

Name: _____

Date: _____

Pelvic Floor Distress Inventory-short form 20

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 these by checking the appropriate box or boxes. While answering these questions, please consider your symptoms over the **last 3 months**.

The PFDI-20 has 20 items and 3 scales. All items use the following format with a response scale from 0 to 4.

Do you _____ ?

No **Yes**
0

If yes, how much does it bother you?

1 **2** **3** **4**
Not at all Somewhat Moderately Quite a bit

Pelvic Organ Prolapse Distress Inventory 6 (POPDI-6):

- 1. Usually experience *pressure* in the lower abdomen?
- 2. Usually experience *heaviness* or *dullness* in the pelvic area?
- 3. Usually have a bulge or something falling out that you can see or feel in your vaginal area?
- 4. Ever have to push on the vagina or around the rectum to have or complete a bowel movement?
- 5. Usually experience a feeling of incomplete bladder emptying?
- 6. Ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?

Colorectal-Anal Distress Inventory 8 (CRADI-8):

Name: _____

Date: _____

- 7. Feel you need to strain too hard to have a bowel movement?
- 8. Feel you have not completely emptied your bowels at the end of a bowel movement?
- 9. Usually lose stool beyond your control if your stool is well formed?
- 10. Usually lose stool beyond your control if your stool is loose?
- 11. Usually lose gas from the rectum beyond your control?
- 12. Usually have pain when you pass your stool?
- 13. Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?
- 14. Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?

Urinary Distress Inventory 6 (UDI-6):

- 15. Usually experience frequent urination?
- 16. Usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation of need to go to the bathroom?
- 17. Usually experience urine leakage related to coughing, sneezing, or laughing?
- 18. Usually experience small amounts of urine leakage (that is, drops)?
- 19. Usually experience difficult emptying your bladder?
- 20. Usually experience *pain* or *discomfort* in the lower abdomen or genital region?

Notes on Scoring of Scales:

- FSFI: 26.55 is the cut off for sexual dysfunction
- V-Q: Add the numbers assigned to each response. The higher the score, the greater the functional limitation.
- PFDI-20:
 - Includes 20 questions and 3 scales
 - Each of the 3 scales is scored from 0 (least distress) to 100 (greatest distress)
 - Sum of the scores of these 3 scales serves as the overall summary score of the PFDI-20 and ranges from 0 - 300.
- The 3 scales include questions taken from the following widely used outcome measures:
 - Urinary Distress Inventory (6 questions)
 - Pelvic Organ Prolapse Distress Inventory (6 questions)
 - Colorectal-Anal Distress Inventory (8 questions)