

Supplementary file 1. Study tools

A. Clinic data collection form (The questionnaire)

1. Hospital code:

1. Kafr Nasar Centre- Faisal Street, Giza
2. Mansoura University
3. Zagazig University
4. Assiut Universit
5. Bani-Suef University

2. Participant ID number:

3. ANC record number:

4. Way for contacting to give results:.....Phone no:.....

5. Date of specimen collection (day/month/year): ____/____/____

6. Age or Date of birth (day/month/year): ____/____/____ (____ age in years)

7. Age of marriage (____ age in years)

8. Duration of current gestation: _____ weeks

9. Total number of pregnancies: _____

10. Total number of live births (babies born alive): _____

11. Number of pregnancies that did not end in a live birth (spontaneous abortion, elective abortion, or stillbirth): _____

12. History of previous ectopic pregnancy:

1. Yes (----- times)
2. No
3. Don't remember/ know

13. Previous contraceptive use:

1. Yes
2. No

If Yes (specify):.....

1. IUD
2. Hormonal pills (COCs , POPs)
3. Implanon
4. Injectable counteaception
5. barrier methods, such as condoms.
6. Other

14. Place of residence:

1. Urban
2. Rural

15. Education level of woman

1. No education
2. Some primary education
3. Completed primary education
4. Some college or university
5. Completed university

16. Education level of husband

1. No education
2. Some primary education
3. Completed primary education
4. Some college or university
5. Completed university

17. Employment status of woman

1. Salaried
2. Self-employed
3. Unemployed
4. No answer
5. Others (.....)

18. Employment status of husband

1. Salaried
2. Self-employed
3. Unemployed
4. No answer
5. Others (.....)

19. Have you ever tested for STIs?

1. Yes
2. No

20. Husband's STI status (self-reported).

1. Positive
2. Negative

If positive (specify):.....

21. Current complaint of the women (if any).....

1. Discharge
2. Pruritis
3. Intercourse pain
4. Pelvic pain
5. Others (.....)

22. Vaginal hygiene practices

1. No specific practice
2. Regular cleaning with plain water
3. Vaginal douche
4. Others (.....)

B. Laboratory data collection form

Laboratory name: _____

Name of test: _____

Manufacturer: _____

Lot number: _____

Expiry date (day/month/year): ____/____/____

Results read by: Staff Name 1 _____ Staff Name 2 _____

Participant number	Hospital Name	Date of specimen received (day/month/year)	Date when test done (day/month/year)	Lab Results	
				Chlamydia	Gonorrhea
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P = positive; N = negative; I = invalid (The test with invalid result should be repeated with a new test and the result will be recorded as “invalid” if the result of a repeated test is still invalid).