







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							
	dogscatssheeppoultrywild animalsrabbits and other small mammals							
	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 anin	nals? (check	all that a	pply)			
	□ dogs □ cats □ sheep □ poultry □ wild animals □ rabbits and other small mammals □ horses □ cattle □ pigs □ others (please specify):							
II. I	nformation al	out the tes	ted animal					
3.	The tested a	nimal is a:	□ dog □	cat				
4.	Which spec	ies does the	animal belo	ng to?	5. Gender? ☐ female		6. Neutered? ☐ Yes	7. Age:
					☐ male		□ No	years
8a)					ost of the time	s (more than half	of the time)?	
	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)	8b) (if tested animal is a cat) Where is the cat most of the times? ☐ in the house/flat							
Tr.	outdoors							
	if the tested animal is an outdoor-cat, how often is it outside? □ daily:hours per day							
	☐ several tin	nes a week:		h	ours per week			
	. Is the animal in regular contact with other companion animals or livestock? ☐ Yes ☐ No ☐ n/A							
4	if applicable	which anin	nals? (check	all that a	pply)			
	□ dogs	□ cats	☐ sheep		poultry		☐ small compan	
10	□ horses □ cattle □ pigs □ others (please specify):							
10.	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 anin	nals? (check	all that a	pply)			
	□ dogs □ horses	□ cats □ cattle	□ sheep □ pigs		poultry others (please	☐ wild animals specify):		
□ horses □ cattle □ pigs □ others (please specify): 11. Which of the following is applicable between owner and animal during the last 12 months?								
	Several Several							
	The animal is				Daily	times per week	times per month Rar	ely Never
	a)allowe	d to lie on tl	he couch] 🗆
	b)allowe	d to sleep ir	n the owner's	bed] 🗆
	c)washe	d in the tub/	/shower					1 🗆
	d)petted							1 🗆
	, ,	d to feed ou	it of the hand	ı				1 🗆
	f)is allowed to lick the owner's face							
			0411161 3 10	400				
	g) other contacts							
1	(Pica3C	~~~~~ <i>y </i>						









	•	12. Has the tested animal been in any of the following facilities during the last 12 months?						
a) kennels/boarding fac	ilities	☐ Yes: when	at last (month/year)?	_/ □ No				
b) animal shelter		☐ Yes: when	at last (month/year)?	_/ □ No				
c) kindergarten, school		☐ Yes: when	at last (month/year)?	_/ □ No				
d) Dog-/cat-show		☐ Yes: when	at last (month/year)?	_/ □ No				
e) Health care/rehabilita	ation facility	☐ Yes: when	at last (month/year)?	_/ □ No				
f) in use as a therapy d	og (e.g. in hospital)		at last (month/year)?					
g) pet obedience school			at last (month/year)?					
more information about	more information about the tested animal							
13. Which of the following	does the tested anima	I feed on? (check all t	hat apply)					
☐ Canned food		(
☐ Dry food								
☐ Jerky (e.g. dried pi	g ears)							
☐ Raw meat (product	ts) (e.g. rumen)							
☐ Leftovers								
☐ Dog/cat treats (e.g.	dog chew bones, cat	chew treats)						
	nents (e.g. vitamin or n	,						
☐ Others (please spe	cify):							
14. Is the tested animal pro	one to?							
a) Feeding on faeces	(coprophagy)	☐ Yes	□ No	□ unknown				
b) Uncontrolled greed consumption of wa		☐ Yes	□ No	□ unknown				
c) loss of appetite (ina	appetence)	☐ Yes	□ No	□ unknown				
15. Does the tested anima	I suffer from an acute of	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)								
	I suffer from a chronic	disease? (long period	over 14 days, e.g. diabe	tes, skin disease, tumor,				
epilepsy)	I suffer from a chronic			tes, skin disease, tumor,				
epilepsy)			🗆 No 🗆	l unknown				
epilepsy) □ Yes, from:			🗆 No 🗆	l unknown				
epilepsy) □ Yes, from:	I regularly take in anti-	inflammatory drugs (e.	□ No □ .g. Metacam [®] , Rimadyl [®])	l unknown				
epilepsy) □ Yes, from:	I regularly take in anti- ☐ No ce when? (month/year)?	inflammatory drugs (e. □ unknown	□ No □ .g. Metacam [®] , Rimadyl [®]) □ n/A	l unknown ?				
epilepsy) □ Yes, from:	I regularly take in anti- ☐ No ce when? (month/year)?	inflammatory drugs (e. □ unknown	□ No □ .g. Metacam [®] , Rimadyl [®]) □ n/A	l unknown ?				
epilepsy) Yes, from:	I regularly take in anti- □ No :e when? (month/year)? I regularly take in drug	inflammatory drugs (e. □ unknown ? / s to reduce gastric aci	□ No □ .g. Metacam [®] , Rimadyl [®]) □ n/A . dity (so called proton pu	l unknown ?				
epilepsy) Yes, from:	I regularly take in anti- □ No :e when? (month/year)? I regularly take in drug □ No :e when? (month/year)?	inflammatory drugs (e. unknown /	□ No □ .g. Metacam [®] , Rimadyl [®]) □ n/A . dity (so called proton pu	l unknown ? ımp inhibitors, e.g.				
epilepsy) Yes, from: 17. Does the tested animal Yes if applicable, since 18. Does the tested animal Omeprazol)? Yes if applicable, since	I regularly take in anti- □ No :e when? (month/year)? I regularly take in drug □ No :e when? (month/year)?	inflammatory drugs (e. unknown /	□ No □ .g. Metacam [®] , Rimadyl [®]) □ n/A . dity (so called proton pu	l unknown ? ımp inhibitors, e.g.				
epilepsy) Yes, from: 17. Does the tested animal Yes if applicable, since 18. Does the tested animal Omeprazol)? Yes if applicable, since 19. Has the tested animal	I regularly take in anti- No we when? (month/year)? I regularly take in drug No we when? (month/year)? been treated with antib No Why? Diagnosis/Di	inflammatory drugs (e. unknown to reduce gastric aci unknown unknown unknown unknown unknown unknown		unknown ? ump inhibitors, e.g.				
epilepsy) Yes, from:	I regularly take in anti- No e when? (month/year)? I regularly take in drug No e when? (month/year)? been treated with antib No Why? Diagnosis/Di When? (month/year)	inflammatory drugs (e. unknown to reduce gastric aci unknown unknown unknown unknown unknown unknown		unknown ? ump inhibitors, e.g.				
epilepsy) Yes, from:	I regularly take in anti- No we when? (month/year)? I regularly take in drug No we when? (month/year)? been treated with antib No Why? Diagnosis/Di When? (month/year)	inflammatory drugs (e. unknown to reduce gastric aci unknown unknown unknown unknown unknown unknown		unknown ? ump inhibitors, e.g.				
epilepsy) Yes, from:	I regularly take in anti- No Re when? (month/year)? I regularly take in drug No Re when? (month/year)? been treated with antib No Why? Diagnosis/Di When? (month/year) How? locar systematical	inflammatory drugs (e. unknown e		unknown ? ump inhibitors, e.g.				
epilepsy) Yes, from:	I regularly take in anti- No te when? (month/year)? I regularly take in drug No te when? (month/year)? been treated with antib No Why? Diagnosis/Di When? (month/year) How? locar	inflammatory drugs (e. unknown e		unknown ? ump inhibitors, e.g.				
epilepsy) Yes, from:	I regularly take in anti- No Re when? (month/year)? I regularly take in drug No Re when? (month/year)? been treated with antib No Why? Diagnosis/Di When? (month/year) How?	inflammatory drugs (e. unknown control unknown		unknown ? ump inhibitors, e.g.				
epilepsy) Yes, from: 17. Does the tested animal Yes if applicable, since 18. Does the tested animal Omeprazol)? Yes if applicable, since 19. Has the tested animal Yes if applicable: 20. Has the tested animal (Diarrhoea as in terms Yes if applicable, how	I regularly take in anti- No No No I regularly take in drug No No No No When? (month/year)? been treated with antib No Why? Diagnosis/Di When? (month/year) How? locar system suffered from diarrhoes of more than 3 unform No long did the diarrhoear	inflammatory drugs (e. unknown e		unknown ? ump inhibitors, e.g.				
epilepsy) Yes, from:	I regularly take in anti- No Re when? (month/year)? I regularly take in drug No Re when? (month/year)? been treated with antib No Why? Diagnosis/Di When? (month/year) How? local systemation systemation systemation No I long did the diarrhoear max. 3 weeks	inflammatory drugs (e. unknown		unknown ? ump inhibitors, e.g.				
epilepsy) Yes, from:	I regularly take in anti- No Re when? (month/year)? I regularly take in drug No Re when? (month/year)? been treated with antib No Why? Diagnosis/Di When? (month/year) How? locar system suffered from diarrhoes of more than 3 unform No long did the diarrhoes max. 3 weeks been in contact with a	inflammatory drugs (e. unknown e		unknown ? ump inhibitors, e.g.				
epilepsy) Yes, from:	I regularly take in anti- No No No No No No No No No N	inflammatory drugs (e. unknown		unknown ? ump inhibitors, e.g.				
epilepsy) Yes, from:	I regularly take in anti- No Re when? (month/year)? I regularly take in drug No Re when? (month/year)? been treated with antib No Why? Diagnosis/Di When? (month/year) How?	inflammatory drugs (e. unknown e		unknown ? ump inhibitors, e.g.				









22. Has the tested animal been hospitalized in a veterinary clini Yes: When at last? (month/year)? /	•	□ No		nknown			
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 ☐ unknow		□ n/A					
♦ if applicable: ☐ to a human. When at last? (mo							
☐ to an animal. When at last? (m	iontn/year)?	/					
III. Lafterman Complete Comple							
	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)? /							
□ female □ male							
28. Which is your current field of occupation (check all that ap	ply)?						
☐ in agriculture, as:							
☐ in food production, as:							
 □ in health care, as: □ other field of occupation: 							
☐ currently not occupied (parental leave, retirement, etc.)							
□ n/A	ohold?						
29. Do children younger than 16 years of age live in your hous	enoia?						
☐ Yes ☐ No ☐ unknow	n						
♦ if applicable, please specify how many children in the fol		groups:					
number of children younger than 2 years:							
number of children between 2 and 9 years: ch							
number of children between 10 and 16 years: ch 30. Does a chronically sick person live in your household?	ılıd/ren						
☐ Yes ☐ No ☐ unknow	n	□ n/A					
∜ if applicable, which disease?		_					
31. Has a person or animal living in your household previously	been teste	d positive for <i>Cle</i>	ostridium diffic	cile?			
☐ Yes ☐ No ☐ unknown							
♦ if applicable:							
an animal. When? (month/year)? / / / / / 32. Which of the following food/drinks do you consume?							
	Several	Several					
D.M.	times per	times per	Dorole	Nove			
Daily h) Tap water as a cold drink □	week □	month □	Rarely □	Never			
		_	_				
i) Raw milk/-products							
j) Raw meat/-products (e.g. mince)							
k) Ready-to-eat-salads							
I) Probiotics (e.g. Actimel®)							
33. Have you been in contact with a human or animal suffering from diarrhoea during the last 12 months? ☐ Yes ☐ No ☐ unknown ☐ n/A							
		-					
☐ with an animal. When at la 34. Have you been hospitalized for at least one week during the							
☐ Yes: When was the last stay (month/year):/ ☐ No ☐ unknown ☐ n/A							









	more questions regarding the animal owner							
35.	5. During the last 12 months have you been in contact with a patient (human or animal) who had been recently hospitalized?							
	☐ Yes	□ No	☐ unknown	□ n/A				
	♦ if applicable: □ with a human. When at last? (month/year)? /							
	☐ with an animal. When at last? (month/year)?/							
36.	Have you 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 n	nax. 3 weeks	☐ longer than 3 we	eks	□ n/A			
37.	Do you regularly take	in anti-inflammat	ory drugs (e.g. Aspirin®, Ib	uprofen)?				
	☐ Yes	□ No	□ unknown	□ n/A				
	🦠 if applicable, since	e when? (month/)	/ear)? <u>/</u>					
38.	Do you regularly take in drugs to reduce gastric acidity? (so called proton pump inhibitors (e.g. Nexium®, Pantozol®)							
	☐ Yes	□ No	□ unknown	□ n/A				
	⋄ if applicable, since	e when? (month/y	year)? <u>/</u>					
39.	Have you been in con	tact to a diarrhoe	ic patient (human or animal) during the la	st 12 months?			
	☐ Yes	□ No	□ unknown	□ n/A				
	⋄ if applicable:	☐ to a hu	ıman. When at last? (month	/year)?/				
		☐ to an a	nimal. When at last? (mont	h/year)? /				
40.	Have you been treated	with antibiotics d	luring the last 2 months?					
	☐ Yes	□ No	□ unknown	□ n/A				
	♦ if applicable: Why? Diagnosis/Disease: When? (month/year)? /							
	How? ☐ local treatment (ointment, eyedrops)							
			systemic treatment (drugs,	, syringe)				
41.	Have you received chemotherapy during the last year?							
	☐ Yes	□ No	□ n/A					
42.	Do you suffer from a chronic disease (e.g. diabetes, neurodermitis, among others)?							
	☐ Yes	□ No	□ n/A					
	∜ if applicable, which disease?							
43.	43. Have you previously been positively tested for Clostridium difficile?							
	☐ Yes	□ No	□ unknown	□ n/A				
	♦ if applicable, did you suffer from associated symptoms?							
	☐ Yes, such as:			□ N o [unknown	□ n/A		
IV.	IV. Miscellaneous							
44.	44. Do you allow us further contact in case additional information is necessary within the survey? ☐ Yes ☐ No							