



PELVIC FLOOR DISTRESS INVENTORY

NAME _____

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 6 (UDI-6)

Do you experience, and, if so, how much are You bothered by	Not at all	Somewhat	Moderately	Quite a bit
Usually experience frequent urination?				
Usually experience urine leakage associated 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 abdomen or genital region?				

Colorectal-Anal Distress Inventory 8 (CRADI-8)

Do you experience, and, if so, how much are You bothered by	Not at all	Somewhat	Moderately	Quite a bit
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?				
Do you usually have pain when you pass your stool?				
Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?				
Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?				

Reviewed with Patient _____ / ____ / ____
Drs Initials & Date

Please complete other side →

NAME _____ DATE _____

Pelvic Organ Prolapse Distress Inventory 6 (POPDI-6)

Do you experience, and, if so, how much are You bothered by	Not at all	Somewhat	Moderately	Quite a bit
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)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
2. Ability to do physical activities such as walking, swimming, or other exercise?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
3. Entertainment activities such as going to a movie or concert?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <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?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
5. Participating in social activities outside your home>	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
6. Emotional health (nervousness, depression, etc)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
7. Feeling frustrated?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit

Reviewed with Patient _____ / _____ / _____

Drs Initials & Date
Originated: 07/06