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Pelvic Floor Distress Inventory – Short Form 20

Name ______________________________ Date of Birth _____________ Today's Date_____________

Height _________ ft. ________ in. Weight_________lbs.

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 a check mark *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****.*

			If YES, 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				
10	Do you usually lose stool beyond your control if your stool is loose or liquid?	☐ Yes ☐ No				
11	Do you usually lose gas from the rectum beyond your control?	☐ Yes ☐ No				
12	Do you usually have pain when you pass your stool?	☐ 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 with a feeling of urgency (i.e. a strong sensation of needing to go to the bathroom)?	☐ 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 (i.e. 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				

SCORE __________