

Pelvic Floor Distress Inventory

INSTRUCTIONS

Please answer all of the questions in the following survey. These questions will ask you if you have certain bowel, bladder or pelvic symptoms and if you do how much they bother you. Answer these questions by putting a **X** in the appropriate box or boxes. If you are unsure about how to answer a question, give the best answer you can. While answering these questions, please consider your symptoms over the last 3 months.

EXAMPLE

For the following question:

If you do not usually have headaches just put an **X** in the 'No' box

Do you usually experience *headaches*?

No; Yes

If yes, how much does this bother you?

1 **2** **3** **4**
Not at All - Somewhat - Moderately - Quite a bit

If you do usually have headaches, put an X in the 'Yes' box and indicate how much the headaches bother you. (In this example, the headaches were *moderately* bothersome)

Do you usually experience *headaches*?

No; Yes

If yes, how much does this bother you?

1 **2** **3** **4**
Not at All - Somewhat - Moderately - Quite a bit

Name: _____ Date: ____/____/____

1. Do you usually experience *pressure* in the lower abdomen?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

2. Do you usually experience *heaviness or dullness* in the pelvic area?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

3. Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

4. Do you usually have to push on the vagina or around the rectum to have or complete a bowel movement?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

5. Do you usually experience a feeling of incomplete bladder emptying?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

6. Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

7. Do you feel you need to strain too hard to have a bowel movement?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

8. Do you feel you have not completely emptied your bowels at the end of a bowel movement?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

9. Do you usually lose stool beyond your control if your stool is well formed?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

10. Do you usually lose stool beyond your control if your stool is loose or liquid?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

11. Do you usually lose gas from the rectum beyond your control?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

12. Do you usually have pain when you pass your stool?

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

13. Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

14. Does a part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

15. Do you usually experience frequent urination?

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

16. Do you usually experience urine leakage associated with a feeling of urgency; that is, a strong sensation of needing to go to the bathroom?

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

17. Do you usually experience urine leakage related to coughing, sneezing, or laughing?

No; Yes
0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

18. Do you usually experience small amounts of urine leakage (that is, drops)?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

19. Do you usually experience difficulty emptying your bladder?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

20. Do you usually experience *pain* or *discomfort* in the lower abdomen or genital region?

No; Yes

0

If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

Thank you for taking the time to complete this questionnaire
