

Pelvic Floor Distress Inventory Short Form 20

POPDI-6	Please circle the answer that best fits you						
1) Usually experience pressure in the lower abdomen?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
2) Usual experience heaviness or dullness in the pelvic area?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
3) Usually have a bulge or something falling out that you can see or feel in your vaginal area?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
4) Ever have to push on the vagina or around the rectum to have or complete a bowel movement?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
5) usually experience a feeling of incomplete bladder emptying?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
6) Ever have to push up on a bulge in the vagina with your fingers to start or complete urination?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
CRADI-8							
1) Feel you need to strain too hard to have a bowel movement?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
2) Feel you have no completely emptied your bowels at the end of a bowel movement?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
3) usually lose stool beyond your control, and your stool is well formed?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
4) Usually lose stool beyond your control, and your stool is loose?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
5) Usually lose gas from the rectum beyond your control?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
6) Usually have pain when you pass your stool?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
7) Experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
8) Does part of your bowel ever pass through the rectum and bulge outside of the body either during or after a bowel movement?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
UDI-6							
1) Usually experience frequent urination?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
2) Usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation or needing to go to the bathroom?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
3) usually experience urine leakage related to cough, sneeze or laugh?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
4) Usually experience small amounts of urine leakage (that is, drops)?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
5) Usually experience difficulty emptying your bladder?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit
6) Usually experience pain or discomfort in the lower abdomen or genital region?	No	Yes	Not at all	Somewhat	Moderately		Quite a bit