A) Demographic characteristics

Record ID	_____
Antenatal number	_____
Serial number	_____
Date of interview	_____
Initials	_____
Address	☐ Village ☐ Sub-county ☐ District
Village	_____
Sub-county	_____
District	_____

B) Social History

Age in years completed: _____

Level of Education

- ◯ None
- ◯ Primary
- ◯ Secondary
- ◯ Tertiary

C) Occupation

Occupation	◯ Un employed/ full time house wife ◯ Skilled employment ◯ Peasant farmer ◯ Student ◯ Others
Other occupation	_____

D) Marital Status

Marital Status

- ◯ Single
- ◯ Married / cohabiting
- ◯ Separated
- ◯ Divorced
- ◯ Widowed

E) Religious Affiliation / faith

Religious Affiliation / faith	◯ Roman Catholic ◯ Protestant Church of Uganda ◯ Muslims ◯ Others
Other Religion	_____
F) Frequency of sexual intercourse during current pregnancy, number of times in a week:	_____

G) How do you clear your genitalia

How do you clear your genitalia	◯ Cleans genitals from back to front ◯ Cleans genitals from front to back

H) Obstetric History

Obstetric History	☐ a) Gravidity ☐ b) Parity ☐ c) Last normal menstruation period: (date/ Month/year) ☐ d) Weeks of amenorrhea
Gravidity	_____
Parity	_____
LNMP	_____
Weeks of amenorrhea	_____

I) Antenatal visit

Antenatal visit	◯ 1st visit ◯ 2nd visits ◯ 3rd visit ◯ 4th visit ◯ others specify
Other Antenatal visits	_____

J) Previous history of UTI

Have you ever been told that you're suffering from UTI before this pregnancy?	◯ Yes ◯ No
Did you have any of the following symptoms before this pregnancy, frequency of micturition, pain on passing urine, lower abdominal pain, loin pain	◯ Yes ◯ No

K) Complication encountered in this pregnancy

About micturition (in the last 2 weeks)	_____
Painful / burning	◯ Yes ◯ No
Increased frequency	◯ Yes ◯ No
Urgency of passing urine	◯ Yes ◯ No
Urine has changed color	◯ Yes ◯ No
If yes, what is the color of urine	◯ Dark ◯ Yellow ◯ Reddish ◯ Whitish ◯ Others specify
Other color of urine	_____
Amount of urine passed since you became sick	◯ Same ◯ Reduced ◯ Increased
Any history of abnormal vaginal discharge	◯ Yes ◯ No
What is the color of the discharge	◯ Pus-like ◯ Milk-like ◯ Blood like ◯ 0thers (specify
History of lower abdominal pain	◯ Yes ◯ No
Fever	◯ Yes ◯ No
Vomiting	◯ Yes ◯ No
If yes to any of the above symptoms, have you suffered from similar illness before in this pregnancy?	◯ Yes ◯ No
If yes did you get treatment for it?	◯ Yes ◯ No

If yes what kind of treatment did you get (Name of drugs and number of times drugs was taken in a day & duration of treatment?	☐ Tablets ☐ Injection ☐ Capsules ☐ All above
How long ago did you stop treatment?	☐ 7 days ago ☐ 7-14 days ago ☐ 14-21 days ago
Did you have similar conditions before in this current pregnancy?	◯ Yes ◯ No
Any history of instrumentation (Catheter or speculum) in this current pregnant?	◯ Yes ◯ No
Chronic conditions present?	◯ Diabetes ◯ Sickle cell disease ◯ Hypertension ◯ HIV/AIDS ◯ Others specify ◯ None of the above
Other chronic conditions	_____
Contraceptive methods ever used and when?	◯ Spermicidal cream/jelly ◯ Diagpharagm/cap ◯ Injectaplan/Depo provera ◯ Norplant ◯ IUCD ◯ Oral contraceptives ◯ Non

Laboratory form

Laboratory results for urine Date	_____
Patient serial NO	_____
Microscopy	◯ Yes ◯ No
If yes	◯ Pus cells ◯ No pus cells
Significant pus cell	◯ Yes (number of WBCS>5) ◯ No
Bacterial in results	◯ Yes ◯ No
Culture results	◯ Significant growth ◯ No significant growth ◯ Mixed growth
Gram test	◯ Positive ◯ Negative
1, Micro organism	_____

G) Susceptibility

	Sensitive	Resistant
Amoxacillin	☐	☐
Amoxiclav	☐	☐
Ampicillin	☐	☐
Gentmicin	☐	☐
Erythromicin	☐	☐
Nitrofurantoin	☐	☐
Metronidazole	☐	☐
Chloramphenicol	☐	☐
Ciprofoxacin	☐	☐
Ceftazidimeclav	☐	☐
Cefuroxime	☐	☐
Cefotaxime	☐	☐
Cetriaxone	☐	☐

Imipenem	☐	☐
Methicillin	☐	☐

If gram Negative, is it ESBL?	◯ Yes ◯ No
If S.aureus, is it MRSA?	◯ Yes ◯ No