

DATA COLLECTION FORM (complete 1 per patient)

Pharmacy Post Code:

Date:

Patient Sex: Male ☐ Female ☐ *Tick one box*

Patient Age: Under 18 ☐ 18-64 ☐ 65-79 ☐ 80 or over ☐ *Tick one box*

Care/Nursing Home Resident: Yes ☐ No ☐

UTI Prescription

Antibiotic prescribed

Tick one only:

Trimethoprim 200mg bd ☐

Trimethoprim other dose ☐

Nitrofurantoin 100mg bd ☐

Nitrofurantoin 50mg qds ☐

Nitrofurantoin other dose ☐

Pivmecillinam any dose ☐

Duration of treatment?

Tick one only:

3 days ☐

7 days ☐

More than 7 days ☐

Other ☐

PHARMACY ADVICE

Tick all that apply:

No hydration advice provided ☐

Verbal hydration advice provided ☐

Written hydration advice provided ☐

Patient on fluid restricted diet ☐

Patient reported hydration advice provided by other health professional ☐

OTC Urinary symptoms advice

PHARMACY ADVICE

Tick all that apply:

Referred to GP ☐

Medicine sale ☐

No hydration advice provided ☐

Verbal hydration advice provided ☐

Written hydration advice provided ☐

Patient on fluid restricted diet ☐

Other prescribed medication?

Not known ☐

If known, tick all that apply:

ACE inhibitor ☐

A2RA ☐

NSAID ☐

Diuretic ☐

Metformin ☐

None of the medicines listed above ☐

Comments/other information: