Rosipal Institute

UROGENITAL DISTRESS QUESTIONNAIRE

Patient Name:_____ Date: _____

			If "Yes", how much does it bother you?
1	Do you usually experience frequent urination?	☐Yes ☐No	☐Not at all ☐Somewhat ☐Moderately ☐Quite a bit
2	Do you usually experience urine leakage associated with a feeling of urgency; that is, a strong sensation of needing to go to the bathroom?	☐Yes ☐No	☐Not at all ☐Somewhat ☐Moderately ☐Quite a bit
3	Do you usually experience urine leakage related to coughing, sneezing, or laughing?	☐Yes ☐No	☐Not at all ☐Somewhat ☐Moderately ☐Quite a bit
4	Do you experience small amounts of urine leakage (that is, drops)?	☐Yes ☐No	☐Not at all ☐Somewhat ☐Moderately ☐Quite a bit
5	Do you experience difficulty emptying your bladder?	☐Yes ☐No	☐Not at all ☐Somewhat ☐Moderately ☐Quite a bit
6	Do you usually experience pain or discomfort in the lower abdomen or genital region?	☐Yes ☐No	☐Not at all ☐Somewhat ☐Moderately ☐Quite a bit
6a	If yes, is your pain relieved after emptying your bladder?	☐Yes ☐No	

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