UK English ACSS[©] Questionaire

	Firs	t visit (diagnostic form) – Part A							
		Т	ime:/ C	Date of evaluat	ion: / /	(dd/mm/yyyy)			
	Р	lease indicate whether you have had the followin	g symptoms duri	ng the past 24 h	ours, and how seve	ere they were:			
	(<i>F</i>	Please mark <u>only one</u> 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 (<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 "T	/pical" scores=	points			
Differential	7	Loin <i>(low back)</i> 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			
		High body temperature (chills/fever)	□ No	🗌 Yes, mild	Yes, moderate	☐ Yes, severe			
	10	(Please indicate if measured)	≤37.5 °C	37.6°-37.9 °C	38.0 °C-38.9 °C	≥39.0 °C			
		*often unilateral (on one side)		Sum of "Diffe	erential" scores=	points			
	11	Please give an overall rating of how much these sy	mptoms, mention	ed above, bothe	red you in the past	24 hours			
		(Please mark <u>only one</u> answer) 0 Do not feel any discomfort (No symptoms at all. (Felt as good as usual)							
			l						
	 1 Feeling little discomfort (Feeling somewhat worse than usual) 2 Feeling moderate discomfort (Feeling quite bad) 								
		3 Feeling extreme discomfort (<i>Feeling terrible</i>)							
a	4.0	Please choose the number, which most closely describes your normal work/everyday activities were affected by your							
Quality of life	12	symptoms, mentioned above, in the past 24 hours (<i>Please mark <u>only one</u> answer</i>) 0 Not affected at all (<i>Carrying out usual daily activities</i>)							
N N									
alit									
Ø	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 (Please mark <u>only one</u> answer) ⁰ 0 Not affected at all (Able to enjoy normal social activities) ¹³ ¹⁴ ¹⁵ ¹⁵ ¹⁵ ¹⁵ ¹⁵ ¹⁵ ¹⁵ ¹⁵ ¹⁶ ¹⁶ ¹⁷ ¹⁷ ¹⁶ ¹⁷ ¹⁷ ¹⁷ ¹⁷ ¹⁸ ¹⁷ ¹⁸ ¹⁷ ¹⁸ ¹⁸ ¹⁸ ¹⁸ ¹⁸ ¹⁸ ¹⁹}								
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 to	oday						
		Menstruation (women's monthly period)?			🗌 No	Yes			
		Premenstrual symptoms?			 No				
		Symptoms of the menopause?		No					
		Are you pregnant?			No				
		Do you have diabetes mellitus (sugar diabetes)			🗌 No	Yes			
STI.									

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UK English ACSS[©] Questionaire

Control visit (follow-up form) - Part B

Date of evaluation: Time[.] 1

1 (dd/mm/yyyy)

			Time:/	Date of evalua	ation: / /	(dd/mm/yyyy						
Please indicate if you experienced any changes in your symptoms since you last completed the first part of this questionnaire												
(Ple		mark <u>only one</u> answer)										
	0 Yes I feel normal (All symptoms have gone away)											
ics		1 Yes, I feel much better (Most of symptoms have gone away)										
ami		2 Yes, I feel somewhat better (Only some symptoms are gone)										
Dynamics		3 No, there are barely any changes (I still have about the same symptoms)										
	<u> </u>	Yes, I feel worse (My condition is worse).										
Plea	ase i	ndicate whether you have had the following s	symptoms duri	ng the past 24	hours, and how se	evere they were:						
Plea	ise m	nark only one answer for each symptom	0	1	2	3						
		Frequent urination of small volumes of urine	☐ None	🗌 Yes, mild	TYes, moderate	Yes, severe						
s	1	(going to the toilet very often)	4 or less times per da		7-8 times/day	9-10 or more times/day						
mo	2	Urgent urination (a sudden and uncontrollable										
npt	2	urge to pass urine)	None	Yes, mild	Yes, moderate	Yes, severe						
Typical Symptoms	3	Feeling pain or burning when passing urine	None	🗌 Yes, mild	Yes, moderate	Yes, severe						
cal	4	Incomplete bladder emptying after urination	☐ None	🗌 Yes, mild	Yes, moderate	☐ Yes, severe						
ypi	-	Pain or uncomfortable pressure in the lower			<i>,</i>							
F	5	abdomen (suprapubic area)	None	🗌 Yes, mild	Yes, moderate	Yes, severe						
	6		None									
	•	Visible blood in your urine		Yes, mild	Yes, moderate	Yes, severe						
					Typical" scores=	points						
al	7	Loin <i>(low back)</i> pain*	None	🗌 Yes, mild	Yes, moderate	Yes, severe						
ent.	8	Vaginal discharge (especially in the morning)	None	🗌 Yes, mild	🗌 Yes, moderate	Yes, severe						
Differential	9	Urethral discharge (without urination)	None	🗌 Yes, mild	Yes, moderate	🔲 Yes, severe						
	10	High high body temperature (<i>chills/fever</i>)	☐ None	🗌 Yes, mild	Yes, moderate	Yes, severe						
		(Please indicate if measured)	(≤37.5 °C)	(37.6 °C-37.9 °C)	(38.0 °C-38.9 °C)	(≥39,0°C)						
		*often unilateral (on one side)	(101.0 0)		fferential" scores=							
		Please give an overall rating of how much these symptoms, mentioned above, bothered you in the past 24 hours										
	11	(Please mark <u>only one</u> answer)										
	0 Do not feel any discomfort (<i>No symptoms at all. Felt as good as usual</i>)											
		 1 Feeling little discomfort (Feeling somewhat worse than usual) 2 Feeling moderate discomfort (Feeling quite bad) 										
3 Feeling extreme disconfort (<i>Feeling terrible</i>)												
0		Please choose the number, which most closely describes your normal work/everyday activities were affected by your										
Quality of life	12	symptoms, mentioned above, in the past 24 hours (<i>Please mark only one answer</i>)										
y o	0 Not affected at all (<i>Carrying out usual daily activities</i>)											
alit		 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) 										
Qu												
		3 Severely affected (Almost impossible to carry out daily activities)										
Please indicate, how much your social activities were affected by your symptoms, mentioned above in the (<i>Please mark only one answer</i>)												
	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										
	14	Please indicate whether you have the following to	oday									
nal		Menstruation (women's monthly period)?										
litio		Premenstrual symptomes? Symptoms of the menopause ?			No □ No	☐ Yes ☐ Yes						
Additional		Are you pregnant ?										
		Do you have diabetes mellitus (sugar diabetes)										

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