

ESBL Tool

Date	*
.....	
ID No.	*
.....	
Age	*
.....	
Sex	*
<input type="radio"/> Male	
<input type="radio"/> Female	
Marital status	*
<input type="radio"/> Single	
<input type="radio"/> Maried	
<input type="radio"/> Widowed	
<input type="radio"/> Divorced	
Educational level	*
<input type="radio"/> No formal education	
<input type="radio"/> Primary school	
<input type="radio"/> Secondary school	
<input type="radio"/> College/University degree	
Occupation	*
<input type="radio"/> Unemployed	
<input type="radio"/> Self employed	
<input type="radio"/> Employed	
Residence	*
<input type="radio"/> Rural	
<input type="radio"/> Urban	

Water intake *

- No water intake in a day
- Less water intake/day
- 2.7-3.7 litres of water/day

Urine voiding *

- Difficulty of urination
- Delayed urination
- Infrequent urination
- Frequent urination

Is there any signs and symptoms of UTI? *

- Yes
- No

What are signs and symptoms presenting? *

Have you ever been diagnosed with urinary obstructive disease (UTI) before? *

- Yes
- No

Do you have history of urinary tract catheterisation? *

- Yes
- No

Do you have history of urinary tract surgery? *

- Yes
- No

Have you ever been hospitalised before? *

- Yes
- No

Have you ever received any antibiotic treatment before? *

- Yes
- No

What are those antibiotics received before?

*

Is there any confirmed chronic disease like Diabetes mellitus, HIV, hypertension, canceretc?

*

- Yes
- No

What are the chronic disease you had been diagnosed?

*