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Physical Therapy & Beyond

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Pelvic Floor Distress Inventory- 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 pressure in the lower abdomen?	<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 <i>heaviness</i> or <i>dullness</i> in the pelvic area?	<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 have a bulge or something falling out that you can see or feel in the vaginal area?	<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 have to push on the vagina or around the rectum to have or complete a bowel movement?	<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 a feeling of incomplete bladder emptying?	<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 ever have to push up on a bulge in the vaginal area with your fingers to start or complete 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