

ESBL Tool

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

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?

*