

## Appendix 1

### Suspected urinary tract infections in patients $\geq 18$ years

Register solely on the basis of the day of the first contact to general practice (day one)

Patient information		
1	Patient age	_____ years
2	Patient sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
3	Patient background (choose at least 1)	<input type="checkbox"/> Nursing home resident <input type="checkbox"/> Urinary catheter <input type="checkbox"/> Recurring UTI <input type="checkbox"/> Comorbidity <input type="checkbox"/> Pregnant <input type="checkbox"/> Penicillin allergy  <input type="checkbox"/> None of the above
Symptoms and signs		
4	Symptoms and signs (choose at least 1)	<input type="checkbox"/> Dysuria <input type="checkbox"/> Urgency <input type="checkbox"/> Frequency <input type="checkbox"/> New-onset incontinence <input type="checkbox"/> Suprapubic pain <input type="checkbox"/> Flank pain <input type="checkbox"/> Fever <input type="checkbox"/> Shivering <input type="checkbox"/> Systemically unwell <input type="checkbox"/> New-onset confusion <input type="checkbox"/> None of the above  <input type="checkbox"/> No symptoms reported
Examinations		
5	Urinary dipstick (choose at least 1)	<b>Nitrite</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <b>Leukocytes</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <b>Hemoglobin</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative  <input type="checkbox"/> Not performed
Examinations (continued)		
6	Microscopy (choose only 1)	<b>Microscopy</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Inconclusive  <input type="checkbox"/> Not performed
7	Urine culture (choose only 1)	<input type="checkbox"/> Urine culture in general practice <input type="checkbox"/> Susceptibility testing in general practice <input type="checkbox"/> Urine sent to Department of Clinical Microbiology  <input type="checkbox"/> Not performed
8	CRP (mg/l or 1 cross)	CRP (value in mg/L) _____  <input type="checkbox"/> Not performed
Diagnose		
9	Diagnose (choose only 1)	<input type="checkbox"/> Uncomplicated lower UTI <input type="checkbox"/> Complicated lower UTI <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Other, not UTI <input type="checkbox"/> Unresolved
Action		
10	Hospitalisation (choose only 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Antibiotics (choose at least 1)	<input type="checkbox"/> Pivmecillinam <input type="checkbox"/> Sulfametizol <input type="checkbox"/> Nitrofurantoin <input type="checkbox"/> Trimethoprim <input type="checkbox"/> Ciprofloxacin <input type="checkbox"/> Other antibiotic  <input type="checkbox"/> No antibiotics (day 1)