

	<input type="checkbox"/> Correct <input type="checkbox"/> Not correct <input type="checkbox"/> Don't know	
11	Contact to healthy individuals in the private setting is no problem. This is also true for skin contact, i.e. handshaking or hugging. <input type="checkbox"/> Correct <input type="checkbox"/> Not correct <input type="checkbox"/> Don't know	Knowledge
12	When dealing with infected wounds, special care should be applied (i.e. the use of gloves and hand disinfections) <input type="checkbox"/> Correct <input type="checkbox"/> Not correct <input type="checkbox"/> Don't know	Knowledge
13	If MRSA was diagnosed, which of the following home hygiene measures is recommended? (only one correct answer) <input type="checkbox"/> Laundry should be washed at $\geq 90^{\circ}\text{C}$. <input type="checkbox"/> Laundry washed at 60°C and the use of all-purpose detergent ("Vollwaschmittel") is sufficient. <input type="checkbox"/> Laundry washed at 30°C and the use of all-purpose detergent is sufficient.	Knowledge
14	How would you describe your current state of health? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Not so good <input type="checkbox"/> Bad	State of health
15	How satisfied are you with your current quality of life in general? <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Rather satisfied <input type="checkbox"/> Rather unsatisfied <input type="checkbox"/> Unsatisfied	Life quality
16	Has your quality of life change because of MRSA? <input type="checkbox"/> Improved <input type="checkbox"/> Rather improved <input type="checkbox"/> Unchanged <input type="checkbox"/> Rather worsened <input type="checkbox"/> Worsened	Life quality
17	Do you attach importance to the MRSA finding? <input type="checkbox"/> Yes, a lot <input type="checkbox"/> Yes, some <input type="checkbox"/> Intermediate <input type="checkbox"/> Rather not <input type="checkbox"/> No	Attitude
18	Does the MRSA finding make you afraid? <input type="checkbox"/> Yes, a lot <input type="checkbox"/> Yes, some <input type="checkbox"/> Intermediate <input type="checkbox"/> Rather not <input type="checkbox"/> No	Attitude
19	Does MRSA influence your daily life at home (not at the hospital)? I have given up activities because of MRSA (i.e. swimming or other sport, sauna) <input type="checkbox"/> Does apply <input type="checkbox"/> Does not apply	Stigmatization
	I was rejected by an ambulance service because of MRSA. <input type="checkbox"/> Does apply <input type="checkbox"/> Does not apply	Stigmatization
	I was rejected by a dentist or resident physician because of MRSA. <input type="checkbox"/> Does apply <input type="checkbox"/> Does not apply	Stigmatization
	I was rejected by a nursing home because of MRSA. <input type="checkbox"/> Does apply <input type="checkbox"/> Does not apply	Stigmatization
	I was rejected by a rehabilitation clinic because of MRSA. <input type="checkbox"/> Does apply <input type="checkbox"/> Does not apply	Stigmatization
	I avoid other people due to MRSA because I don't want to transmit the germ [i.e. grandchildren]. <input type="checkbox"/> Does apply <input type="checkbox"/> Does not apply	Stigmatization
	I feel avoided by others (e.g. neighbours) because of MRSA. <input type="checkbox"/> Does apply <input type="checkbox"/> Does not apply	Stigmatization
20	Which of the following procedures was applied to you during the decolonization therapy? Therapy with nasal ointment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Practice
	Skin and Hair washing with disinfectants <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Practice
	Mouthwashes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Practice
	Daily change of bedding and towels <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Practice

	Daily change of clothing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Practice
	Daily change of hygiene utensils like toothbrush, razor, comb etc. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Practice
21	Has the application of this special therapy to remove MRSA been proposed to you? In the hospital <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know By a physician after discharge from hospital <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Practice
22	Has this special therapy been applied to you? <input type="checkbox"/> Yes <input type="checkbox"/> No Why not? _____	Practice
	If yes, where? In the Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know At home <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Started in the hospital and terminated at home <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Practice
23	This special therapy usually takes 5 days. Has this therapy been applied to you more than once? <input type="checkbox"/> Yes ----times <input type="checkbox"/> No <input type="checkbox"/> Don't know	Practice
24	Has this special therapy been successful? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Practice
25	Do you remember the result of the last swab? Was it: <input type="checkbox"/> Positive for MRSA <input type="checkbox"/> Negative for MRSA <input type="checkbox"/> Don't know	Medical History
26	Did you encounter any problems during this therapy? Which ones? _____	Practice
27	Patients have to bear a proportion of the costs by themselves, i.e. for the special shampoo and washing lotion. Which answer would apply to you? <input type="checkbox"/> The additional costs are a problem for me. <input type="checkbox"/> The additional costs are no problem for me. <input type="checkbox"/> Don't know.	Practice
28	Would you like to tell us something else which we forgot? _____	
29	Your gender is: <input type="checkbox"/> Male <input type="checkbox"/> Female	Demography
30	How old are you in years? _____ years	Demography
31	Do you live in a nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Demography
32	Do you have a constant need for nursing care ("Pflegestufe") <input type="checkbox"/> Yes <input type="checkbox"/> No	Demography
33	Does one or more of the following risk factors apply to you? (Multiple answers are possible) <input type="checkbox"/> Urinary catheter <input type="checkbox"/> Dialysis <input type="checkbox"/> Chronic open wounds <input type="checkbox"/> A chronic skin disease, e.g. psoriasis <input type="checkbox"/> Occupational exposure to livestock, e.g. as a farmer or veterinarian	Medical history
34	Which is your highest school leaving qualification? Primary education Lower secondary general education, without direct access to upper secondary education ("Hauptschule")	Demography

	<p>Lower secondary general education, with direct access to upper secondary education (“Realschule”)</p> <p>Lower secondary general education, with direct access to upper secondary education (“Polytechnische Oberschule” in the German Democratic Republic)</p> <p>Upper secondary general education, with direct access to universities of applied sciences (“Fachhochschulreife”)</p> <p>Upper secondary general education, with direct access to universities (“allgemeine Hochschulreife”)</p> <p>Other school leaving qualification: Still in school, aspired school leaving qualification:</p>	
35	<p>In which country were you born?</p> <p><input type="checkbox"/> In Germany (within the current national borders)</p> <p><input type="checkbox"/> In Germany (within the borders before 1945)</p> <p><input type="checkbox"/> In another country</p>	Demography
36	<p>Is German your mother tongue?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Demography
36a	<p>If German is not your mother tongue, how good is your command of the German language?</p> <p><input type="checkbox"/> very good <input type="checkbox"/> good <input type="checkbox"/> moderate <input type="checkbox"/> little <input type="checkbox"/> none</p>	Demography
37	<p>Did you need help to complete the questionnaire?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Demography