

**Questionnaire B**

1. What is your gender?
  - Man
  - Woman
  - Other
  
2. What is your age?  
.....
  
3. What is your highest educational level?
  - No school
  - Primary school
  - Secondary school
  - Higher education
  
4. In what kind of house do you live? (More answers possible)
  - BBB (Bed, Bad, Brood)
  - Friends/family
  - Own house (illegal rent)
  - Housing provided by a charity organization such as Leger des Heils
  - I live on the street
  - Other,.....
  
5. When did you leave your country of origin?  
Year: |\_|\_|\_|\_|
  
6. Since when do you live in the Netherlands?  
Year: |\_|\_|\_|\_|
  
7. How did you arrive in the Netherlands?
  - With a tourist visa
  - With a working visa
  - Student visa
  - As an asylum seeker (request was rejected)
  - Other, .....
  
8. Do you currently live with other people?
  - Yes, with ..... persons (number)
  - No

If Yes: With who do you currently live? (please tick all boxes that are applicable)

  - I live with my partner
  - I live with (a) child(ren) below the age of 4 years
  - I live with (a) child(ren) between 4 and 17 years of age
  - I live with (a) child(ren) older than 18 years
  - I live with my parents (in law)
  - I live with other people: .....
  
9. Have you been abroad (outside of the Netherlands) for more than 24 hours in the previous 6 months?
  - Yes, namely in the following countries:
    - 1).....
    - 2).....
    - 3).....
  - No

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10. Have you ever been admitted and/or treated in a foreign hospital (outside of the Netherlands)?

- Yes, namely in the following countries during the following years:
  - 1) In.....(country) In ..... (year)
  - 2) In.....(country) In ..... (year)
  - 3) In.....(country) In ..... (year)
- No

11. Are you currently using any kind of antibiotics?

- No, no current use, but use less than 3 months ago
- No, no current use, but use between 3 and 6 months ago
- I don't remember when I have last used antibiotics (you can stop)
- Never used (you can stop)
- Yes, i am using antibiotics now

12. If you have used antibiotics in the previous 6 months, please state how many times antibiotics were prescribed in the previous 6 months:

- 1 time
- 2 times
- 3 times
- 4 times
- 5 times or more