Comments: _____number of pads: _____

Pelvic Symptom Questionnaire

Bladder/ Bowel Habits / Problems

Y/N Trouble initiating urine stream
Y/N Urinary Intermittent/ slow stream
Y/N Trouble emptying bladder
Y/N Difficulty stopping the urine stream
Y/N Trouble emptying bladder completely
Y/N Straining or pushing to empty bladder
Y/N Dribbling after urination
Y/N Constant urine leakage
Y/N Other/describe_____

Y/N Blood in urine
Y/N Painful Urination
Y/N Trouble feeling bladder urge/fullness
Y/N Current laxative use
Y/N Trouble feeling bowel/ urge/ fullness
Y/N Constipation/straining
Y/N Trouble holding back gas/feces
Y/N Recurrent bladder infections

1. Frequency of urination: awake hour's____ times per day, sleep hours_____ times per night
2. When you have a normal urge to urinate, how long can you delay before you have to go to the toilet?
____minutes, _____hours, _____not at all.
3. The usual amount of urine passes is: _____small _____medium _____ large
4. Frequency or bowel movements _____per day. _____ times per week, or _____
5. When you have an urge to have a bowel movement, how long can you delay before you have to go to the toilet?
_____minutes, _____hours, _____not at all.
6. If constipation is present describe management techniques_____
7. Average fluid intake (one glass is 8 oz or one cup)_____glasses per day.
8. Rate a feeling of organ "falling out"/ prolapsed or pelvic heaviness/pressure:
_____none present
_____times per month (specify if related to activity or your period)
_____with standing for _____minutes or _____hours.
_____with exertion or straining
_____other

Skip questions if no leakage/incontinence

9a. Bladder leakage- number of episodes.
____No leakage
____Times per day
____Times per week
____Times per month
____Only with physical exertion/cough

9b. Bowel Leakage-number of episodes
____No leakage
____Times per day
____Times per week
____Times per month
____Only with exertion/strong urge

10a. On average, how much urine do you leak?
____No leakage
____Just a few drops
____Wets underwear
____Wets outerwear
____Wets the floor

10b. How much stool do you lose?
____No leakage
____Stool staining
____Small amount in underwear
____Complete emptying

11. What form of protection do you wear? (Please complete only one)
____None
____Minimal protection (tissue paper/paper towel/ pantishields)
____Moderate protection (absorbent product, maxipad)
____Maximum protection (specialty product/ diaper)

PATIENT NAME: _____ **ID#:** _____ **DATE:** _____

Description: This survey is meant to help us obtain information from our patients regarding their current levels of discomfort and capability.

Please circle the answers below that best apply

Please rate your pain level with activity: NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN

Pelvic Floor Distress Inventory Questionnaire - Short Form 20

			If yes, how much does it bother you?			
			Not at all	Somewhat	Moderately	Quite a bit
1.	Do you usually experience pressure in the lower abdomen?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
2.	Do you usually experience heaviness or dullness in the lower abdomen?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
3.	Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
4.	Do you usually have to push on the vagina or around the rectum to have a complete bowel movement?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
5.	Do you usually experience a feeling of incomplete bladder emptying?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
6.	Do you ever have to push up in the vaginal area with your fingers to start or complete urination?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
7.	Do you feel you need to strain too hard to have a bowel movement?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
8.	Do you feel you have not completely emptied your bowels at the end of a bowel movement?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
9.	Do you usually lose stool beyond your control if your stool is well formed?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
10.	Do you usually lose stool beyond your control if you stool is loose or liquid?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
11.	Do you usually lose gas from the rectum beyond your control?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)

12.	Do you usually have pain when you pass your stool?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
13.	Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
14.	Does part of your stool ever pass through the rectum and bulge outside during or after a bowel movement?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
15.	Do you usually experience frequent urination?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
16.	Do you usually experience urine leakage associated with a feeling of urgency; that is, a strong sensation of needing to go to the bathroom?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
17.	Do you usually experience urine leakage related to laughing, coughing, or sneezing?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
18.	Do you usually experience small amounts of urine leakage (that is, drops)?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
19.	Do you usually experience difficulty emptying your bladder?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
20.	Do you usually experience pain of discomfort in the lower abdomen or genital region?	☐ No (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)

Therapist Only

ICD9 Code: _____

Comorbidities:

☐ Cancer
☐ Diabetes
☐ Fibromyalgia
☐ Obesity
☐ Heart Condition
☐ High Blood Pressure
☐ Multiple Treatment Areas
☐ Surgery for this Problem

Barber MD, Walters MD, Bump RC. Short forms of two condition-specific quality-of-life questionnaires for women with pelvic floor disorders (PFDI-20 adn PFIQ-7). Am J Obstet Gynecol 2005;193:103-113.