

## QUESTIONER FOR PATIENTS

1. Hospital number \_\_\_\_\_
2. Ward \_\_\_\_\_ Bed number \_\_\_\_\_
3. Age \_\_\_\_\_
4. Sex \_\_\_\_\_
5. Residence            A. Urban \_\_\_\_\_            B. Rural \_\_\_\_\_
6. Occupation (care giver's in case of pediatric patients)
  - i. Government employee
  - ii. NGO employee
  - iii. Student
  - iv. Farmer
  - v. Merchant
  - vi. Daily laborer
  - vii. Others (specify)
7. Educational level (care giver's in case of pediatric patients)
  - i. Above first degree
  - ii. First degree
  - iii. Diploma
  - iv. High school
  - v. Elementary school
  - vi. Read & write
  - vii. illiterate
8. Marital status (skip for pediatric patients)
  - i. Married
  - ii. Divorced
  - iii. Widowed
  - iv. Single
9. Monthly income (estimated) \_\_\_\_\_ Birr
10. Complete admission diagnoses \_\_\_\_\_
11. Previous hospitalization  
Yes  No
12. If yes for question 11:
  - A. Place (including ward) \_\_\_\_\_
  - B. Time (month/year) \_\_\_\_\_
  - C. Duration \_\_\_\_\_
13. Previous antibiotic use for the current illness A. Yes \_\_\_\_\_ B. No \_\_\_\_\_
14. If yes for question 13, specify \_\_\_\_\_
15. If yes for question 13, for how many days? \_\_\_\_\_ days
16. Being on mechanical ventilator?            A. Yes \_\_\_\_\_            B. No \_\_\_\_\_
17. Presence of intravenous line?            A. Yes \_\_\_\_\_            B. No \_\_\_\_\_

18. Presence of urinary catheters? A. Yes\_\_\_\_\_ B. No\_\_\_\_\_
19. Presence of invasive medical devices? A. Yes\_\_\_\_\_ B. No\_\_\_\_\_
20. If yes for questions 16-19 (more than one answer is possible)
- A. Endotracheal tube? A. Yes\_\_\_\_\_ B. No\_\_\_\_\_
- B. NGT A. Yes\_\_\_\_\_ B. No\_\_\_\_\_
- C. Chest tube A. Yes\_\_\_\_\_ B. No\_\_\_\_\_
21. Underlying diseases (more than one answer is possible)
- i. Diabetes mellitus vi. Cardiac disorders
- ii. Chronic renal failure vii. Severe malnutrition
- iii. Hypertension viii. TB
- iv. Chronic liver disease ix. Cancer
- v. HIV/AIDS x. Others (specify)
22. Surgical procedure done? A. Yes\_\_\_\_\_ B. No\_\_\_\_\_
23. If yes for question 22,
- A. Type of surgery A. Elective\_\_\_\_\_ B. Emergency\_\_\_\_\_
- B. Type of the procedure\_\_\_\_\_
- C. Date \_\_\_\_\_ Time\_\_\_\_\_
- D. Duration of the surgery \_\_\_\_\_hours
- E. Type of surgical wound A. Clean B. Clean contaminated C. Contaminated D. Dirty
24. Antibiotic prophylaxis given? A. Yes\_\_\_\_\_ B. No\_\_\_\_\_
25. If yes for Q24, specify\_\_\_\_\_
26. If yes for Q24, how many doses? \_\_\_\_\_
27. Stay in maternal waiting area for the index pregnancy A. Yes\_\_\_\_\_ B. No\_\_\_\_\_
28. If yes, how many days? \_\_\_\_\_days
29. Any procedure done (including PV examination)? A. Yes\_\_\_\_\_ B. No\_\_\_\_\_
30. Duration of rupture of membrane\_\_\_\_\_
31. Duration of labor\_\_\_\_\_