

Pelvic Floor Disability Index (PFDI-20)

Name: _____

Date: _____

Instructions: For each question, please circle the ONE number that best describes your condition and how much they have bothered you over the last three months. All items use the following format with a response from 0 to 4.

Activities	Not Present	Not at All	Somewhat	Moderately	Quite a bit
Pelvic Organ prolapse Distress Inventory 6 (POPDI-6)					
<i>Do you...</i>					
1. Usually experience pressure in the lower abdomen?	0	1	2	3	4
2. Usually experience heaviness or dullness in the pelvic area?	0	1	2	3	4
3. Usually have a bulge or something falling out that you can see or feel in your vaginal area?	0	1	2	3	4
4. Ever have to push on the vagina or around the rectum to have or complete a bowel movement?	0	1	2	3	4
5. Usually experience a feeling of incomplete bladder emptying?	0	1	2	3	4
6. Ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?	0	1	2	3	4
Colorectal-Anal distress Inventory 8 (CRAD-8)					
<i>Do you...</i>					
7. Feel you need to strain too hard to have a bowel movement?	0	1	2	3	4
8. Feel you have not completely emptied your bowels at the end of a bowel movement?	0	1	2	3	4
9. Usually lose stool beyond your control if your stool is well formed?	0	1	2	3	4
10. Usually lose stool beyond your control if your stool is loose?	0	1	2	3	4
11. Usually lose gas from the rectum beyond your control?	0	1	2	3	4
12. Usually have pain when you pass your stool?	0	1	2	3	4
13. Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	0	1	2	3	4
14. Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	0	1	2	3	4
Urinary distress Inventory 6 (UDI-6)					
<i>Do you...</i>					
15. Usually experience frequent urination?	0	1	2	3	4
16. Usually experience urine leakage associated with a feeling of urgency (a strong sensation of needing to use the bathroom)?	0	1	2	3	4
17. Usually experience urine leakage related to coughing, sneezing or laughing?	0	1	2	3	4
18. Usually experience small amounts (drops) of urine leakage?	0	1	2	3	4
19. Usually experience difficulty emptying your bladder?	0	1	2	3	4
20. Usually experience pain or discomfort in the lower abdomen or genital region?	0	1	2	3	4

Office will calculate: Scale Scores: Obtain the mean value of all answered items and multiply by 25 to obtain the scale score (range 0 to 100). Missing items are dealt with by using the mean from answered items only. Add the 3 scale scores together for the summary score (range 0 to 300).