No   
 If **yes**, how much did it bother you? Please tick appropriate box.

Not at all	
Slightly	
Moderately	
Greatly	

Please go back and review all the above symptoms.   
 Write the question number of the symptom which has bothered you the most.  
 (Please write in only one number.)

Lubeck DP, Prebil LA, Peeples P, Brown JS (1999) – A health related quality of life measure for use in patients with urge urinary incontinence: a Validation study *Quality of Life Research* 8:337-344