

Recurrent UTI Patient Questionnaire

1. When did you first start getting urine infections?

- Less than six months ago
- 6-12 months ago
- 1 - 2 years ago
- 2 - 5 years ago
- More than 5 years ago
- Since childhood (age of first infection)

2. How many infections have you had in the last:

6 months

12 months

3. Do you think that anything in particular 'triggers' your urinary infections? If so, please describe below:



4. What symptoms do you get with a urine infection? (Tick all that apply)

- Burning and/or stinging when passing urine
- Burning and/or stinging after passing urine
- Passing urine frequently
- Rushing to the toilet
- Pains in abdomen/tummy
- Pains in flank/side
- Pains in back
- Fever
- Not listed above (please describe below)

5. How soon after antibiotics finish does the infection return?

- Less than a week
- More than a week

6. Are your urine infections usually brought on by sexual intercourse?

YES / NO

7. Have you ever passed air in your urine? YES / NO

8. Have you ever passed blood in your urine? YES / NO

9. Do you have problems with constipation? YES / NO



10. Do you still have periods? YES / NO

If 'NO' how long ago did they stop?

11. Do you use HRT (hormone replacement) ? YES / NO

12. If you have any urinary symptoms when you **don't** have an Infection, please tick the relevant boxes below:

- Passing urine frequently
- Rushing to the toilet
- Abdominal pain
- Straining to pass water
- Poor flow of urine or slow stream
- Feeling of incomplete bladder emptying
- Burning or stinging
- Leakage of urine
- Fever

13. Do you use feminine hygiene products e.g. perfumed sprays or Vagisil? YES / NO

14. Do you smoke? YES / NO



15. Do you have or have you had any of the following?

- Diabetes
- Kidney stones
- Operations on kidney/bladder
- Multiple sclerosis/other neurological disease
- Urinary catheter
- Long-term steroids
- Are you pregnant?
- Urinary tract infections as a child

16. Is there anything else you would like to tell us about your urinary infections? Please describe below

Thank you for completing this questionnaire. **Please bring this form as well as your Bladder Diary to your appointment.**

Please list your current regular medication below:

Royal United Hospitals Bath NHS Foundation Trust, Combe Park, Bath BA1 3NG
01225 428331 www.ruh.nhs.uk

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. [Email ruh-tr.PatientAdviceandLiaisonService@nhs.net](mailto:ruh-tr.PatientAdviceandLiaisonService@nhs.net) or telephone 01225 825656.