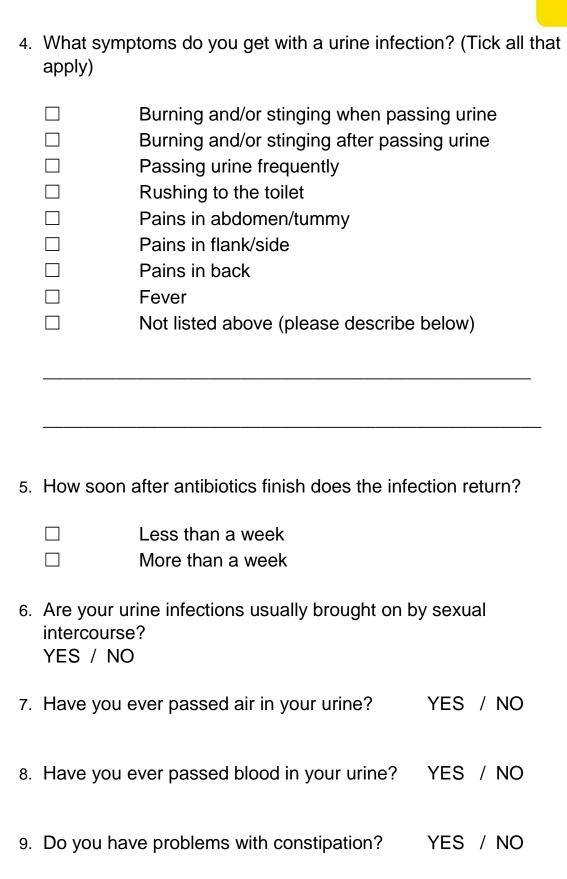
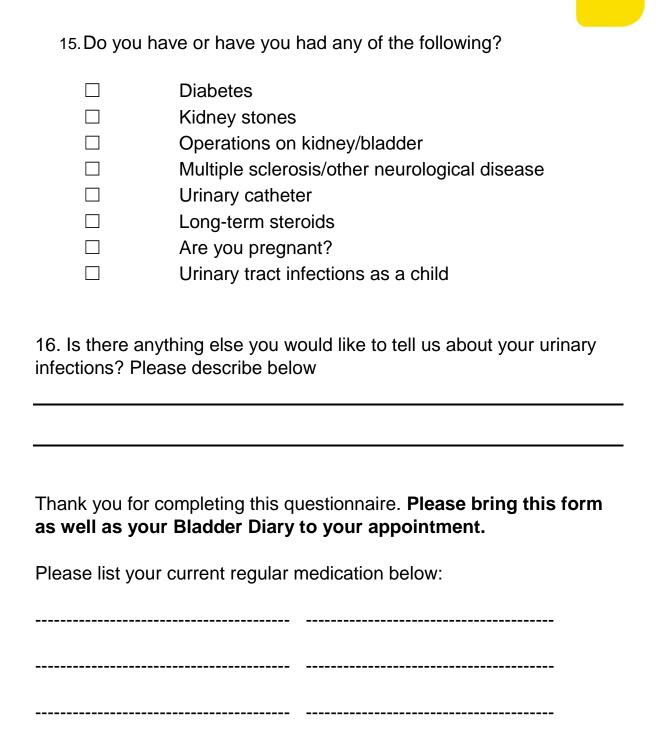
## Recurrent UTI Patient Questionnaire

vvnen 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:
	•	nk that anything in particular 'triggers' your urinary so, please describe below:





10. Do you s	still have periods?	YES / NO
lf 'l	NO' how long ago did they stop?	
11.Do you ι	use HRT (hormone replacement)?	YES / NO
•	ive any urinary symptoms when you 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 em Burning or stinging Leakage of urine Fever	
13.Do you u Vagisil?	use feminine hygiene products e.g. p	erfumed sprays or YES / NO
14.Do you s	YES / NO	



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. <a href="mailtruh-tr.PatientAdviceandLiaisonService@nhs.net">Email ruh-tr.PatientAdviceandLiaisonService@nhs.net</a> or telephone 01225 825656.