

The Female Pelvic Health Center

PELVIC FLOOR DISTRESS INVENTORY (PFDI)

NAME _____

DATE _____

Please answer each question by checking the best response. While answering these questions, please consider your **symptoms over the last 3 months**. We realize that you may not be having problems in some of these areas but please fill out **both sides** of this form as completely as possible.

Urinary Distress Inventory 6 (UDI-6)

Do you experience:	Yes (or) no Please circle	If Yes , how much does it bothers you? Please place in box 1-4, (1=not at all, 2=somewhat, 3=moderately, 4=quite a bit)
Usually experience frequent urination?	Yes No	
Usually experience urine leakage associated with a feeling of urgency, this is, a strong sensation of needing to go to the bathroom?	Yes No	
Usually experience urine leakage related to coughing, sneezing, or laughing?	Yes No	
Usually experience small amounts of urine leakage (that is, drops)?	Yes No	
Usually experience difficulty emptying your bladder?	Yes No	
Usually experience pain or discomfort in the lower abdomen or genital region?	Yes No	

Colorectal-Anal Distress Inventory 8 (CRADI-8)

Do you experience:	Yes (or) no Please circle	If Yes , how much does it bothers you? Please place in box 1-4, (1=not at all, 2=somewhat, 3=moderately, 4=quite a bit)
Feel you need to strain too hard to have a bowel movement?	Yes No	
Feel you have not completely emptied your bowel at the end of a bowel movement?	Yes No	
Usually lose stool beyond your control if your stool is well formed?	Yes No	
Usually lose stool beyond your control if your stool is loose?	Yes No	
Usually lose gas from the rectum beyond your control?	Yes No	
Do you usually have pain when you pass your stool?	Yes No	
Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	Yes No	
Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	Yes No	

Please complete other side →

NAME _____ DATE _____

Pelvic Organ Prolapse Distress Inventory 6 (POPDI-6)

Do you experience:	Yes (or) no Please circle	If Yes, how much does it bothers you? Please place in box 1-4, (1=not at all, 2=somewhat, 3=moderately, 4=quite a bit)
Usually experience pressure in the lower abdomen?	Yes No	
Usually experience heaviness or dullness in the pelvic area?	Yes No	
Usually have a bulge or something falling out that you can see or feel in your vaginal area?	Yes No	
Ever have to push on the vagina or around the rectum to have or complete a bowel movement?	Yes No	
Usually experience a feeling of incomplete bladder emptying?	Yes No	
Ever have to push up on the bulge in the vaginal area with your fingers to start or complete urination?	Yes No	

Pelvic Floor Impact Questionnaire (PFIQ)

Instructions: Some women find that bladder, bowel, or vaginal symptoms affect their activities, relationships, and feeling. For each question place an **X** in the response that best describes how much you're activities, relationships, or feelings have been affected by your bladder, bowel, or vaginal symptoms or conditions over the last 3 months. Please make sure you mark an answer in all 3 columns for each question.

How do symptoms or conditions relate to the following →→→ Usually affect your ↓	<i>Bladder or Urine</i>	<i>Bowel or Rectum</i>	<i>Vagina or Pelvis</i>
1. Ability to do household chores (cooking, housecleaning, laundry)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
2. Ability to do physical activities such as walking, swimming, or other exercise?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
3. Entertainment activities such as going to a movie or concert?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
4. Ability to travel by car or bus for a distance greater than 30 minutes away from home?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
5. Participating in social activities outside your home>	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
6. Emotional health (nervousness, depression, etc)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
7. Feeling frustrated?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit