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Physical Therapy & Beyond

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Pelvic Distress Inventory Frequency – Male and Female

Instructions: Please answer these questions by putting a 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 3 months**. Thank you for your help.

Name: _____

Date: _____

1.	Do you usually experience frequent urination?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	If yes , how much does this bother you?	<input type="checkbox"/> 1 Not at all	<input type="checkbox"/> 2 Somewhat	<input type="checkbox"/> 3 Moderately	<input type="checkbox"/> 4 Quite a bit
2.	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="checkbox"/> No	<input type="checkbox"/> Yes		
	If yes , how much does this bother you?	<input type="checkbox"/> 1 Not at all	<input type="checkbox"/> 2 Somewhat	<input type="checkbox"/> 3 Moderately	<input type="checkbox"/> 4 Quite a bit
3.	Do you usually experience urine leakage related to coughing, sneezing or laughing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	If yes , how much does this bother you?	<input type="checkbox"/> 1 Not at all	<input type="checkbox"/> 2 Somewhat	<input type="checkbox"/> 3 Moderately	<input type="checkbox"/> 4 Quite a bit
4.	Do you usually experience small amounts of urine leakage (that is, drops)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	If yes , how much does this bother you?	<input type="checkbox"/> 1 Not at all	<input type="checkbox"/> 2 Somewhat	<input type="checkbox"/> 3 Moderately	<input type="checkbox"/> 4 Quite a bit
5.	Do you usually experience difficulty emptying your bladder?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	If yes , how much does this bother you?	<input type="checkbox"/> 1 Not at all	<input type="checkbox"/> 2 Somewhat	<input type="checkbox"/> 3 Moderately	<input type="checkbox"/> 4 Quite a bit
6.	Do you usually experience pain or discomfort in the lower abdomen or genital region?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	If yes , how much does this bother you?	<input type="checkbox"/> 1 Not at all	<input type="checkbox"/> 2 Somewhat	<input type="checkbox"/> 3 Moderately	<input type="checkbox"/> 4 Quite a bit