

# Fredericton Urology

## UDI-6 Questionnaire

Suite 207, 1015 Regent St, Fredericton, NB E3B 6H5

Please bring completed form to the appointment with your urologist

### UDI-6 Questionnaire

NAME: \_\_\_\_\_

**Do you experience, and, if so how much are you bothered by (circle all that apply):**

	Not at All	Slightly	Moderately	Greatly
1. Frequent urination?	0	1	2	3
2. Urine leakage related to feeling of urgency?	0	1	2	3
3. Urine leakage related to physical activity, coughing or sneezing?	0	1	2	3
4. Small amounts of urine leakage?	0	1	2	3
5. Difficulty emptying your bladder?	0	1	2	3
6. Pain or discomfort in the lower abdominal or genital area?	0	1	2	3

**Please complete the following IF YOU ARE A NEW PATIENT  
OR HAVE NOT BEEN SEEN IN THE LAST YEAR**

#### Past reproductive history (check all that apply)

- Hysterectomy
- Removal of ovaries
- Vaginal prolapse repair ( 'fallen' bladder/rectum)
- Bladder Surgery
- Recurrent bladder infection
- Blood in the urine
- Number of pregnancies \_\_\_\_\_
- Number of deliveries \_\_\_\_\_

#### General Urinary symptoms

- How often do you usually go to the washroom?
- More than once per hour
  - Every 1-2 hours
  - Every 2-3 hours
  - Every 3-4 hours
  - Less than every 4 hours

#### Urinary Incontinence

How long have you had incontinence?

\_\_\_\_\_

When do you leak (check all that apply):

- Exercise
- Coughing/sneezing
- Laughing
- Changing from sitting to standing
- Intercourse

On average, how many incontinence pads per day do you use?

- 0    1    2    3    4    5 or more

Pad thickness:  Thin    Medium    Thick

Have you tried Kegels (pelvic floor muscle) exercises?  yes    no