

PELVIC FLOOR DISTRESS INVENTORY – SHORT FORM 20 - Courtesy: Dr. Dennis Miller

Name: _____ Date: ____/____/____

INSTRUCTIONS

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 questions by putting an X in the appropriate box or boxes. 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. (Men: disregard questions # 3, 4, & 6)

EXAMPLE

For the following question:

If you do not usually have headaches just put an X in the 'No' box

Do you usually experience headaches?					
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	If <u>yes</u> , how much does this bother you?			
		1	2	3	4
		Not at all	Somewhat	Moderately	Quite a bit

If you do usually have headaches just put an X in the 'Yes' box and indicate how much the headaches bother you. (In this example, the headaches were *moderately* bothersome)

Do you usually experience headaches?					
<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If <u>yes</u> , how much does this bother you?			
		1	2	X 3	4
		Not at all	Somewhat	Moderately	Quite a bit

1. Do you experience *pressure* in the lower abdomen?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If <u>yes</u> , 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?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If <u>yes</u> , how much does this bother you?			
		1	2	3	4
		Not at all	Somewhat	Moderately	Quite a bit

3. Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If <u>yes</u> , how much does this bother you?			
		1	2	3	4
		Not at all	Somewhat	Moderately	Quite a bit

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

5. Does a part of your bowel ever pass through the rectum and bulge outside during or after 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

6. Do you usually experience frequent 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 usually experience urine leakage associated with a feeling of urgency; that is, a strong sensation of needing to go to the bathroom?

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 usually experience urine leakage related to coughing, sneezing, or laughing?

No Yes If yes, how much does this bother you?
1 2 3 4
Not at all Somewhat Moderately Quite a bit

9. Do you usually experience small amounts of urine leakage (that is, drops)?

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 experience difficulty emptying your bladder?

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 experience *pain* or *discomfort* in the lower abdomen or genital region?

No Yes If yes, how much does this bother you?
1 2 3 4
Not at all Somewhat Moderately Quite a bit