

Pelvic Floor Distress Questionnaire

Name: _____

Date: _____

Instructions: For each question below, please circle yes or no and if yes, circle the response that best describes how much each symptom bothers you. If you are unsure about how to answer a question, give the best answer you can. While answering these questions, please consider your symptoms over the last 3 months.

		Not at all Somewhat Moderately Quite a Bit					
1	Do you usually experience <i>pressure</i> in the lower abdomen? If yes, how much does this bother you?	Yes	No	1	2	2	3
2	Do you usually experience <i>heaviness or dullness</i> in the pelvic area? If yes, how much does this bother you?	Yes	No	1	2	2	3
3	Do you usually have a bulge or something falling out that you can see or feel in the vagina? If yes, how much does this bother you?	Yes	No	1	2	2	3
4	Do you usually have to push on the vagina or around the rectum to have a bowel movement? If yes, how much does this bother you?	Yes	No	1	2	2	3
5	Do you usually experience a feeling of incomplete bladder emptying? If yes, how much does this bother you?	Yes	No	1	2	2	3
6	Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination? If yes, how much does this bother you?	Yes	No	1	2	2	3
7	Do you feel you need to strain too hard to have a bowel movement? If other than never, how much does this bother you?	Yes	No	1	2	2	3
8	Do you feel you have not completely emptied your bowels at the end of a bowel movement? If other than never, how much does this bother you?	Yes	No	1	2	2	3
9	Do you usually lose stool beyond your control if your stool is well formed? If yes, how much does this bother you?	Yes	No	1	2	2	3
10	Do you usually lose stool beyond your control if your stool is loose or liquid? If yes, how much does this bother you?	Yes	No	1	2	2	3
11	Do you usually lose of gas from the rectum beyond your control? If yes, how much does this bother you?	Yes	No	1	2	2	3
12	Do you usually have pain when you pass your stool? If yes, how much does this bother you?	Yes	No	1	2	2	3

Name: _____

Continued: Pelvic Floor Distress Questionnaire

			Not at all	Somewhat	Moderately	Quite a Bit
13	Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement? If other than never, how much does this bother you?	Yes No	1	2	2	3
14	Does a part of your bowel pass through the rectum and bulge outside during or after a bowel movement? If yes, how much does this bother you?	Yes No	1	2	2	3
15	Do you usually experience frequent urination? If yes, how much does it bother you?	Yes No	1	2	2	3
16	Do you usually experience urine leakage associated with a feeling of urgency, a strong sensation of needing to go to the bathroom? If yes, how much does it bother you?	Yes No	1	2	2	3
17	Do you usually experience urine leakage related to coughing, sneezing, or laughing? If yes, how much does it bother you?	Yes No	1	2	2	3
18	Do you usually experience small amounts of urine leakage (that is, drops)? If yes, how much does it bother you?	Yes No	1	2	2	3
19	Do you usually experience difficulty emptying your bladder? If yes, how much does it bother you?	Yes No	1	2	2	3
20	Do you usually experience <i>pain or discomfort</i> in the lower abdomen or genital region? If yes, how much does this bother you?	Yes No	1	2	2	3