

Florida Urogynecology & Reconstructive Pelvic Surgery, PA
Pelvic Floor Distress Inventory

Instructions:

Please answer these questions by putting an X in the appropriate box.

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 3months.

Thank you for your help.

Name: _____

Date: _____

1. Do you usually experience *pressure* in the lower abdomen? No Yes

1

2

3

4

Not at All

Somewhat

Moderately

Quite a Bit

2. Do you usually experience *heaviness or dullness* in the pelvic area? No Yes, how much does this bother you?

1

2

3

4

Not at All

Somewhat

Moderately

Quite a Bit

3. Do you usually have a bulge or something falling out that you can see or feel in the vaginal area? No Yes - if yes, how much does this bother you?

1

2

3

4

Not at All

Somewhat

Moderately

Quite a Bit

4. Do you usually have to push on the vagina or around the rectum to have or complete a bowel movement? No Yes - if yes, how much does this bother you?

1

2

3

4

Not at All

Somewhat

Moderately

Quite a Bit

5. Do you usually experience a feeling of incomplete bladder emptying? No Yes - if yes, how much does this bother you?

1

2

3

4

Not at All

Somewhat

Moderately

Quite a Bit

6. Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination? No Yes - if yes, how much does this bother you?

1

2

3

4

Not at All

Somewhat

Moderately

Quite a Bit

7. Do you feel you need to strain too hard to have a bowel movement? No Yes
If other than never, how much does this bother you?

1

2

3

4

Not at All

Somewhat

Moderately

Quite a Bit

8. Do you feel you have not completely emptied your bowels at the end-of a bowel movement?
No Yes - if other than never, how much does this bother you?

1

2

3

4

Not at All

Somewhat

Moderately

Quite a Bit

9. Do you usually lose stool beyond your control if your stool is well formed? No Yes
If yes, how much does this bother you?

1

2

3

4

Not at All

Somewhat

Moderately

Quite a Bit

10. Do you usually lose stool beyond your control if your stool is loose or liquid? No Yes - If yes, how much does this bother you?

1 2 3 4
Not at All Somewhat Moderately Quite a Bit

11. Do you usually lose gas from the rectum beyond your control? No Yes - if yes, how much does this bother you?

1 2 3 4
Not at All Somewhat Moderately Quite a Bit

12. Do you usually have pain when you pass your stool? No Yes - if yes, how much does this bother you?

1 2 3 4
Not at All Somewhat Moderately Quite a Bit

13. Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement? No Yes

1 2 3 4
Not at All Somewhat Moderately Quite a Bit

14. Does a part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement? No Yes - if yes, how much does this bother you?

1 2 3 4
Not at All Somewhat Moderately Quite a Bit

15. Do you usually experience frequent urination? No Yes - if yes, how much does this bother you?

1 2 3 4
Not at All Somewhat Moderately Quite a Bit

*16. Do you usually experience urine leakage associate with a feeling of urgency that is a strong sensation of needing to go to the bathroom? No Yes - if yes, how much does this bother you?

1 2 3 4
Not at All Somewhat Moderately Quite a Bit

17. Do you usually experience urine leakage related to coughing, sneezing, or laughing? No Yes - if yes, how much does this bother you?

1 2 3 4
Not at All Somewhat Moderately Quite a Bit

18. Do you usually experience small amounts of urine leakage (drops)? No Yes - if yes, how much does this bother you?

1 2 3 4
Not at All Somewhat Moderately Quite a Bit

19. Do you usually experience difficulty emptying your bladder? No Yes - if yes, how much does this bother you?

1 2 3 4
Not at All Somewhat Moderately Quite a Bit

20. Do you usually experience *pain or discomfort* in the lower abdomen or genital region? No Yes - if yes, how much does this bother you?

1 2 3 4
Not at All Somewhat Moderately Quite a Bit

Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire

Instructions: The following are a list of questions about you and your partner's sex life. All information is strictly confidential. Your confidential answers will be used only to help the doctor to understand what is important to the patient about their sex lives. Please check the box that best answers the question for you. While answering the questions, consider your sexuality over the past six months. Thank you for your help.

Not Applicable

1. How frequently do you feel sexual desire? This feeling may include wanting to have sex, feeling frustrated due to lack of sex, etc.?

Always Usually Sometimes Seldom Never

2. Do you climax (have an orgasm) when having sexual intercourse with your partner?

Always Usually Sometimes Seldom Never

3. Do you feel sexually excited (turned on) when having sexual activity with your partner?

Always Usually Sometimes Seldom Never

4. How satisfied are you with the variety of sexual activities in your current sex life?

Always Usually Sometimes Seldom Never

5. Do you feel pain during sexual intercourse?

Always Usually Sometimes Seldom Never

6. Are you incontinent of urine (leak urine) with sexual activity?

Always Usually Sometimes Seldom Never

7. Does fear of incontinence (either stool or urine) restrict your sexual activity?

Always Usually Sometimes Seldom Never

8. Do you avoid sexual intercourse because of bulging in the vagina (the bladder, rectum or vagina falling out?)

Always Usually Sometimes Seldom Never

9. When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt?

Always Usually Sometimes Seldom Never

10. Does your partner have a problem with erections that affects your sexual activity?

Always Usually Sometimes Seldom Never

11. Does your partner have a problem with premature ejaculation that affects your sexual activity?

Always Usually Sometimes Seldom Never

12. Compared to orgasms you have had in the past, how intense are the orgasms you have had in the past six months?

Much less intense Less intense Same intensity More intensity

Much more intense