

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?
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?
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?
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?
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*