Recurrent Urinary Tract Infection Symptom Scale (RUTISS)

A urinary tract infection, or UTI, is an infection in any part of your urinary system. This may include your bladder, urethra, ureters, and/or kidneys. Some people may experience **episodes of UTI symptoms with no symptoms in between**, while some people may experience **UTI symptoms that feel continuous and do not fully subside**. This questionnaire asks about your experience of UTI symptoms and pain or discomfort.

A) The following questions are about how often you experience UTI symptoms. Please consider UTIs that may or may not have been medically diagnosed.

		Yes	No
A1.	Have you had UTI symptoms that feel continuous and do not fully subside **for at least the past 3 months**?	☐	☐

If you selected "Yes", please skip to section B. If you selected "No", please continue with the rest of Section A.

A2. Approximately how many episodes of UTI symptoms have you had in the **past 6 months**? ____________

A3. Approximately how many episodes of UTI symptoms have you had in the **past 12 months**? ____________

B) The following question is about any change in your UTI symptoms.

B1. Please consider how you typically experience UTI symptoms. To what extent have your UTI symptoms over the PAST 24 HOURS been better or worse than your typical experience?

Very much worse					No change					Very much better
-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

C) The following questions are about your UTI symptoms, and UTI-related pain or discomfort in your lower abdomen, genitals and/or bladder.

Please indicate whether you have experienced any of the following symptoms related to UTI in the PAST 24 HOURS, and if so, how SEVERE they were:

		Not present	Very mild									Extremely severe
		0	1	2	3	4	5	6	7	8	9	10
C1.	Needing to urinate more frequently than normal.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C2.	Needing to urinate more urgently or more suddenly than normal.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C3.	Feeling as though you have the urge to urinate despite having just urinated.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C4.	Urine with an unusually strong or unpleasant smell.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C5.	Cloudy urine.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C6.	Debris or floating particles in your urine.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C7.	Pain or burning sensation when you are urinating.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C8.	Pain or burning sensation within the 30 minutes after urinating.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C9.	Pain or discomfort in your lower back.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C10.	Pain or discomfort in your side/flank.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C11.	Pain or discomfort radiating down into your legs.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Thank you. This is the end of the questionnaire.

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