

Pelvic Floor Questionnaire (PFDI)

Instructions: Please answer the following question by circling the appropriate number. If you are unsure about how to answer a question, give the best answer you can. While answering these questions, please consider your symptoms over the **last three months**. Thank you for your help.

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

	NO	YES			
		<u>If yes</u> , how much does it bother you?			
		Not at all	Somewhat	Moderately	Greatly
12. Do you usually have pain when you pass your stool?	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?	0	1	2	3	4
14. Does a part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	0	1	2	3	4
15. Do you usually experience frequent urination?	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?	0	1	2	3	4
17. Do you usually experience urine leakage related to coughing, sneezing, or laughing?	0	1	2	3	4
18. Do you usually experience small amounts of urine leakage? (this is, drops)?	0	1	2	3	4
19. Do you usually experience difficulty emptying your bladder?	0	1	2	3	4
20. Do you usually experience <i>pain</i> or <i>discomfort</i> in the lower abdomen or genital region?	0	1	2	3	4