**Study Visit Questionnaire**

1) Which of the following symptoms have or are you experiencing with this UTI? (*mark all that apply*)

\_\_\_ Painful urination

\_\_\_ Abdominal pain

\_\_\_ Lower back pain

\_\_\_ Fever

\_\_\_ Greater need or urgency to urinate

\_\_\_ Increased frequency of urination

\_\_\_ Cloudy or foul smelling urine

\_\_\_ Diarrhea or constipation (*circle one*)

\_\_\_ Bloody stool

\_\_\_ Other (*please explain below*)

2) 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If yes, please list them below:

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**THE FOLLOWING QUESTION IS OPTIONAL. YOU ARE NOT REQUIRED TO ANSWER. NOT ANSWERING WILL NOT AFFECT YOUR ENROLLMENT**

4) In the last two weeks, how often have you engaged in vaginal intercourse?

\_\_\_\_\_times