**Enrollment Visit Questionnaire**

1) Have you ever had a urinary tract infection (UTI)?

*(circle yes or no)* YES NO

If yes, at approximately what age was your first UTI? \_\_\_\_ years old

If yes, how often do you have UTIs on average? \_\_\_\_ per year

2) Do you have any immediate, female family members (*e.g. Sister, Mother*) who have frequent UTIs? Please list their relationship to you below (*no names*).

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3) Have you taken antibiotics in the past three (3) months for any reason?

(*circle yes or no*) YES NO

If yes, what antibiotic? (*leave blank if you don’t remember)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, when did you finish taking the antibiotic? \_\_\_\_\_\_\_\_ weeks ago

4) In the last week, have you taken any non-steroidal anti-inflammatories (NSAIDs), such as Ibuprofen or Aleve (Naproxen)? (*circle yes or no*) YES NO

If yes, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) Are you currently taking any medications? (*circle yes or no*) YES NO

If yes, please list them below:

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