# Pelvic Floor Distress Inventory

## PELVIC FLOOR DISTRESS INVENTORY

For each question, please answer whether you have experienced the following symptoms, and if so, how much they have bothered you over the past 3 months. Scoring: 0 = No, 1 = Yes, but not bothering me at all, 2 = Yes, somewhat bothering me, 3 = Yes, moderately bothering me, 4 = Yes, greatly bothering me

## 1. URINARY DISTRESS INVENTORY (UDI-6)

Do you usually experience frequent urination?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually experience urine leakage associated with a feeling of urgency (a strong sensation of needing to go to the bathroom)?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually experience urine leakage related to physical activity, such as coughing, sneezing, or lifting?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually experience small amounts of urine leakage (drops)?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually have difficulty emptying your bladder?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually have pain or discomfort in the lower abdomen or genital area?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

## 2. PELVIC ORGAN PROLAPSE DISTRESS INVENTORY (POPDI-6)

Do you usually have a feeling of bulging or something falling out that you can see or feel in your vaginal area?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually have pressure in the lower abdomen or pelvis?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually experience discomfort or difficulty when standing for long periods of time?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually experience a feeling of incomplete bladder emptying?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually experience difficulty in emptying your bladder completely?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually experience discomfort during sexual intercourse?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

## 3. COLORECTAL-ANAL DISTRESS INVENTORY (CRADI-8)

Do you usually experience the need to strain too hard to have a bowel movement?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually feel that your bowel movements are incomplete?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually experience pain during bowel movements?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually experience the loss of gas or air from the rectum?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually experience accidental loss of stool?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually experience a strong urge to have a bowel movement that you cannot control?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually experience the need to press on the vagina or around the rectum to have a complete bowel movement?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Do you usually experience a feeling of incomplete emptying of the bowels?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4