



DATE

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Site ID

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Patient ID

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SECTION 1: SCREENING FORM

(Research Nurse/CSO to complete)

Inclusion Criteria

Please exclude if the answer is 'NO' to any of the following:

Aged before their fifth birthday?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acute illness ≤ 28 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First time in DUTY study?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ability of parent/carer to understand & give informed consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child have any urinary tract or constitutional symptoms (generally unwell)? See questions below (* see also examples):	
Answer Yes to at least one of the screening questions to be eligible:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Has the child been generally unwell (e.g. fever/feeling hot, generally not right, tired, irritable, crying more than usual, recently 'failing to thrive')?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Has the child had abdominal/loin pain or colic or vomiting or not eating/feeding as normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Has the child 'not been themselves' (e.g. clingy; not interested in what's going on; not playing well; low energy/tired; sleeping more or less than usual; irritable or not settling; crying more than usual)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Has the child had any changes relating to passing urine (e.g. pain, changes in frequency, changes in continence, changes in urine smell or appearance or blood noticed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Exclusion Criteria

Please exclude if the answer is 'YES' to any of the following:

Recently (≤ 28 days) or currently in any research study	<input type="checkbox"/> Yes <input type="checkbox"/> No
Presenting with trauma/injury as the predominant concern	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has taken oral or IV/IM antibiotics in the past 7 days*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently taking systemic (oral/IV or IM) steroids for ≥ 2 weeks (e.g. prednisolone or dexamethasone inhaled steroids are acceptable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently or recently (≤ 28 days) on chemotherapy or other immunosuppression (e.g. anti-rejection medications following renal transplant)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current use of urinary catheter (including intermittent use within past month)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous bladder surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spina bifida or neurogenic bladder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Due to laboratory transport pick up times, urine sample would not have reached lab in the next 24 hours (e.g. Friday afternoon in GP surgeries).	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Use of topical antibiotics does not exclude participation

Inclusion Criteria Examples for RNs/CSOs/clinicians*

- e.g. 1) well child with a sticky eye/ear but no other symptoms – exclude
- e.g. 2) child with sticky eye/ear who is crying more than usual – include
- e.g. 3) child with cough but no other symptoms – exclude
- e.g. 4) child with cough and fever, or cough and difficulty breathing – include
- e.g. 5) child with cough, no fever, but not feeding well – include
- e.g. 6) child with diarrhoea, no fever, no abdominal pain, eating normally – exclude
- e.g. 7) child with diarrhoea and fever/abdominal pain/reduced appetite – include

If the child satisfies all inclusion and exclusion criteria please continue to the next section