POP-Distress Inventory and Colorectal-Anal Distress Inventory

1. Do you usually experience pressure in the lower abdomen? □ No □ Yes
   If yes, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly

2. Do you usually experience pain in the lower abdomen or genital area? □ No □ Yes
   If yes, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly

3. Do you usually experience heaviness or dullness in the pelvic area? □ No □ Yes
   If yes, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly

4. Do you usually have a sensation of bulging or protrusion from the vaginal area? □ No □ Yes
   If yes, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly

5. 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?
   □ Not at all □ Slightly □ Moderately □ Greatly

6. Do you usually experience pelvic discomfort when standing or physically exerting yourself? □ No □ Yes
   If yes, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly

7. Do you usually experience pain in your lower back on most days? □ No □ Yes
   If yes, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly

8. Do you usually have to push on the vagina or around the rectum to have or complete a bowel movement? □ No □ Yes
   If yes, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly
9. Do you feel you need to strain too hard to have a bowel movement? □ No □ Yes
   If other than never, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly

10. Do you feel you have not completely emptied your bowels at the end of a bowel movement? □ No □ Yes
   If other than never, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly

11. Do you usually have difficulty emptying your bladder? □ No □ Yes
    If other than never, how much does this bother you?
    □ Not at all □ Slightly □ Moderately □ Greatly

12. Do you usually experience a feeling of incomplete bladder emptying? □ No □ Yes
    If other than never, how much does this bother you?
    □ Not at all □ Slightly □ Moderately □ Greatly

13. Do you usually feel that you have an unusually weak stream
    Or that you take too long to empty your bladder?
    □ No □ Yes
    If yes, how much does this bother you?
    □ Not at all □ Slightly □ Moderately □ Greatly

14. When you urinate, does your stream usually start and stop
    And start again before you are finally finished?
    □ No □ Yes
    If yes, how much does this bother you?
    □ Not at all □ Slightly □ Moderately □ Greatly

15. Do you usually have to assume an unusual position or change
    Positions to start or complete urination?
    □ No □ Yes
    If yes, how much does this bother you?
    □ Not at all □ Slightly □ Moderately □ Greatly

16. Do you usually have to 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?
    □ Not at all □ Slightly □ Moderately □ Greatly
17. Do you usually have abdominal pain prior to bowel movements? □ No □ Yes
   If yes, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly

18. Do you usually experience loss of gas or stool as the result of physically stressful activities such as with exercise, coughing sneezing, or hard laughing? □ No □ Yes
   If yes, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly

19. Do you usually experience loss of gas or stool after a sense of urgency or after another warning sensation? □ No □ Yes
   If yes, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly

20. Do you usually lose stool beyond your control if your stool is well formed? □ No □ Yes
   If yes, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly

21. 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?
   □ Not at all □ Slightly □ Moderately □ Greatly

22. Do you usually have pain when you pass your stool? □ No □ Yes
   If yes, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly

23. 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?
   □ Not at all □ Slightly □ Moderately □ Greatly

24. Do you usually pass mucus with or in your bowel movement? □ No □ Yes
   If yes, how much does this bother you?
   □ Not at all □ Slightly □ Moderately □ Greatly
25. Do you usually have hemorrhoids?  □ No □ Yes  
   If yes, how much do they bother you?  
   □ Not at all □ Slightly □ Moderately □ Greatly  

26. Does a part of your bowel ever pass through the rectum  
   and bulge outside during or after a bowel movement?  □ No □ Yes  
   If yes, how much does this bother you?  
   □ Not at all □ Slightly □ Moderately □ Greatly  

27. Do you usually have abdominal pain prior to bowel movements?  □ No □ Yes  
   If yes, how much does this bother you?  
   □ Not at all □ Slightly □ Moderately □ Greatly  

28. Do you usually experience abdominal or lower back pain when you strain  
   for any reason (for example with a bowel movement, or when lifting a  
   heavy object)?  □ No □ Yes  
   If yes, how much does this bother you?  
   □ Not at all □ Slightly □ Moderately □ Greatly