UK English ACSS© Questionaire

First visit (diagnostic form) – Part A

Time: __ _/___ **Date of evaluation:** / / (dd/mm/yyyy)

		Please indicate whether you have had the following symptoms during the past 24 hours, and how severe they were: (***Please mark only one answer for each symptom***)	**0**	**1**	**2**	**3**
Typical Symptoms	**1**	Frequent urination of small volumes of urine *(going to the toilet very often)*	☐ No *4 or less times per day*	☐ Yes, mild *5-6 times/day*	☐ Yes, moderate *7-8 times/day*	☐ Yes, severe *9-10 or more times/day*
	2	Urgent urination *(a sudden and uncontrollable urge to pass urine)*	☐ No	☐ Yes, mild	☐ Yes, moderate	☐ Yes, severe
	3	Feeling pain or burning when 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 *(suprapubic area)*	☐ 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*	☐ No	☐ Yes, mild	☐ Yes, moderate	☐ Yes, severe
	8	Vaginal discharge *(especially in the morning)*	☐ 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)* *(Please indicate if measured)*	☐ No ≤37.5 ˚C	☐ Yes, mild 37.6˚-37.9 ˚C	☐ Yes, moderate 38.0 °C-38.9 °C	☐ Yes, severe ≥39.0 ˚C
		*often unilateral (on one side)			**Sum of "Differential" scores=**	**points**
Quality of life	**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 *(Feeling quite bad)*				
		☐ 3 Feeling extreme discomfort *(Feeling terrible)*				
	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** ***(Please mark only one answer)***				
		☐ 0 Not affected at all *(Carrying out usual daily activities)*				
		☐ 1 Mildly affected *(Able to carry out daily activities with some discomfort)*				
		☐ 2 Moderately affected *(Only able to carry our daily activities with significant effort)*				
		☐ 3 Extremely affected *(Almost impossible to carry out daily activities)*				
	13	**Please indicate, how much your social activities were affected by your symptoms, mentioned above in the past 24 hours** ***(Please mark only one answer)***				
		☐ 0 Not affected at all *(Able to enjoy normal social activities)*				
		☐ 1 Mildly affected *(Only 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**
Additional	**14**	**Please indicate whether you have the following today**				
		Menstruation *(women's monthly period)*?			☐ No	☐ Yes
		Premenstrual symptoms?			☐ No	☐ Yes
		Symptoms of the menopause***?***			☐ No	☐ Yes
		Are you pregnant?			☐ No	☐ Yes
		Do you have diabetes mellitus *(sugar diabetes)*			☐ No	☐ Yes

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Control visit (follow-up form) – Part B

Time: ___/___ Date of evaluation: / / (dd/mm/yyyy**)**

Please indicate if you experienced any changes in your symptoms since you last completed the first part of this questionnaire (*Please mark only one answer*)

Dynamics

- ☐ 0 Yes I feel normal *(All symptoms have gone away)*
- ☐ 1 Yes, I feel much better *(Most of symptoms have gone away)*
- ☐ 2 Yes, I feel somewhat better *(Only some symptoms are gone)*
- ☐ 3 No, there are barely any changes *(I still have about the same symptoms)*
- ☐ 4 Yes, 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:

Please mark only one answer for each symptom			0	1	2	3
Typical Symptoms	**1**	Frequent urination of small volumes of urine *(going to the toilet very often)*	☐ None *4 or less times per day*	☐ Yes, mild *5-6 times/day*	☐ Yes, moderate *7-8 times/day*	☐ Yes, severe *9-10 or more times/day*
	2	Urgent urination *(a sudden and uncontrollable urge to pass urine)*	☐ None	☐ Yes, mild	☐ Yes, moderate	☐ Yes, severe
	3	Feeling pain or burning when passing urine	☐ None	☐ Yes, mild	☐ Yes, moderate	☐ Yes, severe
	4	Incomplete bladder emptying after urination	☐ None	☐ Yes, mild	☐ Yes, moderate	☐ Yes, severe
	5	Pain or uncomfortable pressure in the lower abdomen *(suprapubic area)*	☐ None	☐ Yes, mild	☐ Yes, moderate	☐ Yes, severe
	6	Visible blood in your urine	☐ None	☐ Yes, mild	☐ Yes, moderate	☐ Yes, severe
					Sum of "Typical" scores=	**points**
Differential	**7**	Loin *(low back)* pain*	☐ None	☐ Yes, mild	☐ Yes, moderate	☐ Yes, severe
	8	Vaginal discharge *(especially in the morning)*	☐ None	☐ Yes, mild	☐ Yes, moderate	☐ Yes, severe
	9	Urethral discharge (*without urination*)	☐ None	☐ Yes, mild	☐ Yes, moderate	☐ Yes, severe
	10	High high body temperature (*chills/fever*) *(Please indicate if measured)*	☐ None (≤37.5 ˚C)	☐ Yes, mild (37.6 ˚C-37.9 ˚C)	☐ Yes, moderate (38.0 ˚C-38.9 ˚C)	☐ Yes, severe (≥39,0°C)
		*often unilateral (on one side)			**Sum of "Differential" scores=**	**points**

Quality of life

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 *(Feeling quite bad)*
- ☐ 3 Feeling extreme discomfort *(Feeling terrible)*

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 (*Please mark only one answer*)**

- ☐ 0 Not affected at all *(Carrying out usual daily activities)*
- ☐ 1 Mildly affected *(Able to carry out daily activities with some discomfort)*
- ☐ 2 Moderately affected *(Only able to carry out daily activities with significant effort)*
- ☐ 3 Severely affected *(Almost impossible to carry out daily activities)*

13 **Please indicate, how much your social activities were affected by your symptoms, mentioned above in the past 24 hours (*Please mark only one answer*)**

- ☐ 0 Not affected at all *(Able to enjoy normal social activities)*
- ☐ 1 Mildly affected *(Only able to do some social activities)*
- ☐ 2 Moderately affected *(Only able to do a few social acrivities)*
- ☐ 3 Severely affected *(Not able to do any social activities – symptoms keep me a "prisoner" in my home)*

Sum of "QoL" scores= points

Additional

14 **Please indicate whether you have the following today**

Menstruation *(women's monthly period)?*	☐ No	☐ Yes
Premenstrual symptomes?	☐ No	☐ Yes
Symptoms of the menopause **?**	☐ No	☐ Yes
Are you pregnant ?	☐ No	☐ Yes
Do you have diabetes mellitus *(sugar diabetes)*	☐ No	☐ Yes