

GOOD KITTY CO. | UTI Tracking Sheet

Infection # _____ Date symptoms started: _____

Check all that apply:

- Burning during urination
- Urgent need to urinate
- Frequent urination
- Feeling of incomplete emptying
- Cloudy urine
- Strong-smelling urine
- Blood in urine
- Lower abdominal pain
- Pelvic pressure
- Back pain
- Fever
- Chills
- Nausea/vomiting

SYMPTOM SEVERITY - *Circle one:*

Mild (uncomfortable but manageable)

Moderate (significantly affecting daily activities)

Severe (debilitating, can't function normally)

POTENTIAL TRIGGERS (Past 48 Hours)

Check all that apply:

- Sexual activity Date/time: _____
- Dehydration
- Holding urine for extended periods
- Travel
- High stress
- Dietary changes (specify): _____
- New medications (specify): _____
- Stopped/missed prevention methods
- Other: _____

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CURRENT PREVENTION METHODS

Vaginal estrogen

Type: _____

Frequency: _____

Cranberry supplement

Brand: _____

Dose: _____

D-mannose

Dose: _____

Probiotic

Type: _____

Prophylactic antibiotic

Name: _____

Other: _____

TREATMENT RECEIVED

Antibiotic prescribed: _____

Dose: _____

Duration: _____

Date started: _____

Date completed: _____

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TREATMENT RESPONSE

Symptoms improved within: ____ hours / ____ days

Complete resolution by: _____

Side effects experienced: _____

FOLLOW-UP

Follow-up appointment scheduled

Date:

Repeat urine culture performed

Date: Result: _____

NOTES

GOOD KITTY CO. | Monthly UTI Summary

Month: _____ Year: _____

UTI FREQUENCY

Total number of UTIs this month:

Total number of UTIs in past 6 months:

Total number of UTIs in past 12 months:

PATTERN RECOGNITION

Do UTIs occur more frequently:

- After sexual activity
- During certain times of month
- During travel
- During high stress periods
- After stopping prevention methods
- No clear pattern identified

CURRENT PREVENTION METHODS

PREVENTION METHODS TO TRY NEXT

QUESTIONS FOR MY DOCTOR

GOOD KITTY CO. | Lifestyle Modifications Checklist

Your daily habits matter. Use this checklist to ensure you're covering all the bases for UTI prevention.

HYDRATION

- Drinking 8-12 glasses of water daily
- Urine is pale yellow (not dark)
- Water bottle always accessible
- Drinking a glass with each meal
- Not relying on caffeine or alcohol for hydration

Notes: _____

VOIDING HABITS

- Peeing when I feel the urge (not holding it)
- Urinating every 2-4 hours during the day
- Using double-voiding technique (pee, wait, try again)
- Taking my time (not rushing)
- Urinating within 30 minutes after sex
- Not doing "just in case" peeing unnecessarily

Notes: _____

HYGIENE

- Wiping front to back always
- Washing genital area with water/gentle soap before sex
- Washing genital area after sex
- No douches (ever)
- No scented products in genital area
- Using unscented, dye-free laundry detergent for underwear
- Washing hands before touching genital area

Notes: _____

GOOD KITTY CO. | Lifestyle Modifications Checklist

CLOTHING

- Wearing cotton underwear
- Avoiding tight pants/leggings most of the time
- Changing out of wet swimsuits promptly
- Changing out of workout clothes promptly
- Avoiding synthetic fabrics next to skin

Notes: _____

SEXUAL ACTIVITY

- Emptying bladder before sex
- Taking 2 UTI Biome Shield capsules 30-60 min before sex
- Using plenty of water-based or silicone-based lubricant
- Avoiding spermicides
- Never going anal-to-vaginal without washing/barrier change
- Urinating within 30 minutes after sex
- Cleansing external area with water after sex

Notes: _____

DIET

Foods I'm eating that may help:

- Cranberries/blueberries
- Probiotic-rich foods
(yogurt, kefir, sauerkraut)
- Plenty of vegetables
- Adequate protein

Foods I'm limiting:

- Excessive sugar
- Artificial sweeteners
(if they irritate my bladder)
- Caffeine (if it irritates my bladder)
- Alcohol
- Spicy foods (if they irritate my bladder)

Notes: _____

GOOD KITTY CO. | Lifestyle Modifications Checklist

STRESS MANAGEMENT

- Getting 7-9 hours of sleep nightly
- Practicing stress reduction (meditation, yoga, walking, etc.)
- Regular exercise (but not excessive)
- Social connection
- Activities I enjoy

Notes: _____

AREAS I'M STRUGGLING WITH

CHANGES I WANT TO MAKE THIS WEEK

GOOD KITTY CO. | Doctor Discussion Guide

Infection # _____ Date symptoms started: _____ Days since last UTI: _____

Check all that apply:

- Burning during urination
- Urgent need to urinate
- Frequent urination
- Feeling of incomplete emptying
- Cloudy urine
- Strong-smelling urine
- Blood in urine
- Lower abdominal pain
- Pelvic pressure
- Back pain
- Fever
- Chills
- Nausea/vomiting

SYMPTOM SEVERITY

Circle one:

Mild
(significantly
affecting daily
activities)

Moderate
(uncomfortable
but manageable)

Severe
(debilitating,
can't function
normally)

POTENTIAL TRIGGERS (Past 48 Hours)

Check all that apply:

- Sexual activity Date/time: _____ Used lubricant: [] Yes [] No
Type of lubricant: _____
- New sexual partner
- Where in menstrual cycle: Day _____ of cycle
- Dehydration
- Holding urine for extended periods
- Travel
- High stress
- Dietary changes (specify): _____
- New medications (specify): _____
- Stopped/missed prevention methods
- Other: _____

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CURRENT PREVENTION METHODS

Supplements:

UTI Biome Shield

Dose: 1 daily 2 before sex Other: _____

Probiotic

Type: Vaginal Oral

Strain: _____

Birth Control:

Method: _____

Contains spermicide: Yes No Don't know

Prophylactic antibiotic

Name: _____

Type: Daily Post-coital

Pelvic floor physical therapy

Other: _____

TREATMENT RECEIVED

Antibiotic prescribed: _____ Dose: _____ Duration: _____

Did doctor order urine culture? Yes No

If yes, bacteria identified: _____

Antibiotic sensitivity tested? Yes No

TREATMENT RESPONSE

Symptoms improved within: _____ hours / _____ days

Complete resolution by: _____

Side effects experienced:

Developed yeast infection from antibiotics? Yes No

Lubricant use during sex:

- Always
- Sometimes
- Never
- Not sexually active

Type of lubricant used:

- Water-based
- Silicone-based
- Oil-based
- Contains spermicide (avoid for UTI prevention)

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MY UTI HISTORY

Number of UTIs in past 6 months: _____

Number of UTIs in past 12 months: _____

Pattern identified (if any): _____

Prevention methods already tried: _____

Current birth control method: _____

QUESTIONS ABOUT DIAGNOSIS

Can we do a urine culture to confirm this is a UTI and identify the specific bacteria?

Doctor's answer: _____

Are there other conditions that could be causing these symptoms?

Doctor's answer: _____

Do I need any additional testing (ultrasound, cystoscopy)?

Doctor's answer: _____

Could my birth control be contributing to recurrent UTIs?

Doctor's answer: _____

QUESTIONS ABOUT BIRTH CONTROL; UTI CONNECTION

I'm using [diaphragm/spermicide/other]. Could this be increasing my UTI risk?

Doctor's answer: _____

What are my birth control alternatives that don't increase UTI risk?

Doctor's answer: _____

If I switch birth control methods, how long before I might see improvement in UTI frequency? Doctor's answer: _____

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QUESTIONS ABOUT SUPPLEMENTS

Can I use cranberry supplements or D-mannose for UTI prevention?

Doctor's answer: _____

Are there any interactions with my current medications or birth control?

Doctor's answer: _____

What dose of cranberry PACs would you recommend?

Doctor's answer: _____

Should I take a probiotic? What strains are best for UTI prevention?

Doctor's answer: _____

QUESTIONS ABOUT ANTIBIOTICS

Do I need prophylactic antibiotics, or should we try other prevention first?

Doctor's answer: _____

If my UTIs only happen after sex, can I take antibiotics just after sex instead of daily?

Doctor's answer: _____

If we use antibiotics, what's the plan for eventually stopping them?

Doctor's answer: _____

How do we minimize the risk of antibiotic resistance and yeast infections?

Doctor's answer: _____

QUESTIONS ABOUT SEX-RELATED UTIs

My UTIs seem to happen after sex. What specific prevention strategies do you recommend?

Doctor's answer: _____

Should I take a supplement before sex? What timing?

Doctor's answer: _____

Are certain sexual positions or activities more likely to cause UTIs?

Doctor's answer: _____

QUESTIONS ABOUT FOLLOW-UP

When should I follow up with you?

Doctor's answer: _____

GOOD KITTY CO. | Doctor Discussion Guide

QUESTIONS ABOUT FOLLOW-UP

When should I follow up with you?

Doctor's answer: _____

What should I do if symptoms return before my follow-up?

Doctor's answer: _____

How will we know if the prevention plan is working?

Doctor's answer: _____

What's our timeline for evaluating effectiveness?

Doctor's answer: _____

When should I consider seeing a urogynecologist or specialist?

Doctor's answer: _____

WHAT TO SAY IF I'M NOT BEING HEARD

If my doctor dismisses my concerns:

I understand UTIs are common, but I've had [NUMBER] infections in [TIMEFRAME], and it's significantly affecting my quality of life and my ability to enjoy sex. I'd like to discuss evidence-based prevention options.

If they only offer antibiotics without discussing prevention:

"I appreciate the antibiotic prescription, but I'm concerned about developing resistance and getting yeast infections. Can we discuss prevention strategies like supplements and lifestyle modifications?"

If they blame my sexual activity:

I understand sex can trigger UTIs, but I'd like to discuss prevention strategies that allow me to have a healthy sex life without constant infections. What options are available?

If I'm still not satisfied:

I'd like a referral to a urogynecologist who specializes in recurrent UTIs.

PRESCRIPTIONS RECEIVED

Medication: _____

Dosage: _____

Instructions: _____

When to start: _____

FOLLOW-UP APPOINTMENT

Date: _____

Time: _____

What to bring: _____

GOOD KITTY CO. | UTI 6 Month Tracker

Track 6 months to identify your personal UTI triggers

6-MONTH OVERVIEW

Start Date: _____ End Date: _____

Month	# of UTIs	Related to Sex?	Main Triggers	Prevention Changes Made
1: _____	_____	[] Y [] N	_____	_____
2: _____	_____	[] Y [] N	_____	_____
3: _____	_____	[] Y [] N	_____	_____
4: _____	_____	[] Y [] N	_____	_____
5: _____	_____	[] Y [] N	_____	_____
6: _____	_____	[] Y [] N	_____	_____

Total UTIs in 6 months: _____

Average UTIs per month: _____

PATTERN RECOGNITION: Do UTIs occur more frequently:

- After sexual activity
- Around menstrual period (before, during, or after)
- During travel
- During high stress periods
- When using spermicide
- With new sexual partners
- When dehydrated
- With certain types of birth control
- When not peeing after sex
- No clear pattern identified

Most common trigger identified: _____

SEXUAL ACTIVITY & UTI CONNECTION

Sexual activity frequency: _____ times per month (average)

UTIs that occurred after sex: _____ out of _____ total UTIs

Percentage: _____%

GOOD KITTY CO. | UTI 6 Month Tracker

Prevention methods used before/after sex:

Pee before sex: Always Sometimes Never

Pee after sex: Always Sometimes Never

Take UTI Biome Shield before sex: Always Sometimes Never

Use lubricant: Always Sometimes Never

Wash before/after: Always Sometimes Never

MENSTRUAL CYCLE TRACKING: Do UTIs correlate with your cycle?

- Often occur right before period
- Often occur during period
- Often occur right after period
- No clear connection to cycle

If yes, possible reason: Hormonal changes during cycle can affect vaginal pH and make you more susceptible to UTIs at certain times.

Strategy to try: Take 2 capsules UTI Biome Shield daily during high-risk phase of cycle.