

# PFDI-20 Patient Symptom Scale



Patient Name \_\_\_\_\_

Date \_\_\_\_\_

**INSTRUCTIONS:** 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 the appropriate circle. While answering these questions, please consider your symptoms over the last 3 months.

The PFDI-20 has 20 items and 3 scales of your symptoms. All items use the following format with a scale from 0-4:

		Not Present	Not at all	Some-what	Moder-ately	Quite a bit
		NO	YES			
		0	1	2	3	4
<b>Pelvic Organ Prolapse Distress Inventory 6 (POPDI-6)</b>						
1	Do you usually experience pressure in the lower abdomen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Do you usually experience heaviness or dullness in the pelvic area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Do you usually have a bulge or something falling out that you can see or feel in your vaginal area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Do you ever have to push on the vagina or around the rectum to have or complete a bowel movement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Do you usually experience a feeling of incomplete bladder emptying?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Colorectal-Anal Distress Inventory 8 (CRAD-8)</b>						
7	Do you feel you need to strain too hard to have a bowel movement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Do you feel you have not completely emptied your bowels at the end of a bowel movement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Do you usually lose stool beyond your control if your stool is well formed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Do you usually lose stool beyond your control if your stool is loose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Do you usually lose gas from the rectum beyond your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Do you usually have pain when you pass your stool?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Urinary Distress Inventory 6 (UDI-6)</b>						
15	Do you usually experience frequent urination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	Do you usually experience urine leakage related to coughing, sneezing or laughing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	Do you usually experience small amounts of urine leakage (that is, drops)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	Do you usually experience difficulty emptying your bladder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	Do you usually experience pain or discomfort in the lower abdomen or genital region?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SCORING THE PFDI-20:

**Scale Scores:** Obtain the mean value of all the answered items within the corresponding scale (possible value 0 to 4) , then multiply by 25 to obtain the scale score (range 0 to 100). Deal with missing items by using the mean from answered items only.

**PFSI-20 Summary Score:** Add the scores from the 3 scales together to obtain the summary score (range 0 to 300).

# Pelvic Pain and Urinary Frequency (PUF) Patient Symptom Scale



Patient Name \_\_\_\_\_

Date \_\_\_\_\_

INSTRUCTIONS: Please check the circle that best describes how you feel for each question.

		0	1	2	3	4	Symptom Score	Bother Score
1	How many times do you go to bathroom during the day?	3-6 <input type="radio"/>	7-10 <input type="radio"/>	11-14 <input type="radio"/>	15-19 <input type="radio"/>	20+ <input type="radio"/>		
2a	How many times do you go to bathroom at night?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4+ <input type="radio"/>		
2b	If you get up at night to go to the bathroom, does it bother you?	Never <input type="radio"/>	Mildly <input type="radio"/>	Moderately <input type="radio"/>	Severely <input type="radio"/>			
3	Are you currently sexually active?	Yes <input type="radio"/>	No <input type="radio"/>					
4a	If you are sexually active, do you now or have you ever had pain or symptoms during or after sexual intercourse?	Never <input type="radio"/>	Occasionally <input type="radio"/>	Usually <input type="radio"/>	Always <input type="radio"/>			
4b	If you have pain, does it make you avoid sexual intercourse?	Never <input type="radio"/>	Occasionally <input type="radio"/>	Usually <input type="radio"/>	Always <input type="radio"/>			
5	Do you have pain associated with your bladder or in your pelvis (vagina, lower abdomen, urethra, perineum, testes or scrotum)?	Never <input type="radio"/>	Occasionally <input type="radio"/>	Usually <input type="radio"/>	Always <input type="radio"/>			
6	Do you have urgency after going to the bathroom?	Never <input type="radio"/>	Occasionally <input type="radio"/>	Usually <input type="radio"/>	Always <input type="radio"/>			
7a	If you have pain, how bad is it usually?		Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>			
7b	Does your pain bother you?	Never <input type="radio"/>	Occasionally <input type="radio"/>	Usually <input type="radio"/>	Always <input type="radio"/>			
8a	If you have urgency, how bad is it usually?		Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>			
8b	Does your urgency bother you?	Never <input type="radio"/>	Occasionally <input type="radio"/>	Usually <input type="radio"/>	Always <input type="radio"/>			

Symptom Score (total from blue boxes) = \_\_\_\_\_

Bother Score (total from blue boxes) = \_\_\_\_\_

TOTAL Score (Symptom Score + Bother Score) = \_\_\_\_\_