

Patient Name:

Score:

Date:

Scored By:

Brussee Pelvic Health Index- Pregnancy (BPHI-P)

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

1. No/Not Applicable
2. Sometimes
3. Frequently

3. Do you have any pain, numbness, burning or tingling in your pubic bone, hips, buttocks, tailbone, legs, groin, or vaginal area?

1. Never
2. Sometimes
3. Frequently

4. Do you have any pain or achiness in your lower, mid, or upper back?

1. Never
2. Sometimes
3. Frequently

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

1. Never
2. Sometimes
3. Frequently

6. 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

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

1. Never
2. Sometimes
3. Frequently

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

1. Never
2. Sometimes
3. Frequently

9. Do you notice a vertical gap between your abdominal muscles or coning/doming of your lower belly?

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

10. Do you experience any sharp pains in your abdomen, rectum, or vaginal area?

1. Never
2. Sometimes
3. Frequently