

Table S2: Questionnaire for the owners of colonized pets

Category	Question		Answer options	Household 1	Household 2
General questions	1	Please specify your gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
	2	Please specify your age		41	39 (owner 1), 48 (owner 2)
	3	How many people live in your household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4	How many children live in your household?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	5	How many pets live in your household?	Dogs: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+ Cats: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+	Dogs: <input type="checkbox"/> 1 Cats: <input type="checkbox"/> 0 Others: <input type="checkbox"/> 0	Dogs: <input type="checkbox"/> 2 Cats: <input type="checkbox"/> 2 Others: <input type="checkbox"/> 0

			Others: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+		
	6	Where do you live?	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Countryside	<input type="checkbox"/> Town	<input type="checkbox"/> Countryside
	7	What is your job activity?		Surgical cosmetician	Care professional (works in nursing home)
	8	Do you work in the healthcare system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	9	Do you work with animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No [skip Q10/11]	<input type="checkbox"/> No	<input type="checkbox"/> No
	10	If YES: Which animals do you work with?	<input type="checkbox"/> Cattle <input type="checkbox"/> Sheep <input type="checkbox"/> Goat <input type="checkbox"/> Pig <input type="checkbox"/> <input type="checkbox"/> Poultry <input type="checkbox"/> Horse <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> <input type="checkbox"/> Reptiles <input type="checkbox"/> Small rodents <input type="checkbox"/> Other	n.a.	n.a.
	11	How often do you have contact to these animals?	<input type="checkbox"/> Every day <input type="checkbox"/> Every other day <input type="checkbox"/> <input type="checkbox"/> Twice a week <input type="checkbox"/> Once a week <input type="checkbox"/> <input type="checkbox"/> Once every two weeks <input type="checkbox"/> Once a	n.a.	n.a.

			month <input type="checkbox"/> Less often than once a month		
Hand-Washing behavior	12	I washed my hands with soap ___ times yesterday.	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-12 <input type="checkbox"/> >12	<input type="checkbox"/> >12	<input type="checkbox"/> >12
	13	I have heard of antibacterial soap.	<input type="checkbox"/> Yes <input type="checkbox"/> No [skip Q14/ Q15]	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	14	I have antibacterial soap in my house.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I don't know	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes
	15	Please select one answer	<input type="checkbox"/> I sometimes prefer to use an antibacterial soap over regular soap when washing my hands. <input type="checkbox"/> I always prefer to use an antibacterial soap over regular soap when washing my hands. <input type="checkbox"/> I don't think about the benefits an antibacterial soap might have over	<input type="checkbox"/> I sometimes prefer to use an antibacterial soap over regular soap when washing my hands.	<input type="checkbox"/> I sometimes prefer to use an antibacterial soap over regular soap when washing my hands.

			regular soap when washing my hands. <input type="checkbox"/> I think about the benefits of an antibacterial soap but I choose not to use one		
	16	I have heard of hand sanitizer.	<input type="checkbox"/> Yes <input type="checkbox"/> No [skip Q17–Q19]	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	17	I have hand sanitizer in my house.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes, <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I don't know	<input type="checkbox"/> Often	<input type="checkbox"/> Always
	18	I often use a hand sanitizer when soap and water are not available.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral
	19	I regularly use hand sanitizer (multiple options possible):	<input type="checkbox"/> after using the toilet <input type="checkbox"/> food before preparing food <input type="checkbox"/> before eating food <input type="checkbox"/> after petting my dog/cat <input type="checkbox"/> after preparing my dog's/	<input type="checkbox"/> after disposal of my pet's feces	<input type="checkbox"/> after disposal of my pet's feces

			cat's food <input type="checkbox"/> after handling my dog's/ cat's food bowl <input type="checkbox"/> after disposal of my pet's feces		
	20	I wash my hands with soap after using the toilet.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Always	<input type="checkbox"/> Often
	21	I wash my hands with soap before preparing food.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Always	<input type="checkbox"/> Often
	22	I wash my hands with soap before eating food.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes, <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Always	<input type="checkbox"/> Often
	23	I wash my hands with soap after petting my dog/ cat.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Rarely
	24	I wash my hands with soap after preparing my dog's/ cat's food.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes
	25	I wash my hands with soap after handling my dog's/ cat's food bowl.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Rarely

	26	I wash my hands with soap after disposal of my pet's feces.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Always	<input type="checkbox"/> Often
Cleaning behavior:	27	I try to make sure I do a bit of cleaning around the house	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Less often than once a month	<input type="checkbox"/> More than once a week	<input type="checkbox"/> More than once a week
	28	I wipe the floor of my house	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Less often than once a month	<input type="checkbox"/> More than once a week	<input type="checkbox"/> Once a week
	29	Please indicate what cleaning product you use to wipe the floor		Vinegar cleaning product/ commercially available floor cleaner	all purpose cleaner
Bathroom	30	I try to clean the bathroom thoroughly	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Once every	<input type="checkbox"/> More than once a week	<input type="checkbox"/> Once a week

			two weeks ■ Once a month ■ Less often than once a month		
	31	I use separate cleaning materials (e.g. separate cleaning cloth) for the bathroom.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree
	32	Please indicate what cleaning product you use to clean the bathroom		commercially available bathroom cleaner	commercially available bathroom cleaner
Kitchen	33	I try to clean the kitchen thoroughly	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Less often than once a month	<input type="checkbox"/> Every day	<input type="checkbox"/> Once a week
	34	I use a surface cleaner in the kitchen.	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Less often than once a month <input type="checkbox"/> Never	<input type="checkbox"/> Every day	<input type="checkbox"/> Once a week

	35	I try to clean the fridge thoroughly	<input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 3 months <input type="checkbox"/> Once every 6 months <input type="checkbox"/> Less often than once a year <input type="checkbox"/> Never	<input type="checkbox"/> Once every 3 months	<input type="checkbox"/> Once every 3 months
	36	I wash or change kitchen towels	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 3 months	<input type="checkbox"/> Once a week	<input type="checkbox"/> Once a week
	37	I use disposable (kitchen) paper towels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	38	I wash or change kitchen sponges	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 3 months	<input type="checkbox"/> Once a week	<input type="checkbox"/> Every two weeks

	39	When preparing food, I clean the work surfaces between work steps.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes
	40	When preparing food, I clean my hands between work steps.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes
	41	I wash food for raw consumption, such as lettuce, vegetables and fruit.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Always	<input type="checkbox"/> Always
	42	I keep meat separate from other foods.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I don't keep meat in my house	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes
	43	I use separate knives for meat and foods of non-animal origin.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I don't prepare meat in my house	<input type="checkbox"/> Never	<input type="checkbox"/> Never
	44	I use separate chopping boards for meat and foods of non-animal origin.	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I don't prepare meat in my house	<input type="checkbox"/> Never	<input type="checkbox"/> Never

Dogs and cats	45	My pet lives inside my house	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	46	I wash my pet's toys	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Never (toys will be thrown away and not washed)	<input type="checkbox"/> Rarely
	47	I wash my pet's bed	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Once a month	<input type="checkbox"/> Rarely
	48	I Hoover my pet's bed	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> More than once a week	<input type="checkbox"/> Every two weeks
	49	I clean my pet's food bowl	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two	<input type="checkbox"/> Every day	<input type="checkbox"/> Every day

			<input type="checkbox"/> weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> <input type="checkbox"/> Never		
	50	I clean my pet's food bowl (multiple answers possible)	<input type="checkbox"/> With soap <input type="checkbox"/> With water <input type="checkbox"/> With <input type="checkbox"/> a separate cloth <input type="checkbox"/> With the same <input type="checkbox"/> cloth that I use for my other dishes <input type="checkbox"/> In the dishwasher	<input type="checkbox"/> With soap <input type="checkbox"/> With <input type="checkbox"/> water <input type="checkbox"/> In the <input type="checkbox"/> dishwasher	<input type="checkbox"/> With water
	51	My pet is allowed on the bed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	52	If Yes: How often does your pet stay/ sleep in the bed?	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a <input type="checkbox"/> week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two <input type="checkbox"/> weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> <input type="checkbox"/> Never	n.a.	<input type="checkbox"/> More than once a week
	53	My pet is allowed on the sofa	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	54	If Yes: How often does your pet stay/ sleep on the sofa?	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a <input type="checkbox"/> week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two <input type="checkbox"/> weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> <input type="checkbox"/> Never	<input type="checkbox"/> Every day	<input type="checkbox"/> Every day

	55	My pet is allowed to lick my hands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	56	My pet is allowed to lick my face	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	57	I groom my pet	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Rarely
	58	I remove my cat's feces from the litter box (only show this question for cat owners)	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Rarely <input type="checkbox"/> My cat doesn't use a litter box	n.a.	<input type="checkbox"/> Once a week
	59	I clean (e.g. change sand, wash, disinfect) my cat's litter box (only show this question for cat owners)	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Rarely <input type="checkbox"/> My cat doesn't use a litter box	n.a.	<input type="checkbox"/> Rarely

	60	I clean up my dog's feces from the garden (only show this question for dog owners)	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> My dog is not allowed to defecate in the garden <input type="checkbox"/> I don't have a garden	<input type="checkbox"/> Every day	<input type="checkbox"/> Every day
	61	I feed my pet the following diet (multiple answers possible):	<input type="checkbox"/> Dry food [skip Q62-64] <input type="checkbox"/> Canned/ semi-moist food [skip Q62-64] <input type="checkbox"/> Home-cooked [skip Q62-64] <input type="checkbox"/> Raw food	<input type="checkbox"/> Dry food <input type="checkbox"/> Canned/ semi-moist food <input type="checkbox"/> Home-cooked	<input type="checkbox"/> Dry food <input type="checkbox"/> Canned/ semi-moist food <input type="checkbox"/> Home-cooked
	62	If raw food, please specify which kind (multiple answers possible):	<input type="checkbox"/> Vegetable <input type="checkbox"/> Fruit <input type="checkbox"/> Chicken <input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Other:_____	n.a.	n.a.
	63	If raw food, please specify where you purchase it (multiple answers possible):	<input type="checkbox"/> Pet shop <input type="checkbox"/> Butcher <input type="checkbox"/> Supermarket <input type="checkbox"/> Online <input type="checkbox"/> Other:_____	n.a.	n.a.

	64	If raw food, please specify how you store it (multiple answers possible):	<input type="checkbox"/> Separate freezer <input type="checkbox"/> Separate fridge <input type="checkbox"/> Same freezer as I use for my own food <input type="checkbox"/> Same fridge as I use for my own food <input type="checkbox"/> Other:_____	n.a.	n.a.
	65	Please indicate if one of the following applies:	<input type="checkbox"/> I am Pregnant <input type="checkbox"/> Pregnant person in household <input type="checkbox"/> I am Immunocompromised <input type="checkbox"/> Immunocompromised person in household <input type="checkbox"/> Children <2 years old in household <input type="checkbox"/> People >65 years old <input type="checkbox"/> Does not apply	<input type="checkbox"/> Does not apply	<input type="checkbox"/> Does not apply
	66	If you wish, please feel free to specify any current illnesses	<input type="checkbox"/> No current illness <input type="checkbox"/> _____	<input type="checkbox"/> No current illness	<input type="checkbox"/> No current illness
	67	Have you had contact with the human health care system in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No [skip Q68/69]	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

	68	If YES, which kind?	<input type="checkbox"/> General practitioner visits <input type="checkbox"/> <input type="checkbox"/> Hospital visits <input type="checkbox"/> Hospitalization <input type="checkbox"/> <input type="checkbox"/> Nursing home visits <input type="checkbox"/> Relatives receiving health care <input type="checkbox"/> Relatives <input type="checkbox"/> working in health care	<input type="checkbox"/> General practitioner visits	<input type="checkbox"/> General practitioner visits <input type="checkbox"/> <input type="checkbox"/> Nursing home visits
	69	If hospitalization, how many days?		n.a.	n.a.
	70	Have you had diarrhea during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No [skip Q71–73]	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes (Norovirus)
	71	If yes, when?	<input type="checkbox"/> At the moment <input type="checkbox"/> <3 months ago <input type="checkbox"/> <6 months ago <input type="checkbox"/> <12 months ago	<input type="checkbox"/> <3 months ago	<input type="checkbox"/> <12 months ago
	72	If yes, did you take anti-diarrheal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	73	If yes, do you currently take anti-diarrheal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

	74	Have you been diagnosed with a bacterial gastrointestinal disease (e.g., Salmonella) in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No [skip Q75/76]	<input type="checkbox"/> No	<input type="checkbox"/> No
	75	If yes, when?	<input type="checkbox"/> At the moment <input type="checkbox"/> <3 months ago <input type="checkbox"/> <6 months ago <input type="checkbox"/> <1 year ago <input type="checkbox"/> <2 years ago	n.a.	n.a.
	76	If Yes: indicate which pathogen and approx. date (if you remember):		n.a.	n.a.
	77	Have you ever received antibiotic treatment in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No [skip Q78/79]	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	78	If yes, when?	<input type="checkbox"/> At the moment <input type="checkbox"/> <3 months ago <input type="checkbox"/> <1 year ago <input type="checkbox"/> <2 years ago <input type="checkbox"/> > 2 years ago <input type="checkbox"/> > 5 years ago	<input type="checkbox"/> > 5 years ago (20 years ago)	<input type="checkbox"/> > 2 years ago
	79	If yes, which antibiotic?		n.k.	Amoxicillin and Clavulanic Acid

Diet	80	What kind of diet do you usually follow?	<input type="checkbox"/> Omnivore <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Rawist	<input type="checkbox"/> Omnivore	<input type="checkbox"/> Omnivore
	81	I eat raw meat and/or raw fish _____.	<input type="checkbox"/> Every day <input type="checkbox"/> Every other day <input type="checkbox"/> Twice a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Rarely
	82	I eat fresh vegetables and/or fruit _____.	<input type="checkbox"/> Every day <input type="checkbox"/> Every other day <input type="checkbox"/> Twice a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Every other day	<input type="checkbox"/> Twice a week
	83	I eat fresh cheese and/or dairy products _____.	<input type="checkbox"/> Every day <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> More than once a week	<input type="checkbox"/> Every day
Travel	84	Did you visit other countries for more than two days (>2 days) during the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No [skip Q85]	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

	85	If Yes, please select where (multiple answers possible):	<input type="checkbox"/> Europe <input type="checkbox"/> Asia <input type="checkbox"/> North America <input type="checkbox"/> South America <input type="checkbox"/> Australia <input type="checkbox"/> Africa <input type="checkbox"/> Antarctica	<input type="checkbox"/> Europe <input type="checkbox"/> Asia	<input type="checkbox"/> Europe
	86	Please feel free to provide city/country, number of days, and when:		<input type="checkbox"/> Thailand <input type="checkbox"/> Italy (Como Lake) <input type="checkbox"/> Mallorca <input type="checkbox"/> Germany (Allgäu)	<input type="checkbox"/> Italy <input type="checkbox"/> Austria <input type="checkbox"/> Germany
Other	87	Is there anything else you would like us to know?		no	Due to work in nursing home daily contact to patients. Colonized dog has diabetes.

n.a., not applicable; n.k., not known

Table S3: List of high-touch surfaces in the veterinary clinic

Abbreviation (strain ID)	Surface
a	oxygen cage
b	phone
c	PC keyboard
d	PC mouse
e	examination table
f	water tap
g	drawer
h	large cabinet
i	small cabinet
j	area of drug preparation

k	storage box
l	fridge with medication
m	infusion pump
n	thermometer
o	stethoscope
p	soap
q	alcohol
r	cat cage
s	dog cage
t	blood pressure monitor
u	wastewater channel
v	floor

w	scale (floor)
x	scale (display)
y	scissors

Table S4: List of high-touch surfaces in the households of colonized pets

Abbreviation (strain ID)	Surface household 1	Surface household 2
a	leash	
b	dog's blanket (car)	dog's sleeping basket
c	water bowl	
d	feeding bowl	
e	dog/ cat toy	
f	dog's sleeping basket (living room)	dog's sleeping basket
g	dog's blanket on terrace	cat's sleeping basket
h	dog's sleeping basket (bedroom)	sunbed
i	drain	
j	bidet	cat's toilet

k	toilet	
l	floor	
m	carpet	
n	kitchen drain	
o	drain (shower)	bed
p	door handle	
q	washing machine	
r	bathroom guests	carpet bathroom
s	door handle	
t	door handle (entrance)	
u	sofa	
v	dishwasher	furniture (living room)

w	Fridge
x	cleaning sponge
y	kitchen sponge