Questionnaire for urine testing

Preferably collect the first urine of the morning. Use a clean container that you can seal. Store the container in the fridge or bring it to the practice within 2 hours.

Date: .....

Name: ..... m/f

Date of birth: .....

When handing in the urine, please fill out this form so we can provide you the best care. Thank you for your cooperation!

How long ago did you collect this urine? .....

Please indicate why you hand in this urine for testing:

- ☐ Because you think you might have a bladder infection?
  - How long are you experiencing complains?
  - Have you had a bladder infection in the past year? Yes/No
- ☐ As a check up after antibiotic treatment?
- ☐ Because you wish testing for sexually transmitted infections (STI)?

Please indicate what complains you have:

	No	Yes	
Pain or burning sensation while urinating	☐	☐	
Urinating frequently or/with small portions	☐	☐	
Pain in the lower abdomen or back	☐	☐	
Fever (above 38°C)	☐	☐	
Please answer the following questions:			
Do you feel ill?	☐	☐	
Do you have a catheter?	☐	☐	
Do you have a kidney- or bladder disease?	☐	☐	
Do you have diabetes?	☐	☐	
Are you allergic to antibiotics?	☐	☐	If yes, which?
Do you have unintentional urine loss (incontinence)?	☐	☐	
If yes, do you wish medical advice from the doctor?	☐	☐	
Questions for females:			
Do you have vaginal complains or abnormal vaginal secretion?	☐	☐	
Are you menstruating?	☐	☐	
Are you pregnant?	☐	☐	
Questions for males:			
Do you suffer from secretion from the penis?	☐	☐	