

Patient Name: _____

PFDI – 20

Please answer all of the questions in the following survey. These questions will ask you if you have certain bowel, bladder or pelvic symptoms and, if you do, how much they bother you. Answer these by checking one box. While answering these questions, please consider your symptoms over the last 3 months.

Pelvic Organ Prolapse Distress Inventory 6 (POPDI – 6)

| | <i>Quite a bit 4</i> | <i>Moderately 3</i> | <i>Somewhat 2</i> | <i>Not at all 1</i> | <i>Not present 0</i> |
|---|--------------------------|-------------------------|-----------------------|-------------------------|--------------------------|
| <i>Do you usually experience pressure in the lower abdomen?</i> | | | | | |
| <i>Do you usually experience heaviness or dullness in the pelvic area?</i> | | | | | |
| <i>Do you usually have a bulge or something falling out that you can see or feel in your vaginal area?</i> | | | | | |
| <i>Do you ever have to push on the vagina or around the rectum to have or complete a bowel movement?</i> | | | | | |
| <i>Do you usually experience a feeling of incomplete bladder emptying?</i> | | | | | |
| <i>Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?</i> | | | | | |
| <i>Total _____</i> | | | | | |

Patient's Signature: _____ **Date:** _____

Therapist's Signature: _____ **Date:** _____