# Quick Genitourinary questionnaire

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| Vaginal dryness | Yes | ☐ | No | ☐ |
| Pain with intercourse | Yes | ☐ | No | ☐ |
| Pain with initial penetration | Yes | ☐ | No | ☐ |
| Urine leak with cough, sneeze or sex | Yes | ☐ | No | ☐ |
| Difficulty holding bladder controlling | Yes | ☐ | No | ☐ |
| Getting up at night to void | Yes | ☐ | No | ☐ |
| Itch, Burn | Yes | ☐ | No | ☐ |
| Change in odor | Yes | ☐ | No | ☐ |
| Vaginal discharge | Yes | ☐ | No | ☐ |