

Name: _____

Date of Birth: _____

Today's Date: _____

Pelvic Floor Disability Index (PFDI-20)

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 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 three scales of your symptoms. All these items use the following format with a response scale from 0 to 4.

Symptom scale: 0 = not present (0%)
1 = not at all ($\leq 25\%$)
2 = somewhat ($\leq 50\%$)
3 = moderately ($\leq 75\%$)
4 = quite a bit ($\geq 75\%$)

Pelvic Organ Prolapse Distress Inventory 6 (POPDI-6)

Do you...	NO	YES
Usually experience pressure in the lower abdomen?	0	1 2 3 4
Usually experience heaviness or dullness in the pelvic area?	0	1 2 3 4
Usually have a bulge or something falling out that you can see or feel in your vaginal area?	0	1 2 3 4
Ever have to push on the vagina or around the rectum to have or complete a bowel movement?	0	1 2 3 4
Usually experience a feeling of incomplete bladder emptying?	0	1 2 3 4
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

Colorectal-Anal Distress Inventory 8 (CRAD-8)

Do you...	NO	YES
Feel you need to strain too hard to have a bowel movement?	0	1 2 3 4
Feel you have not completely emptied your bowels at the end of a bowel movement?	0	1 2 3 4
Usually lose stool beyond your control if your stool is well formed?	0	1 2 3 4
Usually loose stool beyond your control if your stool is loose?	0	1 2 3 4
Usually lose gas from the rectum beyond your control?	0	1 2 3 4
Usually have pain when you pass your stool?	0	1 2 3 4
Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	0	1 2 3 4
Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	0	1 2 3 4

Urinary Distress Inventory 6 (UDI-6)

Do you...	NO	YES			
Usually experience frequent urination?	0	1	2	3	4
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
Usually experience urine leakage related to coughing, sneezing or laughing?	0	1	2	3	4
Usually experience small amounts of urine leakage (that is, drops)?	0	1	2	3	4
Usually experienced difficulty emptying your bladder?	0	1	2	3	4
Usually experience pain or discomfort in the lower abdomen or genital region?	0	1	2	3	4