

Women's Clinic, Ltd.

PELVIC FLOOR DISTRESS INVENTORY

NAME _____
 ID NUMBER _____

DATE _____

Please answer each question by checking the best response. While answering these questions, please consider your symptoms over the last 3 months. We realize that you may not be having problems in some of these areas but please fill out both sides of this form as completely as possible.

Urinary Distress Inventory

Do you experience, and, if so, how much are you bothered by	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Usually experience frequent urination				
Usually experience urine leakage along with a feeling of urgency, this is , a strong sensation of needing to go to the bathroom?				
Usually experience urine leakage related to coughing, sneezing or laughing				
Usually experience small amounts of urine leakage (that is, drops)?				
Usually experience difficulty emptying your bladder?				
Usually experience pain or discomfort in the lower abdominal or genital region?				

Colorectal-Anal Distress Inventory

Do you experience, and, if so, how much are you bothered by . . .	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Feel you need to strain too hard to have a bowel movement?				
Feel you have not completely emptied your bowel at the end of a bowel movement?				
Usually lose stool beyond your control if your stool is well formed?				
Usually lose stool beyond your control if your stool is loose?				
Usually lose gas from the rectum beyond your control?				
Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?				

Do you experience, and, if so, how much are you bothered by . . .	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a bit</i>
Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?				

Please complete other side →

Pelvic Organ Prolapse Distress Inventory

Do you experience, and, if so, how much are you bothered by? . . .	<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Quite a</i>
Usually experience pressure in the lower abdomen?				
Usually experience heaviness or dullness in the pelvic area?				
Usually have a bulge or something falling out that you can see or feel in your vaginal area?				
Ever have to push on the vagina or around the rectum to have or complete a bowel movement?				
Usually experience a feeling of incomplete bladder emptying?				
Ever have to push up on the bulge in the vaginal area with your fingers to start or complete urination?				

Pelvic Floor Impact Questionnaire

Instructions: Some women find that bladder, bowel or vaginal symptoms affect their activities, relationships, and feeling. For each question place an **X** in the response that best describes how much you're activities, relationships, or feelings have been affected by your bladder, bowel, or vaginal symptoms or conditions **over the last 3 months**. Please make sure you mark an answer in all 3 columns for each question.

How do symptoms or conditions relate to the following → → → Usually affect your ↓	<i>Bladder or Urine</i>	<i>Bowel or Rectum</i>	<i>Vagina or Pelvis</i>
1. Ability to do household chores (cooking, housecleaning, laundry) ?	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
2. Ability to do physical activities such as walking, swimming or other exercise?	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit

How do symptoms or conditions relate to the following → → → Usually affect your ↓	<i>Bladder or Urine</i>	<i>Bowel or Rectum</i>	<i>Vagina or Pelvis</i>
3. Entertainment activities such as going to a movie or a concert?	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
4. Ability to travel by car or bus for a distance greater than 30 minutes away from home?	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
5. Participating in social activities outside your home?	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
6. Emotional health (nervousness, depression, etc)?	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
7. Feeling frustrated?	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	Somewhat Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit