

## Pelvic Floor Distress Inventory – PFDI 20

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: Please answer all of the questions in the following survey. The questions will ask you if you have certain bowel, bladder or pelvic symptoms and how much they bother you. Answer these by circling the appropriate number. Please consider your symptoms over the last 3 months when answering.

Pelvic Organ Prolapse Distress Inventory 6 (POPDI-6)	No	Yes			
	0 Never	1 In the past	2 Current	3 Current	4 Current
<i>PLEASE PICK ONLY ONE RESPONSE PER QUESTION</i>					
Do you....	Never	Not now	Some-what	Moder-ately	Quite a bit
1. Usually experience pressure in lower abdomen?	0	1	2	3	4
2. Usually experience heaviness or dullness in the pelvic area?	0	1	2	3	4
3. Usually have a bulge or something falling out that you can see or feel in your vaginal area?	0	1	2	3	4
4. Ever have to push on the vagina or around the rectum to have or complete a bowel movement?	0	1	2	3	4
5. Usually experience a feeling of incomplete bladder emptying?	0	1	2	3	4
6. Ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?	0	1	2	3	4
Subtotal for POPDI-6= Sum of scores / # answered = _____ x 25 = _____					
Colorectal-Anal Distress Inventory – 8 (CRADI-8)	Never	Not now	Some-what	Moder-ately	Quite a bit
1. Feel you need to strain too hard to have a bowel movement?	0	1	2	3	4
2. Feel you have not completely emptied your bowels at the end of a bowel movement?	0	1	2	3	4
3. Usually lose stool beyond your control if your stool is well formed?	0	1	2	3	4
4. Usually lose stool beyond your control if your stool is loose?	0	1	2	3	4
5. Usually lose gas from the rectum beyond your control?	0	1	2	3	4
6. Usually have pain when you pass your stool?	0	1	2	3	4
7. Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	0	1	2	3	4
8. Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	0	1	2	3	4
Subtotal for CRADI-8= Sum of scores / # answered = _____ x 25 = _____					
Urinary Distress Inventory 6 (UDI-6)	Never	Not now	Some-what	Moder-ately	Quite a bit
1. Usually experience frequent urination?	0	1	2	3	4
2. Usually experience urine leakage associated with a feeling of urgency, strong sensation of needing to use the bathroom?	0	1	2	3	4
3. Usually experience urine leakage related to coughing, sneezing, or laughing?	0	1	2	3	4
4. Usually experience small amounts of urine leakage (drops)?	0	1	2	3	4
5. Usually experience difficulty emptying your bladder?	0	1	2	3	4
6. Usually experience pain or discomfort in the lower abdomen or genital region?	0	1	2	3	4
Subtotal for UDI 6= Sum of scores / # answered = _____ x 25 = _____					
TOTAL of 3 scores = _____					