



Questionnaire urinary tract infection, to be completed by the patient

Please fill in this form when handing in the urine, so that we can help you as good as possible.

Name: _____ M / F

Date of birth: _____ Tel: _____

Date of collection urine: _____

The urine is being examined in connection with: a new complaint
 finishing a course of treatment

At what time did you collect the urine? _____ hours

Has it been longer than 4 hours since you last urinated? yes no

Where did you store the urine:
 at room temperature in the fridge other: _____

When did you start having complaints? _____

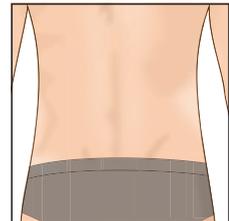
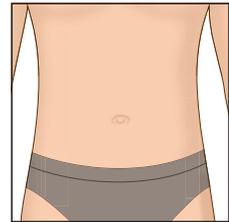
Do you recognize the complaints from previous episodes?

no yes

What are your complaints?

- a fever over 38°C
- I feel ill
- a burning sensation while/after urinating
- pain while/after urinating
- only able to pass small amounts of urine
- a constant need to urinate
- urinating more often than normal
- blood in urine (no menstrual blood)
- discharge from vagina/penis
- other: _____

If you are in pain, indicate where the pain is with a cross:



Are you pregnant? no yes, _____ weeks

Are you allergic to antibiotics? no yes, to: _____

Is it possible that you have a sexually transmitted disease (STD)? no yes

If the urine comes from a child under the age of 12, what is the child's weight? _____ kg

If the urine is sent to the laboratory for a culture, I agree with the costs.

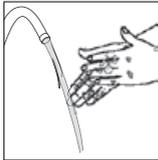
Urine collection instructions (washed, mid-stream)

- Preferably morning urine, at least 4 hours after you last urinated.
- Use the sterile container with the red cap that the assistant provided you with to collect the urine.
- First urinate a little bit into the toilet, then catch the urine in the container and finish urinating in the toilet.



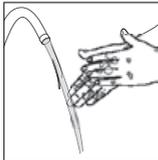
For women:

Wash the labia and the area between the labia with water, and dab yourself dry. Use 2 fingers to keep the labia apart while urinating.



For men:

Pull back the foreskin, clean the glans with water, and dry it. Pull the foreskin back while urinating.



- Carefully close the container with the cap, and write your name and date of birth on the container.
- Immediately bring the urine to the doctor's office. If this is not possible, the urine must be kept in the **fridge**.
- Please complete this form (your details and complaints).
- Hand in the urine before _____ o'clock. You can call the results after _____ o'clock.

The below section is to be completed by the doctor's assistant

| Stick | Uricult | Sediment |
|--|--|--------------|
| Nitriet: <input type="checkbox"/> pos / <input type="checkbox"/> neg | Uricult: <input type="checkbox"/> pos / <input type="checkbox"/> neg | Bacteriën: |
| Leukocyten: | Kiemgetal: | Leukocyten: |
| Erytrocyten: | Cled (groen): | Erytrocyten: |
| Ketonen: | McConkey (roze): | Amorf: |
| Glucose: | | Epitheel: |
| Proteïne: | | Overig: |
| pH: | | |