

Patient Name:

Score:

Date:

Scored By:

## Brussee Pelvic Health Index (BPHI)

---

Instructions: Please circle one response for each question

---

1. Do you leak any urine when you cough, sneeze, laugh, exercise, or go from sitting to standing?

1. Never
2. Sometimes
3. Frequently

2. When you need to urinate, do you get a strong urge and feel that you need to rush to the bathroom immediately?

1. Never
2. Sometimes
3. Frequently

3. Do you go to the toilet to urinate more than once every 3-4 hours, and/or more than once in the middle of the night?

1. Never
2. Sometimes
3. Frequently

4. Do you have pelvic or vaginal pain with sex- ranging anywhere from mild discomfort to sharp pain?

1. Never
2. Sometimes
3. Frequently

5. Do you have any pain, numbness, burning or tingling in your pubic bone, low back, tailbone, buttocks, legs, abdomen, hips, groin, rectum or vaginal area?

1. Never
2. Sometimes
3. Frequently

6. Do you feel any heaviness, pressure, or bulging in your vagina?

1. Never
2. Sometimes
3. Frequently

7. Do you ever have to use finger/hand pressure between your vagina and anus to have a bowel movement?

1. Never
2. Sometimes
3. Frequently

8. Do you ever experience constipation or feel you need to strain to have bowel movements?

1. Never
2. Sometimes
3. Frequently

9. Do you ever accidentally pass gas or stool without intending to?

1. Never
2. Sometimes
3. Frequently

10. Do you notice a vertical gap between your abdominal muscles or a bulge/"pooch" of your lower belly?

1. Not at all
2. Somewhat
3. Very much so