

Supplementary material S5– Questionnaire for service users who used the leaflets

Options for completion:

1. Website - online via <https://surveys.phe.org.uk/UTIstudy>
2. Website – online via QR code below



3. Return survey in prepaid envelope provided

Please read the Participant Information Sheet enclosed, or online, and complete the Informed Consent Form before completing the survey.

During your recent visit to the pharmacy for your urinary symptoms you were provided with a patient information leaflet. We would like to ask you a few questions about your experience at the pharmacy, the information the pharmacy staff gave you, and to get your thoughts on the use of the UTI leaflet in pharmacies.

Please contact utistudy@imperial.ac.uk if you have any questions.

You will be offered a £10 high street voucher on completion of the questionnaire

1. What is the number on the top right-hand side of your UTI leaflet?

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TREATING YOUR INFECTION - URINARY TRACT INFECTION (UTI)
For women under 65 years with suspected lower urinary tract infections (UTIs) or lower recurrent UTIs (cystitis or urethritis)

Possible urinary signs & symptoms	The outcome	Recommended care	Types of urinary tract infection (UTI)
New signs/symptoms: Dysuria: Burning pain when passing urine (new or recurrent). Cloudy urine: Urine that is cloudy or has a strong smell. Other urinary signs/symptoms: Frequency: Passing urine more often than usual. Urgency: Feeling the need to pass urine immediately. Haematuria: Blood in your urine. Suprapubic pain: Pain in your lower belly.	All women: If you have only one of dysuria, new nocturia, cloudy urine, OR/OR vaginal discharge: Antibiotics may help to help. Usually lasts 5 to 7 days. You may need a urine test to check for a UTI.	Self-care and pain relief: • Symptoms may get better on their own. • Do not get a urine test unless you have self-care and pain relief. • Do not get a urine test unless you have self-care and pain relief.	Types of urinary tract infection (UTI): • Cystitis (bladder infection): Infection in the bladder. • Urethritis (urethra infection): Infection in the urethra. • Pyelonephritis (kidney infection): Infection in the kidney.
Other things to consider: Recent sexual history: • Information can be useful activity can help with the symptoms of a UTI. • Some sexually transmitted infections (STIs) can have symptoms similar to those of a UTI. Changes during menstruation: • Some changes during the menstruation can have symptoms similar to those of a UTI.	Non-pregnant women: If 2 or more of dysuria, new nocturia, cloudy urine, OR/OR vaginal discharge: Antibiotics are more likely to help. You should start to improve within 48 hours. Symptoms usually last 5 days. Pregnant women: Always request urine culture. If suspected UTI.	Immediate antibiotic prescription: plus self-care. • Mild symptoms, delayed or back-up antibiotic prescription plus self-care.	Types of urinary tract infection (UTI): • Cystitis (bladder infection): Infection in the bladder. • Urethritis (urethra infection): Infection in the urethra. • Pyelonephritis (kidney infection): Infection in the kidney.

Options to help prevent a UTI
Antibiotic resistance

Self-care to help prevent getting better more quickly
• Drink enough fluids to stop you feeling thirsty. Aim to drink 5 to 6 glasses including water, decaffeinated and sugar-free drinks.
• Take paracetamol or ibuprofen at regular intervals for pain relief, if you have had no previous side effects.
• You could try taking cranberry capsules or cranberry tablets. These are effective for some women. There is currently no evidence to support their use.
• Consider the risk factors in the Options to help prevent UTIs column to reduce future UTIs.

When should you get help?
Contact your GP practice or NHS 111 if:
1. You have drinking fluids and mouth pain.
2. You feel confused, or are very drowsy.
3. You have not passed urine at all day.
4. You are vomiting.
5. You are in pain in your urine.
6. Your temperature is above 38°C or less than 36°C.
7. You have kidney pain in your back just under the ribs.
8. Your symptoms get worse.
9. Your symptoms are not starting to improve within 48 hours of taking antibiotics.

Options to help prevent a UTI
It may help you to consider these risk factors:
• Stop bacteria spreading from your bowel into your bladder.
• Wipe from front to back (to back) after using the toilet.
• Avoid waiting to pass urine. Pass urine as soon as you need to.
• Go for a wee after having sex to flush out any bacteria that may be in the urethra.
• Wash the external genital area with water before and after sex to wash away any bacteria that may be on the skin.
• Drink enough fluids to make sure you are regularly passing urine throughout the day, especially during hot weather.
• If you have a recurrent UTI, also consider the following:
• **Oral contraceptives and OCPs:** Some women find these effective, but there is currently no evidence to support this.
• **After the menopause:** You could consider topical hormone treatment, for example, vaginal creams.

Antibiotic resistance
Antibiotics can be effective. But antibiotics are not always needed for urinary symptoms.
Antibiotics taken by mouth, for any reason, affect our gut bacteria making some resistant.
Antibiotic resistance means that the antibiotics cannot kill the bacteria.
Antibiotic resistance means that the bacteria can survive in your gut for at least a year after taking antibiotics.
Common side effects to taking antibiotics include: Nausea, vomiting and diarrhoea. Seek medical advice if you are worried.
Keep antibiotics working only take them when advised by a health professional. This way they are more likely to work for a future UTI.

URINARY TRACT INFECTIONS

WHAT IS A URINARY INFECTION?
A urinary tract infection (UTI) is an infection in any part of the urinary system (urine).
It can be caused by bacteria getting into your urinary system, usually from your gut. Infections may occur in different parts of the urinary tract.

WHAT CAN YOU DO TO HELP PREVENT A URINARY INFECTION?
• Drink enough fluids to stop you feeling thirsty. Aim to drink 5 to 6 glasses including water, decaffeinated and sugar-free drinks.
• Take paracetamol or ibuprofen at regular intervals for pain relief, if you have had no previous side effects.
• You could try taking cranberry capsules or cranberry tablets. These are effective for some women. There is currently no evidence to support their use.
• Consider the risk factors in the Options to help prevent UTIs column to reduce future UTIs.

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Antibiotics taken by mouth, for any reason, affect our gut bacteria making some resistant.
Antibiotic resistance means that the antibiotics cannot kill the bacteria.
Antibiotic resistance means that the bacteria can survive in your gut for at least a year after taking antibiotics.
Common side effects to taking antibiotics include: Nausea, vomiting and diarrhoea. Seek medical advice if you are worried.
Keep antibiotics working only take them when advised by a health professional. This way they are more likely to work for a future UTI.

2. For whose urinary symptoms did you recently visit the pharmacy?

Please tick one

- | | |
|--|--|
| <input type="checkbox"/> Mine | <input type="checkbox"/> A relative / friend over 65yrs |
| <input type="checkbox"/> My child | <input type="checkbox"/> A relative / friend under 65yrs |
| <input type="checkbox"/> Other, please specify | <input type="checkbox"/> Prefer not to say |

Even if you visited the pharmacy for someone else, please complete the rest of the questionnaire on behalf of that person.

3. Complete the following sentence about when you went to the pharmacy and got the UTI leaflet.

I went to the pharmacy...

Tick one

- ☐ with urinary symptoms before visiting another healthcare professional
- ☐ to pick up antibiotics I had been prescribed for a UTI
- ☐ to pick up antibiotics for someone else
- ☐ when the urinary symptoms came back or did not go away
- ☐ Don't know
- ☐ Other, please specify

4. Did you try to find information from anywhere else about your urinary symptoms before going to the pharmacy?

Tick all that apply

- ☐ No
- ☐ Yes, from family / friends / carer
- ☐ Yes, from another pharmacy
- ☐ Yes, from my GP / nurse
- ☐ Yes, online e.g. NHS choices
- ☐ Yes, other, please specify

5. Did you try anything to help your urinary symptoms before you went to the pharmacy?

Tick all that apply

- ☐ No
- ☐ Yes, I tried drinking fluids/more fluids
- ☐ Yes, I drank orange or lemon juice
- ☐ Yes, I took cranberry juice or capsules
- ☐ Yes, I took cystitis sachets
- ☐ Yes, I took painkillers e.g. paracetamol
- ☐ Yes, I took anti-inflammatory medicines e.g. ibuprofen
- ☐ Yes, I rested
- ☐ Yes, I took time off work
- ☐ Other, please specify

6. Where in the pharmacy were you given the UTI leaflet?

Tick one

- ☐ In a **private** consultation room
- ☐ **Publicly** Over-the-counter / on the shop floor
- ☐ It was in / attached to my prescription bag
- ☐ Other, please specify

7. How often do you need to have someone help you when you read instructions, leaflets, or other written material from your doctor or pharmacy?

Never	Rarely	Sometimes	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Which best describes your experience in the pharmacy?

Tick one

- ☐ The pharmacy staff used the UTI leaflet to talk to me about my urinary symptoms / antibiotics
- ☐ The pharmacy staff spoke to me about my urinary symptoms / antibiotics and then gave me the UTI leaflet
- ☐ The pharmacy staff just gave me the UTI leaflet without any explanation
- ☐ I don't remember
- ☐ Other, please specify

- 9. Please tick how strongly you agree or disagree with the following statements. Please tick an option for each row**

Pharmacy staff should discuss the UTI leaflet with patients / carers...

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
at the counter if they cannot be heard by other customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
at the counter even if they can be heard by other customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
anywhere in the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in a private consultation room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please tick how strongly you agree or disagree with the following statements about the UTI leaflet you were given.

The UTI leaflet...

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
has too much information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is colourful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has lots of useful information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
looks good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please tick how strongly you agree or disagree with the following statements about the information on the UTI leaflet you were given

Please tick an option for each row

The UTI leaflet improved my understanding of...

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
the signs and symptoms of urinary tract infections (UTIs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the different types of UTIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the ways I can use self-care to help my urinary symptoms get better quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the signs and symptoms of serious infection that I should seek help for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how to help prevent a UTI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how antibiotic use can increase antibiotic resistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please tick how strongly you agree or disagree with the following statements

Please tick an option for each row

The UTI leaflet made me more confident...

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
that I can help manage the symptoms of my UTI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that drinking more fluids will help with my urinary symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that I can help prevent future UTIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give a reason for your answers

13. Looking back, when do you think the leaflet would be most helpful?

Tick one

- ☐ with urinary symptoms, before visiting another healthcare professional
- ☐ when picking up antibiotics prescribed for a UTI
- ☐ when the urinary symptoms came back or did not go away
- ☐ the UTI leaflet is not helpful
- ☐ Don't know
- ☐ Other, please specify

14. Who would you feel comfortable discussing your urinary symptoms and talking through the UTI leaflet with?

Tick all that apply

- ☐ Pharmacy staff
- ☐ GP / nurse
- ☐ Other, please specify

Please give a reason for your answer

15. On the day you got the UTI leaflet, did you buy any products from the pharmacy to help your urinary symptoms?

Tick one

- ☐ No ☐ Yes ☐ Don't know

[If yes] What did you buy?

Tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> Cranberry juice | <input type="checkbox"/> Paracetamol |
| <input type="checkbox"/> Cranberry tablets/capsules | <input type="checkbox"/> Ibuprofen |
| <input type="checkbox"/> Cystitis sachets | <input type="checkbox"/> Other, please specify |

16. How do you plan to manage your urinary symptoms?

Tick all that apply

- ☐ Look out for signs of serious infection
- ☐ Take plenty of fluids to avoid feeling thirsty
- ☐ Take pain relief
- ☐ Take the antibiotics I have been prescribed
- ☐ Go to the GP, as advised by the pharmacist
- ☐ Go to the GP for a second opinion
- ☐ Go to another pharmacy for a second opinion
- ☐ Don't know
- ☐ Other, please specify

17. What do you plan on doing with the UTI leaflet?

Tick all that apply

- ☐ Use the leaflet until my symptoms go away
- ☐ Keep it in case I need it in the future
- ☐ Show it to my friends / family to explain how to prevent urinary symptoms
- ☐ Show it to my friends / family if they have urinary symptoms in the future
- ☐ Throw it away
- ☐ Don't know
- ☐ Other, please specify

18. How useful is the UTI leaflet in managing the signs and symptoms of a UTI?

Tick one

Not at all useful	Not useful	Useful	Very useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give a reason for your answer

19. How could the UTI leaflet be improved?

20. How would you rate your experience in the pharmacy?

Tick one

Poor	Fair	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give a reason for your answer

21. How could your pharmacy experience be improved?

**22. Please use the space below if you have any other
comments about the leaflet or your pharmacy**

Demographic Questions

The leaflet was completed for a person:

23. Age

Tick one

- | | | |
|---|---|---|
| <input type="checkbox"/> 18-24
years | <input type="checkbox"/> 45-54
years | <input type="checkbox"/> 75 years or
older |
| <input type="checkbox"/> 25-34
years | <input type="checkbox"/> 55-64
years | <input type="checkbox"/> Prefer not
to say |
| <input type="checkbox"/> 35-44
years | <input type="checkbox"/> 65-74
years | |

24. Gender

Tick one

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Female | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prefer to self-describe |

25. Ethnicity

Tick one

- ☐ White
- ☐ Mixed / multiple ethnic groups
- ☐ Asian / Asian British
- ☐ Black / African / Caribbean / Black British
- ☐ Other ethnic group please specify.....
.....

26. Marital status

Tick one

- | | |
|---|--|
| <input type="checkbox"/> Single (never married) | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married, or in a
domestic partnership | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Prefer not to say |

27. History of UTI

Tick one

- ☐ First time
- ☐ I've had one or two before
- ☐ I have recurrent UTIs (2 or more infections in six months or 3
or more infections in one year)
- ☐ Don't know
- ☐ Prefer not to say

**THANK YOU FOR COMPLETING THE SURVEY – Please return
along with the signed Informed Consent Form.**

Please fill in the details below to receive your £10 gift voucher.

Name

Address

**This sheet will be detached from your survey response so that the
response remains anonymous.**