

Supplementary Material

Suspected urinary tract infections in patients ≥ 18 years

Register solely on the basis of the day of the first contact to general practice (day one)

| Patient information | | |
|---------------------|---|---|
| 1 | Patient age | _____ years |
| 2 | Patient sex | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| 3 | Patient background (choose at least 1) | <input type="checkbox"/> Nursing home resident <input type="checkbox"/> Urinary catheter <input type="checkbox"/> Recurring UTI <input type="checkbox"/> Comorbidity <input type="checkbox"/> Pregnant <input type="checkbox"/> Penicillin allergy <input type="checkbox"/> None of the above |
| Symptoms and signs | | |
| 4 | Symptoms and signs (choose at least 1) | <input type="checkbox"/> Dysuria <input type="checkbox"/> Urgency <input type="checkbox"/> Frequency <input type="checkbox"/> New-onset incontinence <input type="checkbox"/> Suprapubic pain <input type="checkbox"/> Flank pain <input type="checkbox"/> Fever <input type="checkbox"/> Shivering <input type="checkbox"/> Systemically unwell <input type="checkbox"/> New-onset confusion <input type="checkbox"/> None of the above <input type="checkbox"/> No symptoms reported |
| Examinations | | |
| 5 | Urinary dipstick (choose at least 1) | Nitrite <input type="checkbox"/> Positive <input type="checkbox"/> Negative Leukocytes <input type="checkbox"/> Positive <input type="checkbox"/> Negative Hemoglobin <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not performed |

| Examinations (continued) | | |
|--------------------------|------------------------------------|---|
| 6 | Microscopy (choose only 1) | Microscopy <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Inconclusive <input type="checkbox"/> Not performed |
| 7 | Urine culture (choose only 1) | <input type="checkbox"/> Urine culture in general practice <input type="checkbox"/> Susceptibility testing in general practice <input type="checkbox"/> Urine sent to Department of Clinical Microbiology <input type="checkbox"/> Not performed |
| 8 | CRP (mg/l or 1 cross) | CRP (value in mg/L) _____ <input type="checkbox"/> Not performed |
| Diagnose | | |
| 9 | Diagnose (choose only 1) | <input type="checkbox"/> Uncomplicated lower UTI <input type="checkbox"/> Complicated lower UTI <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Other, not UTI <input type="checkbox"/> Unresolved |
| Action | | |
| 10 | Hospitalisation (choose only 1) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 | Antibiotics (choose at least 1) | <input type="checkbox"/> Pivmecillinam <input type="checkbox"/> Sulfametizol <input type="checkbox"/> Nitrofurantoin <input type="checkbox"/> Trimethoprim <input type="checkbox"/> Ciprofloxacin <input type="checkbox"/> Other antibiotic <input type="checkbox"/> No antibiotics (day 1) |