## **ACSS Questionnaire**

## First visit (diagnostic form) - Part A

		Time:: Date of evaluation: / / (dd/mm/								
Please indicate whether you have had the following symptoms during the past 24 hours, and how severe they were: (Please mark $\checkmark$ only one answer for each symptom)										
			0	1	2	3				
Typical	1	Frequent urination of small volumes of urine (going to the toilet very	🗌 No	🗌 Yes, mild	🗌 Yes, moderate	🗌 Yes, severe				
	2	often) Urgent urination (a strong and	4 or less times per day	5-6 times/ day	7-8 times/day	9-10 or more times/day				
		uncontrollable urge to pass urine) Feeling pain or burning when				Yes, severe				
	3	passing urine	□ No	Yes, mild	Yes, moderate	Yes, severe				
	4	Incomplete bladder emptying after urination	🗌 No	🗌 Yes, mild	Yes, moderate	Yes, severe				
	5	Pain or uncomfortable pressure in the lower abdomen <i>(suprapubic area)</i>	🗌 No	🗌 Yes, mild	Yes, moderate	Yes, severe				
	6	Visible blood in your urine	🗌 No	🗌 Yes, mild	🗌 Yes, moderate	🗌 Yes, severe				
				Sum of	"Typical" scores=	points				
Differential	7	Loin (low back) pain (may be limited to only one body side)	🗌 No	🗌 Yes, mild	Yes, moderate	Yes, severe				
	8	Vaginal discharge (especially in the mornings)	🗌 No	🗌 Yes, mild	Yes, moderate	Yes, severe				
	9	Urethral discharge (without urination)	🗌 No	🗌 Yes, mild	🗌 Yes, moderate	🗌 Yes, severe				
	10	High body temperature (chills/fever)	🗌 No	🗌 Yes, mild	Yes, moderate	Yes, severe				
		(Please indicate ✓ if measured)	≤37.5 °C	37.6-37.9 °C	38.0-38.9 °C	≥39.0 °C				
				Sum of "Dif	ferential" scores=	points				
	11	Please give an overall rating of how much these symptoms, mentioned above, bothered you in the past 24 hours         (Please mark ✓ only one answer)         □ 0 Do not feel any discomfort (No symptoms at all. Felt as good as usual)								
		□ 1 Feeling little discomfort (Feeling somewhat worse than usual)								
		2 Feeling moderate discomfort ( <i>Feeling quite bad</i> )								
		3 Feeling extreme discomfort ( <i>Feeling terrible</i> )								
life	12	Please choose the number, which most closely describes your normal work/everyday activities were affected by your symptoms, mentioned above, in the past 24 hours ( <i>Please mark</i> $\checkmark$ <u>only one</u> answer)								
Quality of life		0 Not affected at all (Carrying out usual daily activities)								
ality		1 Mildly affected (Able to carry out daily activities with some discomfort)								
Øu		□ 2 Moderately affected (Only able to carry out daily activities with significant effort)								
-		3 Extremely affected (Almost impossib	· ·							
	13	toms, mentioned ab	ove, in the past 24							
		0 Not affected at all (Able to enjoy nor	mal social activities)							
		1 Mildly affected (Not able to do some social activities)								
		2 Moderately affected (Only able to do a few social activities)								
	3 Extremely affected (Not able to do any social activity - symptoms keep me a 'prisoner' in my home)									
				Sum	of "QoL" scores=	points				
	14	Please indicate whether you have the followings today:								
Jal		Menstruation (women's monthly period)?			🗌 No	🗌 Yes				
itio		Premenstrual symptoms?			□ No					
Additional		Symptoms of the menopause ?				Yes				
		Are you pregnant?								
	_	Do you have diabetes mellitus (sugar diab	🗌 No							
	Please do not forget to return completed guestionnaire back to your physician									

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## **ACSS Questionnaire**

Control visit (follow-up form) - Part B												
			Time:: Date of evaluation: / / (dd/mm/yy									
Please indicate if you experienced any changes in your symptoms since you last completed the first part of this questionnaire												
(Please mark ✓ <u>only one</u> answer for each symptom)												
ics		0 Now I feel back to normal <i>(All symptoms have gone away)</i> 1 Now I feel much better <i>(Majority of symptoms has gone away)</i>										
Dynamics		2 Now I feel only somewhat better (Majority of symptoms is still present)										
0 Nn	3	No changes, now I feel about the same (No										
		Now I feel worse (My condition is worse)										
Please indicate whether you have had the following symptoms during the past 24 hours, and how severe they were:												
(Pie	aser	mark ✔ <u>only one</u> answer for each symp	0	1	2	3						
		Frequent urination of small volumes	•		2	5						
	1	of urine (going to the toilet very	🗌 No	🗌 Yes, mild	Yes, moderate	Yes, severe						
		often)	4 or less times per day	5-6 times/ day	7-8 times/day	9-10 or more times/day						
	2 3 4	Urgent urination (a strong and	□ No	☐ Yes, mild	Yes, moderate	☐ Yes, severe						
		uncontrollable urge to pass urine)										
cal		Feeling pain or burning when	□ No	🗌 Yes, mild	Yes, moderate	☐ Yes, severe						
Typical		passing urine										
F		Incomplete bladder emptying after	🗌 No	🗌 Yes, mild	Yes, moderate	Yes, severe						
		urination Pain or uncomfortable pressure in										
	5	the lower abdomen (suprapubic	□ No	🗌 Yes, mild	Yes, moderate	☐ Yes, severe						
	5	area)										
	6	Visible blood in your urine	🗌 No	🗌 Yes, mild	Yes, moderate	Yes, severe						
				Sum of	"Typical" scores=	points						
	7 8	Loin (low back) pain (may be	□ No	🗌 Yes, mild	Yes, moderate	Yes, severe						
		<i>limited to only one body side)</i> Vaginal discharge (especially in the										
Differential		mornings)	🗌 No	🗌 Yes, mild	Yes, moderate	Yes, severe						
erei	9	Urethral discharge (without	□ No	🗌 Yes, mild	Yes, moderate	Yes, severe						
Diff	•	urination)										
	10	High body temperature (chills/fever)	🗌 No	🗌 Yes, mild	Yes, moderate	Yes, severe						
		(Please indicate ✓if measured)	≤37.5 C	37.6-37.9 C	38.0-38.9 C	≥39.0						
					ferential" scores=	points						
	11	Please give an overall rating of how much these symptoms, mentioned above, bothered you in the past 24 hours ( <i>Please mark</i> ✓ <u>only one</u> answer)										
		0 Do not feel any discomfort (No symptoms at all. Felt as good as usual)										
		1 Feeling little discomfort (Feeling somewhat worse than usual)										
		2 Feeling moderate discomfort (Feeling quite bad)										
		<ul> <li>3 Feeling extreme discomfort (Feeling terrible)</li> <li>Please choose the number, which most closely describes your normal work/everyday activities were affected by your</li> </ul>										
life	12	symptoms, mentioned above, in the pa	-	-		fore ancolea by your						
/ of		0 Not affected at all (Carrying out usual daily activities)										
Quality of life		1 Mildly affected (Able to carry out daily activities with some discomfort)										
Qu		<ul> <li>2 Moderately affected (Only able to carry out daily activities with significant effort)</li> <li>3 Extremely affected (Almost impossible to carry out daily activities)</li> </ul>										
Please indicate, how much your social activities were affected by your symptoms, mentioned above, i												
		<ul> <li>0 Not affected at all (Able to enjoy normal social activities)</li> <li>1 Mildly affected (Not able to do some social activities)</li> </ul>										
		2 Moderately affected (Only able to do a few social activities)										
		☐ 3 Extremely affected ( <i>Not able to do any social activity - symptoms keep me a 'prisoner' in my home</i> )										
		of "QoL" scores=	points									
	14     Please indicate whether you have the followings today:											
nal		Menstruation (women's monthly period)?			🗌 No	Yes						
itio.		Premenstrual symptoms?										
Additional		Symptoms of the menopause ?										
		Are you pregnant?		☐ Yes ☐ Yes								
Do you have diabetes mellitus (experdingales) Se only.												
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