

**Table 1. COSMIN<sup>20</sup> criteria and how they were assessed in this study.**

<b>COSMIN construct</b>	<b>Definition<sup>20</sup></b>	<b>Approach/analysis</b>	<b>Comment</b>
Reliability-internal consistency	Degree of interrelatedness among items	Principal axis factoring (PAF) on tetrachoric correlations (between 0/1 endorsements); Cronbach's alpha; inferred Bayesian Network	PAF extracts the commonalities; Cronbach's alpha summarizes the shared covariance with respect to total variance.
Validity- content	Degree to which instrument measures the construct it targets	By development & design (specifically created to achieve this purpose)	Previously published <sup>16</sup> ; detailed descriptive statistics
Validity-face	Degree to which items "look" as if they are an adequate reflection of the target construct	By development & design, iteratively eliciting and obtaining input from patients and clinicians.	Previously published <sup>16</sup> ; detailed descriptive statistics
Validity-construct	Degree to which the scores are consistent with expected similarities (convergent) and differences (divergent) between groups	Divergent and convergent validation samples; comparisons of endorsement rates; and total numbers of items endorsed across groups.	Convergent validity: similar endorsement rates across NB groups; Divergent validity: endorsement rates for people without NB similar to each other, dissimilar to NB groups.
Validity-criterion	Degree to which the scores reflect a "gold standard"	See construct validity; also, by attribution of each item by respondents to "having a UTI".	No diagnostic gold standard; we use convergent and divergent validity data instead.
Validity-structural	Degree to which the scores are an adequate reflection of the dimensionality of the target construct	Bayesian Network (BN) to uncover associated signs and symptoms; Principal axis factoring (PAF) on tetrachoric correlations (between 0/1 endorsements for full group)	BN is not a causal model; PAF is explicitly causal, but not entirely aligned with our patient- and not measurement model- centered approach.
Interpretability	Degree to which a qualitative meaning (patient/clinician perspectives) to the scores	Alignment of the endorsement rates with clinical practice guidelines	Detailed descriptive statistics

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