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  
   If yes, how much does this bother you?  
   □ 1 □ 2 □ 3 □ 4  
   Not at All - Somewhat - Moderately - Quite a bit
   ◊◊◊◊◊◊◊◊◊

2. Do you usually experience heaviness or dullness in the pelvic area?  
   □ No; □ Yes  
   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  
   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  
   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  
   If yes, how much does this bother you?  
   □ 1 □ 2 □ 3 □ 4  
   Not at All - Somewhat - Moderately - Quite a bit
   ◊◊◊◊◊◊◊◊◊

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  
   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  
   If yes, how much does this bother you?  
   □ 1 □ 2 □ 3 □ 4  
   Not at All - Somewhat - Moderately - Quite a bit  
   ◊◊◊◊◊◊◊◊◊◊◊

8. Do you feel you have not completely emptied your bowels at the end of a bowel movement?  
   □ No; □ Yes  
   If yes, 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  
   If yes, how much does this bother you?  
   □ 1 □ 2 □ 3 □ 4  
   Not at All - Somewhat - Moderately - Quite a bit  
   ◊◊◊◊◊◊◊◊◊◊◊

10. Do you usually lose stool beyond your control if your stool is loose or liquid?  
    □ No; □ Yes  
    If yes, how much does this bother you?  
    □ 1 □ 2 □ 3 □ 4  
    Not at All - Somewhat - Moderately - Quite a bit  
    ◊◊◊◊◊◊◊◊◊◊◊

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

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?

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?

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?

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)?

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?

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?

If yes, how much does this bother you?

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

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