

QUESTIONNAIRES

English Version

Section 1: Sociodemographic Information

1. What is your age? (Years): _____
2. What is your highest level of education?
 1. No formal education
 2. Primary
 3. Secondary
 4. Tertiary
3. What is your occupation?
 1. Teacher
 2. Medical Professional
 3. Farming
 4. Animal Husbandry
 5. Housewife
 6. Other: Specify: _____
4. What is your average monthly household income? _____
5. What is your current place of residence (Kebele)? _____
6. How many people live in your household? _____

Section 2: Obstetric and Medical History

7. Can you confirm your current gestational age in weeks, as determined by your last menstrual period (LMP) or ultrasound assessment? _____
8. How many pregnancies have you had, including this one? _____
9. Have you ever experienced any medically diagnosed complications in previous pregnancies?

1. Yes
2. No

10. If yes, please specify the type of complication as confirmed by a healthcare provider.

11. Have you been diagnosed with a urinary tract infection before?

1. Yes
2. No

12. Have you ever undergone catheterization?

1. Yes
2. No

13. Do you have any chronic conditions?

1. Yes
2. No

14. If yes, specify: _____

15. Are you currently using any contraceptives?

1. Yes
2. No

16. If yes, specify: _____

17. Have you taken antibiotics during this pregnancy?

1. Yes
2. No

18. Have you ever experienced a miscarriage or preterm birth?

1. Yes

2. No

Section 3: Behavioral and Lifestyle Factors

19. How often do you drink water daily?

1. **Rarely, only a few small cups (<1L)**
2. **Moderately, several cups or one big bottle (1L-2L)**
3. **Frequently, many cups or more than one big bottle (>2L)**

20. Do you have access to clean drinking water at home?

1. Yes
2. No

21. Do you practice proper genital hygiene, including washing with mild soap and water and wiping from front to back?

1. Yes
2. No

22. Do you wash your hands before meals?

1. Yes
2. No

23. If yes, how often?

1. Always
2. Sometimes
3. Rarely

24. Do you have access to private sanitation facilities?

1. Yes
2. No

25. Do you engage in sexual activity during pregnancy?

1. Yes
2. No

26. If yes, how often?

1. Frequently (more than 3 times per week)
2. Occasionally (1-3 times per week)
3. Rarely (less than once per week)

27. Do you use condoms when engaging in sexual activity during pregnancy?

1. Yes, always
2. Yes, sometimes
3. No, never

28. Do you frequently consume sugary foods or drinks (such as sweets, soda or juice)?

1. Yes
2. No

29. Do you use traditional medicines or herbal remedies during pregnancy?

1. Yes
2. No

Section 4: Healthcare Utilization

30. How many antenatal care visits have you had during this pregnancy?

1. None (No antenatal care visits)
2. 1–3 visits (Limited antenatal care)
3. 4–7 visits (Standard antenatal care)
4. 8 or more visits (Enhanced antenatal care)

31. Do you seek medical attention promptly when experiencing symptoms of UTI?

1. Yes
2. No

32. Have you ever faced challenges accessing healthcare services in your area?

1. Yes
2. No

33. If yes, specify: _____

34. How far is the nearest health facility from your home?

3. Less than 5km
4. 5 - 10km
5. More than 10km

Section 5: Current UTI Symptoms

35. Are you experiencing difficulty urinating?

1. Yes
2. No

36. Do you feel pain or burning sensations when urinating?

1. Yes
2. No

37. Are you experiencing frequent urination or urgency?

1. Yes
2. No

38. Have you noticed lower abdominal pain?

1. Yes
2. No

39. Have you observed cloudy or foul-smelling urine?

1. Yes
2. No