**Clinical Examination & Questionnaire Form**

## 1 Questionnaire Socio - Demographic Data Patient Identification

Facility name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_ Participant code \_\_\_\_\_\_\_\_

Participants address (Sub city) \_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_ signature\_\_\_\_\_\_\_\_\_\_

Data collector name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_ signature\_\_\_\_\_\_\_\_\_\_

1. Pregnant mothers code: \_ \_ \_ \_ \_ \_ \_ \_
2. Address; Region------------------- Sub city\_\_\_\_\_\_\_\_ Keble\_\_\_\_\_\_ Tel:\_\_\_\_\_\_\_\_\_\_\_
3. Age of the pregnant mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Educational 1.Illitrate (No formal education) 2. Primary (Grade 1–8)

3. Secondary/High school (Grade 9–12) 4.College/university

1. Occupation-----------1.House wife 2. Civil servant 3.Student 4.Merchant
2. Marital statuses 1.Married. 2. Divorced. 3. Single. 4. Cohabit. 5. Other…
3. Religion 1.Protestant. 2. Orthodox. 3. Catholic. 4. Muslim. 5. Other
4. Ethnic group 1.Wolaita. 2. Silte. 3. Garage. 4. Amara 5 Gamo. 6 Oromo 7 Other………
5. Monthly income 1. No income 2.less than 3000 3.3100-5000 4. 5100-10000 5. greater than 10000

**2. Clinical Data (obstetric and medical hx)**

1. Gestational age in weeks ……………………………….

2. Previous history of abortion……… 1.Yes 2. No

3. Previous history of preterm labor……………………… 1. Yes 2. No

4. Previous history of Preterm PROM …………………… 1.Yes 2. No

5. Previous History of *S. agalactiae* infections…………… 1. Yes 2. No

6. Number of Gravida 1.Primigravida 2. Multigravida (2nd 3rd 4th 5th …..) please specify

7. Current History of chronic medical illness …… 1. Yes 2. No

If yes which one of the following is /are present (more than one answer is possible)

1. HIV 2.Diabetes mellitus 3.Cancer 4.Cardiac diseases 5. Renal diseases

6. Chronic bronchitis 7 .Hypertension 8 Other, specify …

8. If resistant to any antibiotic …………………… 1. Yes 2. No

9. History of any contraceptive use………………. 1Yes 2. No

10. History of STI at current pregnancy …………..1 Yes 2 No

11. History of UTI at current pregnancy ………….1 Yes 2 No

12. Antenatal care visits……………………………1 Yes 2 No

**3. Questionnaire (Amharic version.)**

የምትሰጡንንማንኛውንምመረጃእንቀበላለን፡፡

1. የእናትየው መለያ ----------------

2. አድራሻክልል------- ክፍለከተማ------- ቀበሌ---------- ስ.ቁ. --------------------------

3. የእናትየውእድሜ ----------------

4.የትምህርትደረጃ

ሀ. ያልተማረች ለ. 1ኛደረጃ ሐ.2ኛደረጃ መ.ኮሌጅ/ዩኒቨርስቲ

5.የስራሁኔታ

ሀ. የቤትእመቤት ለ.የመንግስትሰራተኛ ሐ.ነጋዴ

6.የእርግዝናሁኔታ

ሀ. የመጀመሪያጊዜ ለ. ሁለተኛናከዛበላይ (2ተኛ፤3ተኛ፤4ተኛ፤5ተኛ----) እባከዎትንይጠቀስ

7.የጽንሱ ጊዜ (በሳምንት) ---------------------

8.ከዚህ በፊትሞቶየተወለደህጻንአጋጥሞዎትያውቃል

ሀ.አዎ ለ.አያውቅም

9.ከዚህ በፊትውርጃ.አጋጥሞዎትያውቃል

ሀ.አዎ ለ.አያውቅም

10. በቅርቡመድሃኒትወስደዋል

ሀ.አዎ ለ.አልወሰድኩም

11.የወሊድ መቆጣጠሪያወስደውያውቃሉ ሀ.አዎ ለ.አልወሰድኩም

**III. Laboratory Form**

1. Date and time of specimen collection: date\_\_/\_\_\_/2022 E.C, Time \_\_:\_\_PM/AM

2. Serial No…………………… …………3. Card No…………………………………

3. Type of specimen: Rectal and vaginal swab

4. *S. agalactiae* organism isolated 1) Yes 2) No

5. Antimicrobial susceptibility testing S (mm) I (mm) R (mm)

Penicillin ……….. ……….. ………..

Amoxicillin ……….. ……… ……….

Erythromycin ……….. ……… ……….

Clindamycin ……… … ……… …….….

Vancomycin ………… ……… …….….

Chloramphenicol ………….. ………. ……….

Ceftriaxone ……………… ………. ……..

Tetracycline ……………… ……… …………

6. Comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of investigator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_/\_\_/2022