

Pelvic Floor Distress Inventory (PFDI-20)

Patient Name: _____

Date: _____ **DOB** _____

Pelvic Organ Prolapse Distress Inventory 6 (POPDI-6)

	NO	YES			
	No	If yes, how much does it bother you? Not at all Somewhat Moderately Greatly			
Do you usually experience <i>pressure</i> in the lower abdomen?	0	1	2	3	4
Do you usually experience <i>heaviness</i> or <i>dullness</i> in pelvic area?	0	1	2	3	4
Do you usually have a bulge or something falling out that you can see or feel in your vaginal area?	0	1	2	3	4
Do you ever have to push on the vagina or around the rectum to have or complete a bowel movement?	0	1	2	3	4
Do you usually experience a feeling of incomplete bladder emptying?	0	1	2	3	4
Do you 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

Colorectal-Anal Distress Inventory 8 (CRADI-8)

	No	Not at all	Somewhat	Moderately	Greatly
Do you feel you need to strain too hard to have a bowel movement?	0	1	2	3	4
Do you feel you have not completely emptied your bowels at the end of a bowel movement?	0	1	2	3	4
Do you usually lose stool beyond your control if your stool is well formed?	0	1	2	3	4
Do you usually lose stool beyond your control if your stool is loose?	0	1	2	3	4
Do you usually lose gas from the rectum beyond your control?	0	1	2	3	4
Do you usually have pain when you pass your stool?	0	1	2	3	4
Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	0	1	2	3	4
Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	0	1	2	3	4

Urinary Distress Inventory 6 (UDI-6)

	No	Not at all	Somewhat	Moderately	Greatly
Do you usually experience frequent urination?	0	1	2	3	4
Do you usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation of need to go to the bathroom?	0	1	2	3	4
Do you usually experience urine leakage related to coughing, sneezing, or laughing?	0	1	2	3	4
Do you usually experience small amounts of urine leakage (that is, drops)?	0	1	2	3	4
Do you usually experience difficulty emptying your bladder?	0	1	2	3	4
Do you usually experience <i>pain</i> or <i>discomfort</i> in the lower abdomen or genital region?	0	1	2	3	4

Scale Scores: Obtain the mean values of all answered items within the corresponding scale (Possible 0-4), then multiply by 25 to obtain the scale score (range 0-100). Missing Items are dealt with by using the mean from answered items only. **Summary Score:** Add the scores from the 3 scales together to obtain the summary score (range 0 - 300).