

# 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				

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