

Social Sciences and Health Policy Incontinence Impact Questionnaire (IIQ) and Urinary Distress Inventory (UDI) Request Form

To receive copies of the IIQ/UDI and the scoring manual, please complete the following:

DATE OF REQUEST ___/___/___

NAME _____

TITLE _____

NAME OF PROJECT _____

ORGANIZATION _____

FORM OF PAYMENT: CHECK (\$250.00) CASH (\$250.00)
(PLEASE MAKE CHECKS PAYABLE TO WAKE FOREST HEALTH SCIENCES)

* INTERNATIONAL TRANSFER: YES NO
(INSTRUCTIONS PROVIDED VIA EMAIL ONCE REQUEST IS RECEIVED)

MAILING ADDRESS _____

SIGNATURE _____

Sent this completed request form and payment to:

Sonya Ashburn
Wake Forest Health Sciences
Social Sciences and Health Policy
Medical Center Boulevard
525@ Vine St., 3rd Floor, Suite 3176
Winston-Salem, NC 27157.

* To arrange an international transfer, please email this completed form to sashburn@wakehealth.edu indicating your preference on the line provided above.

Please direct questions to: sashburn@wakehealth.edu.