About Your Symptoms and Their Impact on Your Life (for Use at Visit 1)

Please indicate whether you have had the following symptoms/problems in the past 24 hours and how severe they were: *(Please circle one number for each symptom)*				**SYMPTOMS**	If you have experienced these symptoms/problems in the past 24 hours, please indicate <u>how bothersome</u> they were? *(Please circle one number for each symptom)*			
Did not have	Mild	Moderate	Severe		Not at all	A little	Moderately	A lot
0	1	2	3	Frequency of urination (going to the toilet very often)	0	1	2	3
0	1	2	3	Urgency of urination (a strong and uncontrollable urge to pass urine)	0	1	2	3
0	1	2	3	Pain or burning when passing urine	0	1	2	3
0	1	2	3	Not being able to empty your bladder completely /passing only small amounts of urine	0	1	2	3
0	1	2	3	Pain or uncomfortable pressure in the lower abdomen/pelvic area caused by your urinary tract infection	0	1	2	3
0	1	2	3	Low back pain caused by your urinary tract infection	0	1	2	3
0	1	2	3	Blood in your urine	0	1	2	3

Dune TJ, Price TK, Hilt EE, Thomas-White KJ, Kliethermes S, Brincat C, et al. Urinary symptoms and their associations with urinary tract infections in urogynecologic patients. Obstet Gynecol 2017; 130.
The authors provided this information as a supplement to their article.

8. Please give an overall rating of the severity of your urinary tract infection symptoms as they are at this moment (*Please circle the number of your answer*)

0 No symptoms at all
1 Mild
2 Moderate
3 Severe

Dune TJ, Price TK, Hilt EE, Thomas-White KJ, Kliethermes S, Brincat C, et al. Urinary symptoms and their associations with urinary tract infections in urogynecologic patients. Obstet Gynecol 2017; 130.
The authors provided this information as a supplement to their article.