Dysuria

1. Which of the following are you experiencing?
   a. Pain while passing urine
   b. Difficulty passing urine**
   c. Change in urine appearance or smell

Pain

2. When you have pain when passing urine, which of these apply?
   a. I have a burning sensation
   b. The pain feels like it is on the inside.
   c. The pain feels like it is on or near the outside.

No Pain

3. Are you able to pass urine?
   a. Yes, I can pass urine.
   b. Yes, I can pass urine with difficulty**
   c. No, I cannot pass urine**

4. How long have you had pain or difficulty passing urine?
   a. Two days or less
   b. More than two days but less than one week.
   c. More than one week

5. Do you have fever?
   a. Yes, I have a little fever (lower than 101 degrees)
   b. Yes, I have high fever (101 degrees or higher)**
   c. No, I do not have fever
   d. I don't know

6. Do you have any of the following?
   a. I have back pain with this illness
   b. I have belly pain with this illness**
   c. I have been vomiting
   d. I have diarrhea
   e. I have none of these problems.

7. Do you have an exaggerated sensation of the need to pass urine?
   a. Yes, the sensation is exaggerated.
   b. No, the sensation is normal.

8. Do you have the urge to urinate more or less frequently than normal?
   a. More frequently
   b. Less frequently
   c. The same as normal.

9. What does your urine look like?
   a. It is clear
   b. It is cloudy
   c. I am not sure.

10. Do you have any of the following?
    a. Blood in your urine**
    b. Dark red or dark brown urine.**
    c. An unusual smell
    d. None of the above

11. Do you have any of the following?
    a. A clear discharge
    b. A white discharge**
    c. A thick discharge**
    d. No discharge

12. Do you have any sores on your genitals?
    a. Yes**
    b. No

13. Have you had any kidney problems in the past?
    a. Yes
    b. No
    c. I am not sure

14. Within the past 3 months, have you had any surgery on your kidneys or bladder, or have you had a tube inserted to collect your urine?
    a. Yes, I have had one or both.
    b. No, I have had neither.

15. Have you had similar symptoms in the past?
    1. No, I have never had these symptoms.
    2. Yes, I have had similar symptoms once before.
    3. Yes, I have had similar symptoms more than once before.
    4. Yes, I have these symptoms frequently.**

16. If you had similar symptoms in the past, did any of the following work?
    a. Pills for urine infection
    b. Cranberry juice
    c. Pills for yeast infection
    d. Cream for yeast infection
    e. None of the above
    f. I don't remember

18. Anything else to add?

End

Yellow highlighted questions appear in multiple templates and are built with a generic naming convention

Are you pregnant?
   a. I am pregnant.**
   b. I am confident that I am not pregnant.
   c, I think I might be pregnant.**

**Exclusionary Criteria