PATIENT NAME: _____ ID#: _____ DATE: _____

Description: This survey is meant to help us obtain information from our patients regarding their current levels of discomfort and capability.

Please circle the answers below that best apply.

Please rate your pain level with activity: NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN

Pelvic Floor Distress Inventory Questionnaire - Short Form 20

		If **yes**, how much does it bother you?			
		Not at all	Some-what	Mod.	Quite a Bit
1. Do you usually experience pressure in the lower abdomen?	No (0)	1	2	3	4
2. Do you usually experience heaviness or dullness in the lower abdomen?	No (0)	1	2	3	4
3. Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?	No (0)	1	2	3	4
4. Do you usually have to push on the vagina or around the rectum to have a complete bowel movement?	No (0)	1	2	3	4
5. Do you usually experience a feeling of incomplete bladder emptying?	No (0)	1	2	3	4
6. Do you ever have to push up in the vaginal area with your fingers to start or complete urination?	No (0)	1	2	3	4
7. Do you feel you need to strain too hard to have a bowel movement?	No (0)	1	2	3	4
8. Do you feel you have not completely emptied your bowels at the end of a bowel movement?	No (0)	1	2	3	4
9. Do you usually lose stool beyond your control if your stool is well formed?	No (0)	1	2	3	4
10. Do you usually lose stool beyond your control if you stool is loose or liquid?	No (0)	1	2	3	4
11. Do you usually lose gas from the rectum beyond your control?	No (0)	1	2	3	4
12. Do you usually have pain when you pass your stool?	No (0)	1	2	3	4
13. Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	No (0)	1	2	3	4
14. Does part of your stool ever pass through the rectum and bulge outside during or after a bowel movement?	No (0)	1	2	3	4
15. Do you usually experience frequent urination?	No (0)	1	2	3	4
16. 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 (0)	1	2	3	4
17. Do you usually experience urine leakage related to laughing, coughing, or sneezing?	No (0)	1	2	3	4
18. Do you usually experience small amounts of urine leakage (that is, drops)?	No (0)	1	2	3	4
19. Do you usually experience difficulty emptying your bladder?	No (0)	1	2	3	4
20. Do you usually experience pain of discomfort in the lower abdomen or genital region?	No (0)	1	2	3	4

Therapist Only
ICD9 Code_____
Co Morbidities:
☐Cancer ☐Obesity ☐Multiple Treatment Areas ☐Diabetes ☐Heart Condition
☐Surgery for this Problem ☐Fibromyalgia ☐High Blood Pressure

Barber MD, Walters MD, Bump RC. Short forms of two condition-specific quality-of-life questionnaires for women with pelvic floor disorders (PFDI-20 adn PFIQ-7). Am J Obstet Gynecol 2005;193:103-113.