



## **Pelvic Floor Dysfunction Inventory**

**Please answer ALL questions as best you can.**

**Do you experience:**

|  | <b>No, does not occur</b> | <b>Yes, does not bother me</b> | <b>Yes, bothers me slightly</b> | <b>Yes, bothers me moderately</b> | <b>Yes, bothers me greatly</b> |
|--|---------------------------|--------------------------------|---------------------------------|-----------------------------------|--------------------------------|
| 1. Pressure in the lower abdomen?  | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 2. Heaviness or dullness in the pelvic area?   | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 3. Bulging or something falling out of that you can see or feel in your vaginal area?                        | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 4. Ever have to push on the vagina or around the rectum to complete a bowel movement?                        | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 5. Difficulty emptying your bladder?   | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 6. Ever have to push up on a bulge in the vaginal area with your fingers to complete urination?              | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 7. Do you feel you need to strain too hard to have a bowel movement?   | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 8. Do you feel as if you have not completely emptied your bowels at the end of a bowel movement?             | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 9. Lose stool beyond your control if your stool is well formed?  | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 10. Lose stool beyond your control if your stool is loose?   | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 11. Lose gas from the rectum beyond your control?  | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 12. Have pain when you pass your stool?  | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 13. Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?          | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 14. Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement? | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 15. Frequent urination?  | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 16. Urine leakage related to the feeling of urgency?   | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 17. Urine leakage related to physical activity, coughing, or sneezing?                                       | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 18. Small amounts of urine leakage (that is drops)?  | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 19. Difficulty emptying your bladder?  | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |
| 20. Pain or discomfort in the lower abdominal or genital area?   | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>          | <input type="checkbox"/>       |