

Data Collection Form if you completed a Urinary Tract Infection (UTI) consultation with the patient or their representative (this is for women under the age of 65)		
Question	Answer	
1	When did you complete the consultation with the patient or their representative?	/ /
2	Who completed the consultation?	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Trainee Pharmacist <input type="checkbox"/> Pharmacy Technician/ dispenser, including trainee technician/ dispenser <input type="checkbox"/> Counter staff
3	Patient Age <i>(N.B. women 65 or older are not eligible to participate in this data collection)</i>	<input type="checkbox"/> Under 65 <input type="checkbox"/> 65 or older <input type="checkbox"/> Not known
4	Is this patient pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient/ representative Uncertain
5a	Patient presenting symptoms	<input type="checkbox"/> Dysuria <input type="checkbox"/> New nocturia <input type="checkbox"/> Cloudy urine <input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Haematuria <input type="checkbox"/> Suprapubic pain <input type="checkbox"/> Abnormal vaginal discharge <input type="checkbox"/> Other (go to question 5b)
5b	What are the other symptoms?	
6	Patient referred to Pharmacist?	<input type="checkbox"/> Yes <input type="checkbox"/> No – referral was not needed <input type="checkbox"/> N/A – the pharmacist was the person who spoke to the patient about their symptoms
7a	Over the counter treatment recommended?	<input type="checkbox"/> Yes – supplied (go to question 7b) <input type="checkbox"/> Yes – declined (go to question 7b) <input type="checkbox"/> No
7b	Which over the counter treatment was recommended?	<input type="checkbox"/> Pain relief <input type="checkbox"/> Cystitis relief sachets <input type="checkbox"/> Cranberry products <input type="checkbox"/> D-mannose <input type="checkbox"/> Other (go to question 7c)
7c	Which other over the counter treatment was recommended?	
8	Self-care advice given?	<input type="checkbox"/> Yes – verbal advice only provided <input type="checkbox"/> Yes – verbal advice and patient leaflets provided <input type="checkbox"/> No

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Question		Answer
9a	Did the patient have any of the following symptoms?	<input type="checkbox"/> Shivering, chills and muscle pain <input type="checkbox"/> Confusion, or are very drowsy <input type="checkbox"/> They have not passed urine all day <input type="checkbox"/> They are vomiting <input type="checkbox"/> They have blood in their urine <input type="checkbox"/> Their temperature is above 38°C or less than 36°C <input type="checkbox"/> They have kidney pain in their back just below the ribs <input type="checkbox"/> Their symptoms are getting worse <input type="checkbox"/> Their symptoms are not starting to improve within 48 hours of taking antibiotics
		(If ANY of these answers are ticked, go to question 9b)
9b	How urgently was the patient referred?	<input type="checkbox"/> Immediately (go to question 9c) <input type="checkbox"/> If symptoms do not improve within 48 hours <input type="checkbox"/> If symptoms got worse <input type="checkbox"/> N/A (not referred to other services)
9c	Pharmacist advised patient to see GP/other service?	<input type="checkbox"/> Yes – GP <input type="checkbox"/> Yes – Out of Hours/ NHS 111 Service <input type="checkbox"/> Yes – Accident and Emergency <input type="checkbox"/> Yes – Other
		(If ANY of these answers are ticked, go to question 9d)
9d	Reason(s) for referral to GP/other service	<input type="checkbox"/> Shivering, chills and muscle pain <input type="checkbox"/> Confusion, or are very drowsy <input type="checkbox"/> They have not passed urine all day <input type="checkbox"/> They are vomiting <input type="checkbox"/> They have blood in their urine <input type="checkbox"/> Their temperature is above 38C or less than 36C <input type="checkbox"/> They have kidney pain in their back just below the ribs <input type="checkbox"/> Their symptoms are getting worse <input type="checkbox"/> Their symptoms are not starting to improve within 48 hours of taking antibiotics <input type="checkbox"/> Other (go to question 9e)
9e	Other reason(s) for referral to GP/other service	