



CAROLINA PELVIC HEALTH CENTER, INC.

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 forms as completely as possible.

Pelvic Organ Prolapse Distress Inventory

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?				

Colorectal-Anal Distress Inventory

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 stool is loose				
Usually lose gas from the rectum beyond your control				
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?				

Urinary Distress Inventory

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 along 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 leakage (drops)				
Usually experience difficulty emptying your bladder				
Usually experience pain or discomfort in the lower abdominal or genital region				

Resource: Woman's Clinic, Ltd.

Pelvic Floor Impact Questionnaire

Some people 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 are affected by your bladder, bowel, or vaginal/rectal symptoms or conditions **over the last 3 months**. Please make sure you mark your answer in all 3 columns for each question.

How do symptoms or conditions relate to the following...	Bladder or Urine	Bowel or Rectum	Vagina or Penis
Ability to do household chores - cooking, house cleaning, 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
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
Ability to attend 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
Ability to travel by car or bus for a distance greater than 30 min 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
Ability to participate in social activities outside of 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
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
Feelings of frustration	<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

Resource: Woman's Clinic, Ltd.