Sample Patient Assessment Script: Dysuria

Overview: The sample script below can be used by providers to assess patients who present with dysuria symptoms or concerns. It was designed for use during telehealth visits, and can be edited as needed.

Standardized Initial Screening Questions		
Question		Custom List
	This script is available for women only. If you are a male experiencing symptoms of frequent or painful urination, you should be seen in person. Please contact your doctor's office to schedule an appointment. Please confirm if you are male or female	Male Female
i.1	What would you like from this conversation (For example, medical advice, certain prescription, referral, or something else)?	
i.2	Do you have an unexplained, new onset of: • Fever greater than or equal to 100.4°F • Chills • Cough • Runny nose/congestion • Sore throats • Shortness of breath/chest tightness • Headache • Muscle pain • Severe exhaustion • Loss of taste/smell • Diarrhea, nausea or vomiting?	Yes No
i.3	Have you previously been tested for COVID-19 (nose/mouth "swab" test)?	Yes No (skip to Qi7)
i.4	What were the COVID-19 nose/mouth "swab" test results?	Positive Negative Pending
i.5	When was your COVID-19 nose/mouth "swab" test completed?	14 days ago or more Less than 14 days ago
i.6	In the last 14 days, have you had close contact with anyone who has COVID-19 confirmed by a lab test?	Yes No

Standardized Initial Screening Questions (continued)		
Question		Custom List
i.7	Do you have a fever?	a. Yes, I have a low fever (less than 100.4°) b. Yes, I have a high fever (100.4° or more) c. No, I do not have a fever d. I feel like I have a fever, but I haven't taken my temperature e. I don't know
i.8	How long have you had the fever?	a. Just today b. A few days c. A week d. One to four weeks e. More than a month
Dysuria-specific Questions		
1.	Are you able to pass urine?	Yes (Skip to Q2) Yes, I can pass urine but it is difficult (Skip to Q2) No (Skip to Q6)
2.	Do you pass urine more or less often than normal?	a. More often b. Less often c. The same as normal
3.	Do you have any pain passing urine?	Yes (Skip to Q4) No (Skip to Q5)
4.	How would you describe the pain?	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
5.	Is your urine cloudy, contain blood, or is it dark red or dark brown?	a. Cloudy urine b. Blood in my urine c. Dark red or dark brown urine d. None of the above
6.	Do you feel a strong urge or desire to pass urine?	Yes No
7.	How long have you had these symptoms?	a. Two days or less b. More than two days but less than one week c. More than one week
8.	Do you have any back pain, belly pain, vomiting or diarrhea?	a. Back pain b. Belly pain c. Vomiting d. Diarrhea e. None of these
9.	Do you have any sores on your genitals?	Yes No

Dysuria-specific Questions (continued)		
10.	Do you have vaginal itching, discharge or unusual smell?	a. Vaginal itching b. Vaginal discharge that looks like cottage cheese c. Watery vaginal discharge d. Unusual vaginal smell e. None of the above
11.	Have you had sexual contact in the past 3 months with someone who has had a sexually transmitted disease?	Yes No I am not sure
12.	Have you had any kidney or bladder problems in the past?	Yes (Skip to Q13) No (Skip to Q14) I am not sure (Skip to Q14)
13.	Please tell me more details about your past kidney or bladder problems	
14.	Have you had surgery on your kidneys or bladder in the past?	Yes (Skip to Q15) No (Skip to Q16) I am not sure (Skip to Q16)
15.	Please tell me more details about your past kidney or bladder surgery	
16.	Have you had a tube (foley catheter) put into your bladder to collect your urine in the past month?	Yes No I am not sure
17.	Have you had your current symptoms in the past?	Yes (Skip to Q18) No (Skip to Q21)
18.	How often have you had these symptoms?	a. Once before b. 2-3 times before c. More than 3 times before
19.	How recently have you had these symptoms?	a. In the past month b. In the past year c. More than a year ago
20.	Did any of the following treatments help when you had these symptoms in the past?	a. Pills (antibiotics) for urine infection b. Cranberry juice c. Pills for yeast infection d. Cream for yeast infection e. None of these helped f. I do not remember
21.	Have you taken antibiotics for any reason in the past 3 months?	a. I am currently taking antibiotics (Skip to Q22) b. I recently took antibiotics but I am not taking them now (Skip to Q22) c. No (Skip to Q24) d. I am not sure (Skip to Q24)

Dysuria-specific Questions (continued)		
22.	What was the name of the antibiotic and how many days did you take it (or have you been taking it)?	
23.	Were the antibiotics for your current symptoms or something else? Please describe	
24.	Have you treated your symptoms since they began?	Yes (Skip to Q25) No (Skip to Q26)
25.	How have you treated your symptoms so far?	a. Pills (antibiotics) for urine infection b. Cranberry juice c. Pills for yeast infection d. Cream for yeast infection e. I do not remember
Standardized Closing Questions		
26.	Is there anything else you would like to add?	
27.	If we have additional questions or need more information, would it be OK to call you?	a. Yes, I don't mind receiving a call. (Skip to 28.) b. No, I'd prefer all contact about this via MyChart or similar electronic record
28.	If we need to call you, what phone number(s) would be best to reach you?	
STOP – Get In-Person Care	Based on your answers to one or more of the questions, we recommend that you seek in-person care. Please call your doctor's office or go to an urgent care clinic about this condition.	*Note to providers/users: Create a skip pattern or system for flagging responses that would trigger this "STOP" notice.*
Note to providers: *If antibiotics Rx are under discussion, see this information from the CDC. Also, consider practicing patient interactions and conversations on antibiotics by visiting the Conversations for Health website*.		

**The script was originally developed by UW Health providers and was adapted for general use by Wisconsin providers.*