

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

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"/>				

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

- Cranberry juice Paracetamol
 Cranberry tablets/capsules Ibuprofen
 Cystitis sachets 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

- Single (never married)
- Married, or in a domestic partnership
- Widowed
- Divorced
- Separated
- 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.**