

Annex: Questionnaire

Questionnaire for study participants prepared for collection of data for the study entitled ‘Prevalence, antimicrobial resistant and associated risk factors of *K.pneumoniae* and *Acinetobacter species* among hospitalized patients in Northwest, Ethiopia’.

Lab code:_____

Section 1:

Hospital and patient information

Serial no	Questions	Coding categories	Remark
Hospital information			
	Hospital name	1. University of Gondar 2. Felege Hiwot Hospital 3. Tibebe Ghion Hospital 4. Debre Markos Hospital	
	Data collection date	-----/-----/-----DD/MM/YYYY	
Patient information			
Q101	Patient ID	_____	
Q102	Age	____age if <2 years old: ____months or ____days	
Q103	Sex	1. Male 2. Female	
Q104	Residence	1. Rural 2. Urban	

Section 2: Clinical information:

Ser.No	Questions	Coding categories	Remark
Q 201	Place of admission	1. ICU (Neonatal, Pedi or Adult) 2. Surgical ward (Neonate, Pedi or Adult) 3. Medical ward (Neonate, Pedi or Adult) 4. Other, _____	
Q 202	If neonate (Q 202)	1. Term 2. Preterm	
Q 203	Place of referral	1. Other wards 2. Health center/clinic 3. Other hospital 4. Home, or spiritual healing center 5. Other _____	
Q 204	Date of hospital admission	----/----/----- DD/MM/YYYY	
Q 205	Duration of hospitalization	_____ days	
Q 206	Clinical diagnosis during admission	1. Blood stream infection 2. Surgery or wound infection 3. Renal insufficiency/UTI 4. Respiratory tract infection 5. Chronic liver disease 6. Recurrent urological problems 7. Very low birth weight (for neonates) 8. Others, specify _____	
Q 207	Current diagnosis	1. Blood stream infection 2. Wound infection 3. Recurrent urological problem 4. Respiratory tract infection 5. Renal insufficiency 6. Chronic liver disease 7. Others, specify _____	
Q 208	Other co-morbidities	0. No 1. Yes, If yes specify	
Q 209	Previous history of hospitalization	0. No 1. Yes, If Yes, when 1.within this week 2. Before 2 weeks 2. Before a month 3. Before three months 4. Before a year/s	
Q 210	Previous surgical procedure	0. No 1. Yes, If Yes, when 1.within this week 2. Before 2 weeks 2. Before a month 3. Before three months 4. Before a year/s	

Section 3: Procedures during admission

Serial no.	Questions	Coding categories	Remark
Q301	Prior antibiotic therapy (before taking clinical samples)	0. No 1. Yes	
Q302	If yes which antibiotic	_____	
Q 303	Duration on antibiotic use	_____ days	
Q304	Relevant device in situ before onset	0. No 1. Yes	
Q305	Current mechanical devices used (implanted)	1. Yes 2. No	
Q306	If yes, which type of device/s used?	1. Intravenous (IV) lines 2. Urinary catheter 3. Mechanical ventilator/breathing support 4. Nasal prong (NG) tube 5. Orthopedic implants 6. Others, specify_____	
Q308	If device implanted, duration of device used	_____ Days	
Q309	Type of sample collected	1. Blood 2. Urine 3. Sputum 4. Wound swab	