

Pelvic Floor Impact Questionnaire—short form 7 (PFIQ-7)

Name _____ DATE _____

DOB _____

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

How do symptoms or conditions in the following usually affect your	<i>Bladder or urine</i>	<i>Bowel or rectum</i>	<i>Vagina or pelvis</i>
1. Ability to do household chores (cooking, laundry housecleaning)?	<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. Entertainment activities such as 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 distance greater than 30 minutes away from 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
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

Urogenital Distress Inventory (UDI-6 Short Form): UDI-6

- | | | |
|--|---------------------------------|---|
| 1) Do you usually experience frequent urination?
If yes, how much does this bother you? | Yes
Not at all
Moderately | No
Somewhat
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?
If yes, how much does this bother you? | Yes
Not at all
Moderately | No
Somewhat
Quite a bit |
| 3) Do you usually experience urine leakage related to coughing, sneezing, or laughing?
If yes, how much does this bother you? | Yes
Not at all
Moderately | No
Somewhat
Quite a bit |
| 4) Do you experience small amounts of urine leakage (that is, drops)?
If yes, how much does this bother you? | Yes
Not at all
Moderately | No
Somewhat
Quite a bit |
| 5) Do you experience difficulty emptying your bladder?
If yes, how much does this bother you? | Yes
Not at all
Moderately | No
Somewhat
Quite a bit |
| 6) Do you usually experience pain or discomfort in the lower abdomen or genital region?
If yes, how much does this bother you?
If yes, then is your pain relieved after emptying your bladder? | Yes
Not at all
Moderately | No
Somewhat
Quite a bit
Yes No |

No= 0, Not at all= 1, Somewhat= 2, Moderately= 3, Quite a bit= 4

Add all scores and multiply by 6 then multiply by 25 for the scale score

Missing items are dealt with by using the mean from the answered items only

Higher score = higher disability

Also see scoring of PFDI-20.

Uebersax JS, Wyman JF, Shumaker SA, McClish DK, Fantl AJ. Short forms to assess life quality and symptom distress for urinary incontinence in women: the incontinence impact questionnaire and the urogenital distress inventory. *Neurourol and Urodynam* 1995;14:131-139.

Grade A rating for symptoms of UI for women

Donavan J, et al Symptom and quality of life assessment. In *Incontinence vol 1 Basics and Evaluation* eds Abrams P, Cardozo L, Khoury S, Wein A. Health Publications Ltd Paris France 2005.