

Appendix 1: Artemis Questionnaire

ARTEMIS HISTORY FORM

Indicate (X) how likely or unlikely you feel like you **might have a urinary tract infection TODAY**



Please **circle** which answer most describes your urinary symptoms throughout **THIS** pregnancy.

Daytime Frequency <i>How often do you pass urine during the day?</i>	1-2	5-6	9-10	13-14	17-18
	2-3	6-7	10-11	14-15	18-19
	3-4	7-8	11-12	15-16	19-20
	4-5	8-9	12-13	16-17	>20
Nocturia <i>How often do you get up to pass urine at night?</i>	0	1-2	3	4-5	6
	0-1	2	3-4	5	>6
	1	2-3	4	5-6	
Daytime Incontinence <i>How often do you leak urine during the day?</i> <i>D = day, W = week, M = month, Y = year</i> <i>PMD = post-micturition dribbling</i>	0	0-2D	1-3D	2-4D	4-5D
	0-1D	1-2D	2-3D	3-4D	>5D
	1-2W	1-3W	2-3W	4-5W	4-6W
	1-2M	1-3M	1-4M	1-2Y	1-3Y
	3-4Y	3-5Y	3-6Y	PMD	
Nocturnal Incontinence <i>How often do you leak urine at night?</i> <i>D = day, W = week, M = month, Y = year</i> <i>PMD = post-micturition dribbling</i>	0	0-2N	1-3N	2-4N	4-5N
	0-1N	1-2N	2-3N	3-4N	>5N
	1-2W	1-3W	2-3W	4-5W	4-6W
	1-2M	1-3M	1-4M	1-2Y	1-3Y
	3-4Y	3-5Y	3-6Y	PMD	
Duration of symptoms				Years	Months
Pad dependent incontinence – do you need to wear pads to prevent leakage?				Yes	No
CISC – do you perform Clean Intermittent Self Catheterisation?				Yes	No
Permanent indwelling catheter – do you have/have had a permanent urinary catheter?				Yes	No
Stress incontinence symptoms				Some	None
Cough/Sneeze incontinence – do you leak when you cough or sneeze?				Yes	No
Exercise incontinence – do you leak when you exercise?				Yes	No
Lifting incontinence – do you leak when you lift something?				Yes	No
Laughing incontinence – do you leak when you laugh?				Yes	No
Standing incontinence – do you leak on standing up?				Yes	No
Positional incontinence – do you leak when you change positions?				Yes	No
Passive incontinence – do you leak with no reason/without the feeling you want to go?				Yes	No

Overactive bladder symptoms	Some	None
Urinary urgency – do you have a sudden need to rush to the toilet to urinate?	Yes	No
Urinary urge incontinence – when rushing to the toilet, do you leak before getting there?	Yes	No
Cold weather exacerbation – does cold weather make your urgency worse?	Yes	No
Running water urgency – does the sound of running water make your urgency worse?	Yes	No
Running water incontinence – have you leaked urine on hearing running water?	Yes	No
Latchkey urgency – do you need to pass urine when you put the key in your front door?	Yes	No
Latchkey incontinence – do you leak urine when you put the key in your front door?	Yes	No
Waking rising urgency – do you have to rush to the toilet on waking up?	Yes	No
Waking rising incontinence – do you leak urine on waking up?	Yes	No
Anxiety fatigue aggravation – does your urgency worsen when you are tired or anxious?	Yes	No
Premenstrual aggravation – does your urgency worsen prior to a period?	Yes	No
Leaking when coughing with urgency – if there's urgency and coughed, would you leak?	Yes	No
Voiding symptoms	Some	None
Hesitancy – is there delay before you start to urinate?	Yes	No
Reduced stream – do you feel the urine stream is reduced compared to before?	Yes	No
Intermittent stream – do you stop and start more than once when you urinate?	Yes	No
Straining to void – do you have to push or strain to pass urine?	Yes	No
Terminal dribbling – at the end of your urination, do you dribble?	Yes	No
Postmicturition dribbling – do you dribble urine straight after you've finished urinating?	Yes	No
Double voiding – do you sometimes need to go twice in a short timeframe eg 5min apart	Yes	No
Incomplete emptying – do you feel like you have not emptied your bladder fully?	Yes	No
Pain symptoms	Some	None
Bladder pain on filling – do you experience any bladder pain/discomfort when it is full?	Yes	No
Bladder pain relieved by voiding – is this pain/discomfort relieved after emptying?	Yes	No
Bladder pain partially relieved by voiding – is this relieved slightly after emptying?	Yes	No
Bladder pain unrelieved by voids – is this not relieved after emptying?	Yes	No
Bladder or suprapubic pain – do you suffer from pain in the bladder area?	Yes	No
Loin pain – do you suffer from pain in the kidney area?	Yes	No
Dysuria – do you suffer from pain during urination in urethral area?	Yes	No
Urethral pain – do you suffer from pain in the urethral area?	Yes	No
Pain or discomfort referred to genitals? – do you have pain going to the genital area?	Yes	No
Left or right iliac fossa pain – do you have pain in the lower part of your tummy?	Yes	No
Pain radiating to legs – do you have pain going down the tops of your thighs?	Yes	No
Bladder pain during micturition – do you have pain while passing urine?	Yes	No
Pain after micturition – do you have pain after urinating?	Yes	No