

I. General information about animal contacts

1. Have you got other pets or animals apart from the participating animal?
 Yes No n/a

↳ if applicable, which animals? (check all that apply) – Please, specify the quantity

.....dogs cats sheep poultry wild animals rabbits and other small mammals

.....horses cattle pigs others (please specify):

2. Have you been several times in contact with other animals (of which you are not the owner) during the last 12 months? (e.g. pets, hunt...)?
 Yes No n/a

↳ if applicable, which animals? (check all that apply)

dogs cats sheep poultry wild animals rabbits and other small mammals

horses cattle pigs others (please specify):

II. Information about the tested animal

3. The tested animal is a: dog cat

4. Which species does the animal belong to?	5. Gender? <input type="checkbox"/> female <input type="checkbox"/> male	6. Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Age: years
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8a) (if tested animal is a dog) Where is the dog most of the times (more than half of the time)?
 in the house/flat
 in a kennel/garden
 in a separate building (e.g. in a stable)

8b) (if tested animal is a cat) Where is the cat most of the times?
 in the house/flat
 outdoors

↳ if the tested animal is an outdoor-cat, how often is it outside?
 daily: hours per day
 several times a week: hours per week

9. Is the animal in regular contact with other companion animals or livestock?
 Yes No n/A

↳ if applicable, which animals? (check all that apply)

dogs cats sheep poultry wild animals small companion animals

horses cattle pigs others (please specify):

10. Has the tested animal been in contact with neonates/young animals during the last 12 months (e.g., dog puppies, piglets, ...)?
 Yes No n/A

↳ if applicable, which animals? (check all that apply)

dogs cats sheep poultry wild animals small companion animals

horses cattle pigs others (please specify):

11. Which of the following is applicable between owner and animal during the last 12 months?

The animal is ...	Daily	Several times per week	Several times per month	Rarely	Never
a) ...allowed to lie on the couch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) ...allowed to sleep in the owner's bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) ...washed in the tub/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) ...petted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) ...allowed to feed out of the hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) ...is allowed to lick the owner's face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) other contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please specify):.....					

12. Has the tested animal been in any of the following facilities during the last 12 months?
- | | | |
|---|--|-----------------------------|
| a) kennels/boarding facilities | <input type="checkbox"/> Yes: when at last (month/year)?/..... | <input type="checkbox"/> No |
| b) animal shelter | <input type="checkbox"/> Yes: when at last (month/year)?/..... | <input type="checkbox"/> No |
| c) kindergarten, school | <input type="checkbox"/> Yes: when at last (month/year)?/..... | <input type="checkbox"/> No |
| d) Dog-/cat-show | <input type="checkbox"/> Yes: when at last (month/year)?/..... | <input type="checkbox"/> No |
| e) Health care/rehabilitation facility | <input type="checkbox"/> Yes: when at last (month/year)?/..... | <input type="checkbox"/> No |
| f) in use as a therapy dog (e.g. in hospital) | <input type="checkbox"/> Yes: when at last (month/year)?/..... | <input type="checkbox"/> No |
| g) pet obedience school | <input type="checkbox"/> Yes: when at last (month/year)?/..... | <input type="checkbox"/> No |

...more information about the tested animal...

13. Which of the following does the tested animal feed on? (check all that apply)

- Canned food
 Dry food
 Jerky (e.g. dried pig ears)
 Raw meat (products) (e.g. rumen)
 Leftovers
 Dog/cat treats (e.g. dog chew bones, cat chew treats)
 Nutritional supplements (e.g. vitamin or mineral additives)
 Others (please specify):

14. Is the tested animal prone to ...?

- | | | | |
|---|------------------------------|-----------------------------|----------------------------------|
| a) Feeding on faeces (coprophagy) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> unknown |
| b) Uncontrolled greedy feeding, e.g. consumption of waste (polyphagy) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> unknown |
| c) loss of appetite (inappetence) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> unknown |

15. Does the tested animal suffer from an acute disease? (short period of 3-14 days)

- Yes, from: No unknown

16. Does the tested animal suffer from a chronic disease? (long period over 14 days, e.g. diabetes, skin disease, tumor, epilepsy)

- Yes, from: No unknown

17. Does the tested animal regularly take in anti-inflammatory drugs (e.g. Metacam®, Rimadyl®)?

- Yes No unknown n/A

↳ if applicable, since when? (month/year)?/.....

18. Does the tested animal regularly take in drugs to reduce gastric acidity (so called proton pump inhibitors, e.g. Omeprazol)?

- Yes No unknown n/A

↳ if applicable, since when? (month/year)?/.....

19. Has the tested animal been treated with antibiotics during the last 3 months? (no anthelmintic therapy)

- Yes No unknown n/A

↳ if applicable: Why? Diagnosis/Disease:
When? (month/year)?/.....

- How? local treatment (ointment, eyedrops)
 systemic treatment (drugs, syringe)

20. Has the tested animal suffered from diarrhoea during the last 4 weeks?
(Diarrhoea as in terms of more than 3 unformed faeces/day)

- Yes No unknown n/A

↳ if applicable, how long did the diarrhoea last?

- a few days until max. 3 weeks longer than 3 weeks n/A

21. Has the tested animal been in contact with a human or animal suffering from diarrhoea?

- Yes No unknown n/A

↳ if applicable: to a human. When at last? (month/year)?/.....

to an animal. When at last? (month/year)?/.....

22. Has the tested animal been hospitalized in a veterinary clinic during the last 12 months?
 Yes: When at last? (month/year)? /
 No unknown

23. During the last 12 months has the tested animal been in contact with a patient (human or animal) who had been recently hospitalized?
 Yes No unknown n/A
 ↳ if applicable: to a human. When at last? (month/year)? /
 to an animal. When at last? (month/year)? /

III. Information about the animal owner

24. In which district of Germany do you live in?

25. How would you describe your residential environment?
 large city
 provincial city
 countryside
 n/A

26. Date of birth (month/year)? /

27. Gender
 female male

28. Which is your current field of occupation (check all that apply)?
 in agriculture, as:
 in food production, as:
 in health care, as:
 other field of occupation:
 currently not occupied (parental leave, retirement, etc.)
 n/A

29. Do children younger than 16 years of age live in your household?
 Yes No unknown
 ↳ if applicable, please specify how many children in the following age groups:
 number of children younger than 2 years: child/ren
 number of children between 2 and 9 years: child/ren
 number of children between 10 and 16 years: child/ren

30. Does a chronically sick person live in your household?
 Yes No unknown n/A
 ↳ if applicable, which disease?

31. Has a person or animal living in your household previously been tested positive for *Clostridium difficile*?
 Yes No unknown n/A
 ↳ if applicable: a person. When? (month/year)? /
 an animal. When? (month/year)? /

32. Which of the following food/drinks do you consume?

	Daily	Several times per week	Several times per month	Rarely	Never
h) Tap water as a cold drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Raw milk-products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Raw meat-products (e.g. mince)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Ready-to-eat-salads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Probiotics (e.g. Actimel®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Have you been in contact with a human or animal suffering from diarrhoea during the last 12 months?
 Yes No unknown n/A
 ↳ if applicable: with a human. When at last? (month/year)? /
 with an animal. When at last? (month/year)? /

34. Have you been hospitalized for at least one week during the last 12 months?
 Yes: When was the last stay (month/year): / No unknown n/A

