

The MultiCath Study (LREC: 13/LO/1511) - Urinary Tract Infection (UTI) signs and symptoms

Participant study ID: _____ Date of completion: _____ Completed by (interviewer name): _____

Tick all the signs and symptoms that refer to your experience of UTI:

Signs and symptoms													
	Autonomic dysreflexia	Fever	Kidney /Bladder discomfort	Increased Bladder activity (spasticity)	Feeling sick	Sense of unease	Increased catheterising	Feeling tired	Incontinence	Foul smelling urine	Cloudy urine	White blood cells in urine	Haematuria
Tick if yes													
Circle how often you experience each symptom when you get a UTI													
Always													
Sometimes													
Rarely													

Which of the above symptoms they mentioned would cause them to seek help from GP? _____

Which of the above symptoms they mentioned would cause them to take antibiotics (patients with own supply)? _____

How often does the patient have a UTI? (tick which applies)

Once a week	Once a month	Every other month	Twice a year	Once a year	Less than once a year

How many times has the patient been to their GP in the last year for a UTI? _____

How many times has the patient taken antibiotics in the last year for a UTI? _____

Have you been referred to a specialist in the last year for UTI symptoms? (eg. Urologist) _____