

Genito-Urinary Questionnaire

Name

Date

INSTRUCTIONS: Please circle the number which best describes the frequency or severity of your complaints.
Leave the question blank if it does not apply to you.
0 = RARELY OR NEVER EXPERIENCE SYMPTOM 1 = MILD 2 = MODERATE 3 = SEVERE

PART 1: Genito-Urinary Function

Section A:

- | | | |
|----|---------------------------------------------------------------------------------|---------|
| 1 | Burning and pain on urination | 0 1 2 3 |
| 2 | Increased urinary frequency and urgency | 0 1 2 3 |
| 3 | Lower abdominal pain | 0 1 2 3 |
| 4 | Tend to pass urine when you cough or sneeze | 0 1 2 3 |
| 5 | Urinary incontinence (can't hold urine) | 0 1 2 3 |
| 6 | Wake up frequently at night to urinate | 0 1 2 3 |
| 7 | Tendency to drip after urinating | 0 1 2 3 |
| 8 | Foul-smelling or dark urine | 0 1 2 3 |
| 9 | History of bladder infections
(Press 0 for NO, 1 for YES) | NO YES |
| 10 | History of antibiotic use for urinary infections
(Press 0 for NO, 1 for YES) | NO YES |
| 11 | Recurrent bladder infections
(Press 0 for NO, 1 for YES) | NO YES |

Section B:

- | | | |
|----|---------------------------------------------------------------------------------------|---------|
| 1 | Low to mid back pain (near lower rib cage) | 0 1 2 3 |
| 2 | Urine is cloudy | 0 1 2 3 |
| 3 | Foul smelling and/or strong smelling urine | 0 1 2 3 |
| 4 | Fever/chills | 0 1 2 3 |
| 5 | Nausea/vomiting | 0 1 2 3 |
| 6 | Fatigue around 4 p.m. | 0 1 2 3 |
| 7 | Ankle edema or pitting edema | 0 1 2 3 |
| 8 | Unknown fears | 0 1 2 3 |
| 9 | History of antibiotic use for urinary tract infections
(Press 0 for NO, 1 for YES) | NO YES |
| 10 | History of kidney infections
(Press 0 for NO, 1 for YES) | NO YES |
| 11 | Blood in urine
(Press 0 for NO, 1 for YES) | NO YES |