

Pelvic Floor Distress Inventory – Short Form 20

Instructions:

Please answer these questions by putting a **X** in the appropriate box. If you are unsure about how to answer a question, give the best answer you can. While answering these questions, please consider your symptoms over the **last 3 months**. Thank you for your help.

Name: _____ Date: ____/____/____

1. Do you usually experience *pressure* in the lower abdomen? No; Yes
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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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2. Do you usually experience *heaviness or dullness* in the pelvic area? No; Yes
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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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3. Do you usually have a bulge or something falling out that you can see or feel in the vaginal area? No; Yes
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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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4. Do you usually have to push on the vagina or around the rectum to have or complete a bowel movement? No; Yes
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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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5. Do you usually experience a feeling of incomplete bladder emptying? No; Yes
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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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6. Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination? No; Yes
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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

7. Do you feel you need to strain too hard to have a bowel movement? No; Yes

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If other than never, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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8. Do you feel you have not completely emptied your bowels at the end of a bowel movement? No; Yes

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If other than never, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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9. Do you usually lose stool beyond your control if your stool is well formed? No; Yes

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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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10. Do you usually lose stool beyond your control if your stool is loose or liquid? No; Yes

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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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11. Do you usually lose gas from the rectum beyond your control? No; Yes

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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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12. Do you usually have pain when you pass your stool? No; Yes

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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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13. Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement? No; Yes

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If other than never, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

14. Does a part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement? No; Yes
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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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15. Do you usually experience frequent urination? No; Yes
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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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16. Do you usually experience urine leakage associated with a feeling of urgency, that is a strong sensation of needing to go to the bathroom? No; Yes
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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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17. Do you usually experience urine leakage related to coughing, sneezing, or laughing? No; Yes
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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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18. Do you usually experience small amounts of urine leakage (that is, drops)? No; Yes
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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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19. Do you usually experience difficulty emptying your bladder? No; Yes
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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

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20. Do you usually experience *pain* or *discomfort* in the lower abdomen or genital region? No; Yes
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If yes, how much does this bother you?

1 2 3 4
Not at All - Somewhat - Moderately - Quite a bit

