

**Pelvic Floor Distress Inventory
(SF-20)**

Instructions: Please complete the following survey. These questions are asking if you have certain bowel, bladder, or pelvic symptoms, and if so, how much how they bother you. Answer these questions by putting an “X” in the appropriate box or boxes. If you are unsure of how to answer the question, give the best answer you can. While answering these questions, please consider your symptoms over the last 3 months.

EXAMPLE

For the following question:

If you **do not** usually have headaches, put an “X” in the ‘No’ box.

1. Do you usually experience headaches?

No

Yes

If yes, how much does this bother you?

Not at all

Somewhat

Moderately

Quite a bit

If you **do** usually have headaches, put an “X” in the ‘Yes’ box **and** indicate how much the headaches bother you. (In this example, the headaches were moderately bothersome.)

1. Do you usually experience headaches?

No

Yes

If yes, how much does this bother you?

Not at all

Somewhat

Moderately

Quite a bit

NAME: _____

DATE: _____

1. Do you usually experience pressure in the lower abdomen?

No

Yes

If yes, how much does this bother you?

0

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

If yes, how much does this bother you?

0

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?

0

1

2

3

4

Not at all

Somewhat

Moderately

Quite a bit

4. Do you usually have to push on the vagina around the rectum to have or complete a bowel movement?

No

Yes

If yes, how much does this bother you?

0

1

2

3

4

Not at all

Somewhat

Moderately

Quite a bit

Please continue on to the back of this page.

5. Do you usually experience a feeling of incomplete bladder emptying?
 No Yes **If yes**, how much does this bother you?
0 1 2 3 4
Not at all Somewhat Moderately Quite a bit
6. Do you ever 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?
0 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 yes**, how much does this bother you?
0 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 yes**, how much does this bother you?
0 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?
0 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?
0 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?
0 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?
0 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 **If yes**, how much does this bother you?
0 1 2 3 4
Not at all Somewhat Moderately Quite a bit

14. Do a part of your bowel every pass through the rectum and bulge outside during or after a bowel movement?
 No Yes **If yes,** how much does this bother you?
0 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?
0 1 2 3 4
Not at all Somewhat Moderately Quite a bit
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?
 No Yes **If yes,** how much does this bother you?
0 1 2 3 4
Not at all Somewhat Moderately Quite a bit
17. Do you usually experience urine leakage when coughing, sneezing or laughing?
 No Yes **If yes,** how much does this bother you?
0 1 2 3 4
Not at all Somewhat Moderately Quite a bit
18. Do you usually experience small amounts (drops) of urine leakage?
 No Yes **If yes,** how much does this bother you?
0 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?
0 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?
0 1 2 3 4
Not at all Somewhat Moderately Quite a bit

Thank you for taking the time to complete this questionnaire.

Cincinnati Urogynecology Associates

**Pelvic Floor Impact Questionnaire
(SF-7)**

NAME: _____

DATE: ____ / ____ / ____

Instructions: Some women find that bladder, bowel, or vaginal symptoms affect their activities, relationships, and feelings. For each question, place an “X” in the response that best describes how much your activities, relationships or feelings have been affected by your condition **over the last 3 months**. **Please be sure to mark an answer in all 3 columns for each question.** Thank you for your cooperation.

EXAMPLE

For the following questions:

If your bladder symptoms interfere with your ability to drive a car *moderately*, and your bowel symptoms interfere with your ability to drive a car *somewhat*, but your vaginal or pelvic symptoms do not interfere with your ability to drive a car or you have no vaginal or pelvic symptoms then you should place an X in the corresponding boxes as indicated below:

How do symptoms or conditions related to the following →→→ Usually affect your:	Bladder or urine	Bowel or rectum	Vagina or pelvis
1. Ability to drive a car	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input checked="" type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input checked="" type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input checked="" type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
How do symptoms or conditions related to the following →→→ usually affect your:	Bladder or urine	Bowel or rectum	Vagina or pelvis
1. Ability to do household chores such as cooking, housekeeping, and/or laundry?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
2. Ability to do physical activities such as walking swimming, or other exercise?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
3. Ability to participate in entertainment activities such going to a movie or concert?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
4. Ability to travel by car or bus for a length of time greater than 30 minutes?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
5. Participating in social activities outside your home?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
6. Emotional health (nervousness, depression, etc.)	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
7. Feeling frustrated?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit