



**ASSESSMENT / DISTRESS  
MANAGEMENT**

PF08858 (R 8/13)

PATIENT I.D.

**Pelvic Floor Distress Inventory-20**

Instructions: Please mark if you have certain symptoms and, if you do, how much they bother you

1. Do you experience pressure in the lower abdomen?  Yes  No  
\_\_\_Not at all \_\_\_Somewhat \_\_\_Moderately \_\_\_Quite a bit      Score\_\_\_\_\_
2. Do you usually experience heaviness or dullness in the pelvic area?  Yes  No  
\_\_\_Not at all \_\_\_Somewhat \_\_\_Moderately \_\_\_Quite a bit      Score\_\_\_\_\_
3. Do you usually have a bulge or something falling out that you can see or feel in your vaginal area?  Yes  No  
\_\_\_Not at all \_\_\_Somewhat \_\_\_Moderately \_\_\_Quite a bit      Score\_\_\_\_\_
4. Do you ever have to push on the vagina or around the rectum to have or complete a bowel movement?  Yes  No  
\_\_\_Not at all \_\_\_Somewhat \_\_\_Moderately \_\_\_Quite a bit      Score\_\_\_\_\_
5. Do you experience a feeling of incomplete bladder emptying?  Yes  No  
\_\_\_Not at all \_\_\_Somewhat \_\_\_Moderately \_\_\_Quite a bit      Score\_\_\_\_\_
6. Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?  Yes  No  
\_\_\_Not at all \_\_\_Somewhat \_\_\_Moderately \_\_\_Quite a bit      Score\_\_\_\_\_

**POPDI-6 Total**\_\_\_\_/6 = \_\_\_\_ x 25 \_\_\_\_

7. Do you feel you need to strain too hard to have a bowel movement?  Yes  No  
\_\_\_Not at all \_\_\_Somewhat \_\_\_Moderately \_\_\_Quite a bit      Score\_\_\_\_\_
8. Do you feel you have not completely emptied your bowels at the end of a bowel movement?  Yes  No  
\_\_\_Not at all \_\_\_Somewhat \_\_\_Moderately \_\_\_Quite a bit      Score\_\_\_\_\_
9. Do you usually lose stool beyond your control if your stool well formed?  Yes  No  
\_\_\_Not at all \_\_\_Somewhat \_\_\_Moderately \_\_\_Quite a bit      Score\_\_\_\_\_
10. Do you usually lose stool beyond your control if your stool is loose?  Yes  No  
\_\_\_Not at all \_\_\_Somewhat \_\_\_Moderately \_\_\_Quite a bit      Score\_\_\_\_\_
11. Do you usually lose gas from the rectum beyond your control?  Yes  No  
\_\_\_Not at all \_\_\_Somewhat \_\_\_Moderately \_\_\_Quite a bit      Score\_\_\_\_\_
12. Do you usually have pain when you pass your stool?  Yes  No  
\_\_\_Not at all \_\_\_Somewhat \_\_\_Moderately \_\_\_Quite a bit      Score\_\_\_\_\_



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QUESTIONNAIRE / DISTRESS
INVENTORY

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13. Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?

Yes No

Not at all Somewhat Moderately Quite a bit Score

14. Does part of your bowel ever bulge outside the rectum during or after a bowel movement? Yes No

Not at all Somewhat Moderately Quite a bit Score

CRADI-8 Total / 8 = x 25

15. Do you usually experience frequent urination? Yes No

Not at all Somewhat Moderately Quite a bit Score

16. Do you experience urine leakage associated with a feeling of urgency, i.e. a strong sensation of needing to go to the bathroom? Yes No

Not at all Somewhat Moderately Quite a bit Score

17. Do you experience urine leakage with coughing, laughing, or sneezing? Yes No

Not at all Somewhat Moderately Quite a bit Score

18. Do you usually experience small amounts of urine leakage (small drops)? Yes No

Not at all Somewhat Moderately Quite a bit Score

19. Do you usually experience difficulty emptying bladder? Yes No

Not at all Somewhat Moderately Quite a bit Score

20. Do you experience pain or discomfort in the lower abdomen or genital region? Yes No

Not at all Somewhat Moderately Quite a bit Score

UDI-6 Total / 6 = x 25

Patient Signature Date Time

Therapist Signature Date Time

Scale scores: Obtain the mean value of all of the answered items within the corresponding scale (possible value 0-4) and then multiply by 25 to obtain the scale score (range 0-100). Missing items are dealt with by using the mean from answered items only.

PFDI-20 Summary Score: Add the scores from the 3 scales together to obtain the summary score (range 0-300).

POPDI-6 + CRADI-8 + UDI-6 = PFDI-20 Score