



Patient Name: _____ Account# _____

Initial Exam Date: _____ Discharge Date: _____

Pelvic Floor Distress Inventory – short form 20

PFDI -20 Instructions: Please answer all 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 by circling the appropriate number. While answering these questions, please consider your symptoms over the **last 3 months**.

The PFDI-20 has 20 items and 3 scales of your symptoms. All items use the following format with a response scale from 0-4.

Symptoms Present = YES, scale of bother: 1= not at all 2= somewhat 3= moderately 4= quite a bit

Symptoms Not Present = NO 0= not present

Pelvic Organ Prolapse Distress Inventory 6 (POPDI-6)

Do you...	Initial Exam		Discharge	
	No	Yes	No	Yes
1. Usually experience pressure in the lower abdomen?	0	1 2 3 4	0	1 2 3 4
2. Usually experience heaviness or dullness in the pelvic area?	0	1 2 3 4	0	1 2 3 4
3. Usually have a bulge or something falling out that you can see or feel in the vaginal area?	0	1 2 3 4	0	1 2 3 4
4. Ever have to push on the vagina or around the rectum to have a complete bowel movement?	0	1 2 3 4	0	1 2 3 4
5. Usually experience a feeling of incomplete bladder emptying?	0	1 2 3 4	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	0	1 2 3 4
MEAN VALUE				
MEAN VALUE x25				

Colorectal-Anal Distress Inventory 8 (CRAD-8)

Do you...	Initial Exam		Discharge	
	No	Yes	No	Yes
7. Feel you need to strain too hard to have a bowel movement?	0	1 2 3 4	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	0	1 2 3 4
9. Usually lose stool beyond your control if your stool is well formed?	0	1 2 3 4	0	1 2 3 4
10. Usually lose stool beyond your control if your stool is loose?	0	1 2 3 4	0	1 2 3 4
11. Usually lose gas from the rectum beyond your control?	0	1 2 3 4	0	1 2 3 4
12. Usually have pain when you pass your stool?	0	1 2 3 4	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	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	0	1 2 3 4
MEAN VALUE				
MEAN VALUE x25				

Urinary Distress Inventory 6 (UDI-6)

Do you...	Initial Exam		Discharge	
	No	Yes	No	Yes
15. Usually experience frequent urination?	0	1 2 3 4	0	1 2 3 4
16. Usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation of needing to go to the bathroom?	0	1 2 3 4	0	1 2 3 4
17. Usually experience urine leakage related to coughing, sneezing or laughing?	0	1 2 3 4	0	1 2 3 4
18. Usually experience small amounts of urine leakage (that is, drops)?	0	1 2 3 4	0	1 2 3 4
19. Usually experience difficulty emptying your bladder?	0	1 2 3 4	0	1 2 3 4
20. Usually experience pain or discomfort in the lower abdomen or genital region?	0	1 2 3 4	0	1 2 3 4
MEAN VALUE				
MEAN VALUE x25				

PFDI SCORE:

Initial Exam	Discharge

Scoring the PFDI-20: Scale scores: Obtain the mean value of all the answered items within the corresponding scale (possible value 0 to 4) and then 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. *PFSI-20 Summary Score:* Add the scores from the 3 scale together to obtain the summary score (range 0 to 300). Adapted by Herman & Wallace Pelvic Rehabilitation Institute from Barber, M., Walters, M., et al. (2005). Short forms of two condition-specific quality of life questionnaires for women with pelvic floor disorders (PFDI-20 and PFIQ-7). *American Journal of Obstetrics and Gynecology* 193: 103-113.