## Attachment 1: American English Acute Cystitis Symptom Score (ACSS)

Adapted from: Alidjanov JF, Naber KG, Pilatz A, Wagenlehner FM. Validation of the American English Acute Cystitis Symptom Score. Antibiotics (Basel). 2020 Dec 19;9(12):929. DOI: 10.3390/antibiotics9120929

FIR	ST V	/ISIT – Part A (diagnostic part)	Time: :	Date of evaluat	ion: / /	(mm/dd/yyyy)				
ŀ			ptoms during the past 24 hours, and how severe they were (Please							
ma	rk or	nly one answer for each symptom):	0	1	2	3				
	1	Frequent urination of small amounts of urine (going to the toilet very often)	☐ None up to 4 times per day	Yes, mild 5–6 times/day	Yes, moderate 7–8 times/day	Yes, severe 9–10 or more times/day				
otoms	2	Urgent urination (a sudden and uncontrollable urge to urinate)	☐ None	☐ Yes, mild	Yes, moderate	Yes, severe				
ym	3	Feeling burning pain when urinating	☐ None	Yes, mild	Yes, moderate	Yes, severe				
Typical symptoms	4	Feeling incomplete bladder emptying (Still feel like you need to urinate after urination)	☐ None	Yes, mild	Yes, moderate	Yes, severe				
Ļ	5	Feeling pain not associated with urination in the lower abdomen (below the belly button)	☐ None	Yes, mild	Yes, moderate	Yes, severe				
	6	Blood seen in urine (without menses)	☐ None	Yes, mild	☐ Yes, moderate	Yes, severe				
			Sum of "Ty	/pical" scores=	points					
	7	Flank pain (pain in one or both sides of the lower back)	☐ None	☐ Yes, mild	Yes, moderate	Yes, severe				
ential	8	Abnormal vaginal discharge (abnormal amount, color and/or odor)	☐ None	☐ Yes, mild	Yes, moderate	Yes, severe				
Differential	9	Discharge from the urethra ( <i>urinary opening</i> ) without urination	☐ None	☐ Yes, mild	Yes, moderate	Yes, severe				
	10	Feeling high body temperature/fever Temperature measured  No Yes	☐ None (≤99.5°F)	☐ Yes, mild (99.6°F–100.2°F)	☐ Yes, moderate (100.3°F–102.0°F)	☐ Yes, severe (≥102.1 °F)				
				Sum of "Differ	ential" scores=	points				
	11	Please rate how much discomfort you have experienced because of these symptoms in the past 24 hours (Please mark								
		only one answer):  0 No discomfort (No symptoms at all. I feel as good as usual) 1 Mild discomfort (I feel a little worse than usual) 2 Moderate discomfort (I feel much worse than usual) 3 Severe discomfort (I feel terrible)								
உ	12	Please indicate how these symptoms have interfered with your everyday activities/work in the past 24 hours ( <i>Please mark only one answer</i> ):								
Quality of life		O Did not interfere at all (Working as usual on a working day)     I Mildly interfered (Due to the symptoms, I work slightly less)     Severely interfered (Daily work requires effort)     Severely interfered (I almost cannot work)								
	13	Please indicate how these symptoms have interfered with your social activities (visiting people, meeting with friends, etc.) in the past 24 hours (Please mark only one answer):								
		<ul> <li>□ 0 Did not interfere at all (My social activities did not change in any way, I live as usual)</li> <li>□ 1 Mildly interfered (Insignificant decrease in activities)</li> <li>□ 2 Moderately interfered (Significant decrease. I have to spend more time at home)</li> <li>□ 3 Severely interfered (It's terrible. I barely left the house)</li> </ul>								
				Sum of	"QoL" scores=	points				
	14	Please indicate whether you have the following a	at the time of com	pletion of this qu	uestionnaire:					
<u>=</u>		Menstruation (menses)?			☐ No	☐ Yes				
Additional		Premenstrual syndrome (PMS)?			☐ No	☐ Yes				
ddit		Signs of menopausal syndrome (e.g. hot flashes)?			☐ No	☐ Yes				
Ă		Pregnancy?			□ No	Yes				
		Known (diagnosed) diabetes mellitus (high sugar)?			☐ No	☐ Yes				

FOLLOW-UP VISIT – Part B (patient-reported outcome) Time: : Date of evaluation: / /												
Please indicate if you experienced any changes in your symptoms since the first time you completed this												
	_	Yes, I feel back to normal (All symptoms are completely										
ics	_	1 Yes, I feel much better (Most of the symptoms are gone)										
an	_	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>	☐ 4 Yes, I feel worse (My condition is worse)										
Plea	ase i	ndicate whether you have had the following sy	ours, and how se	vere they were								
(Ple	ase i	mark only one answer for each symptom):	0	1	2	3						
	1	Frequent urination of small amounts of urine (going to the toilet very often)	☐ None up to 4 times per day	☐ Yes, mild 5–6 times/day	Yes, moderate	Yes, severe 9–10 or more times/day						
smo	2	Urgent urination (a sudden and uncontrollable urge to urinate)	☐ None	Yes, mild	Yes, moderate	Yes, severe						
npt	3	Feeling burning pain when urinating	□ None	Yes, mild	Yes, moderate	Yes, severe						
syr	4	Feeling incomplete bladder emptying (Still feel			<u> </u>	,						
Typical symptoms	_	like you need to urinate again after urination)	☐ None	Yes, mild	Yes, moderate	Yes, severe						
f	5	Feeling pain not associated with urination in the lower abdomen (below the belly button)	☐ None	☐ Yes, mild	☐ Yes, moderate	☐ Yes, severe						
	6	Blood seen in urine (without menses)	☐ None	Yes, mild	Yes, moderate	Yes, severe						
				Sum of "Ty	/pical" scores=	points						
	7	Flank pain (pain in one or both sides of the lower back)	☐ None	Yes, mild	Yes, moderate	Yes, severe						
Differential	8	Abnormal vaginal discharge (abnormal amount, color and/or odor)	☐ None	Yes, mild	Yes, moderate	Yes, severe						
Differ	9	Discharge from the urethra (urinary opening) without urination	☐ None	Yes, mild	Yes, moderate	Yes, severe						
	10	Feeling high body temperature/fever Temperature measured  No Yes	☐ None (≤99.5°F)	☐ Yes, mild (99.6°F–100.2°F)	☐ Yes, moderate (100.3°F–102.0°F)	☐ Yes, severe (≥102.1 °F)						
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	11	Please rate how much discomfort you have experienced because of these symptoms in the past 24 hours (Please mark										
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		only one answer):										
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