

Patient Name: _____

Date: _____

Pelvic Floor Distress Inventory Questionnaire - Short Form 20

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 each question by putting an **X** in the appropriate box or boxes. If you are unsure about how to answer, please give the best answer you can. While answering these questions, please consider your symptoms over the **last 3 months**.

		<u>If yes</u> , how much does it bother you?			
		Not at all	Somewhat	Moderately	Quite a bit
1	Do you usually experience pressure in the lower abdomen?	YES	NO		
2	Do you usually experience heaviness or dullness in the lower abdomen?	YES	NO		
3	Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?	YES	NO		
4	Do you usually have to push on the vagina or around the rectum to have a complete bowel movement?	YES	NO		
5	Do you usually experience a feeling of incomplete bladder emptying?	YES	NO		
6	Do you ever have to push up in the vaginal area with your fingers to start or complete urination?	YES	NO		
7	Do you feel you need to strain too hard to have a bowel movement?	YES	NO		
8	Do you feel you have not completely emptied your bowels at the end of a bowel movement?	YES	NO		
9	Do you usually lose stool beyond your control if your stool is well formed?	YES	NO		

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			Not at all	Somewhat	Moderately	Quite a bit
10		YES				NO
11		YES				NO
12		YES				NO
13	Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	YES				NO
14	Does part of your stool ever pass through the rectum and bulge outside during or after a bowel movement?	YES				NO
15	Do you usually experience frequent urination	YES				NO
16	Do you usually experience urine leakage associated w	YES				NO
17	Do you usually experience urine leakage related to laughing, coughing, or sneezing?	YES				NO
18	Do you usually experience small amounts of urine leakage (that is, drops)?	YES				NO
19	Do you usually experience difficulty emptying your bladder?	YES				NO
20	Do you usually experience pain or discomfort in the lower abdomen or genital region?	YES				NO