

AURIQ QUESTIONNAIRE

Questionnaire For Urogenital Syndrome & Its Impact On Mental Health

	Points
1. How often do you experience unexpected leaks and need to change your undies?	
<input type="checkbox"/> Frequently. (3 pts)	<input type="text"/>
<input type="checkbox"/> Sometimes, but it's no biggie. (2 pts)	
<input type="checkbox"/> Rarely, I'm a leak-free pro. (1 pts)	
2. Do you carry a "just in case" second set of clothing for leak emergencies?	
<input type="checkbox"/> Yes, I always carry a backup outfit. (3 pts)	<input type="text"/>
<input type="checkbox"/> Occasionally, I must be prepared. (2 pts)	
<input type="checkbox"/> No, my symptoms are not that bad. (1 pts)	
3. Panty liners are lifesavers! How often do you rely on them for extra protection?	
<input type="checkbox"/> Always! They're my secret weapon. (3 pts)	<input type="text"/>
<input type="checkbox"/> Sometimes. Just to be safe. (2 pts)	
<input type="checkbox"/> Rarely. I like to keep it light. (1 pts)	
4. Diapers in the fashion game? Have you rocked the "incontinence chic" look?	
<input type="checkbox"/> Absolutely! I'm a trendsetter. (3 pts)	<input type="text"/>
<input type="checkbox"/> Once for laughs, it was a hoot. (2 pts)	
<input type="checkbox"/> Nah, I'm all about comfort! (1 pts)	
5. The "No-No Activities" zone! Are there any activities you avoid due to leak fears?	
<input type="checkbox"/> Oh yes! Trampolines, skipping, gym, etc. are off-limits. (3 pts)	<input type="text"/>
<input type="checkbox"/> Sometimes, it depends on the day! (2 pts)	
<input type="checkbox"/> Nope, I'm fearless and embrace all activities. (1 pts)	
6. How often do you experience vaginal dryness-related discomfort?	
<input type="checkbox"/> Always! It's like Sahara down there. (3 pts)	<input type="text"/>
<input type="checkbox"/> Occasionally, but I handle it like a pro. (2 pts)	
<input type="checkbox"/> Rarely, my lady parts are well-hydrated. (1 pts)	
7. How often do you wake up at night to use the bathroom (urinate)?	
<input type="checkbox"/> Frequently, it disturbs my sleep. (3 pts)	<input type="text"/>
<input type="checkbox"/> Occasionally, but it doesn't bother me much. (2 pts)	
<input type="checkbox"/> Rarely, I sleep through the night. (1 pts)	
8. How would you rate your sexual drive?	
<input type="checkbox"/> Worst: Less adventurous than a snail on a treadmill. (3 pts)	<input type="text"/>
<input type="checkbox"/> Okay: Like a car with a flat tire that needs a little push to get rolling again. (2 pts)	
<input type="checkbox"/> Amazing: Like a firecracker ready to light up the night sky. (1 pts)	
9. How do these urogenital symptoms impact your mental health?	
<input type="checkbox"/> Significantly, it affects my overall well-being. (3 pts)	<input type="text"/>
<input type="checkbox"/> Moderately, it has some impact on my mental state. (2 pts)	
<input type="checkbox"/> Minimally, my mental health remains mostly unaffected. (1 pts)	
Add up your points from questions 1 to 9 and continue on the second page.	Total
	<input type="text"/>

10. Age Points:

Points

- Up to 40 years (4 pts)
- 41-44 years (3 pts)
- 45-50 years (2 pts)
- Above 50 years (1 pts)

To get your total, add all the points from Page 1 and the Age Points together.

Total

Understanding Your Total Points

10-16 Points: Continue with Kegel exercises.

17-23 Points: Consider exploring options for treatment. The earlier, the better!

24-31 Points: Seek help today, take control, don't delay!