

## Questionnaire before the trip

Subject number:

Date on which the questionnaire was completed (DD/MM/YYYY): .....

### Question 1: Countries travelled to within the last 12 months

Country: ..... Date (from/to): .....

Country: ..... Date (from/to): .....

Country: ..... Date (from/to): .....

Country: ..... Date (from/to): .....

Country: ..... Date (from/to): .....

Country: ..... Date (from/to): .....

### Questions 2: Have you had diarrhoea during any of the trips in the last 12 months?

☐ Yes

☐ No

If yes:

2.1 In which country/countries did you have diarrhoea?

.....

2.2 What is the maximum number of unformed bowel movements you have had in 24 hours?

☐ 1-2

☐ 3-5

☐ 6 or more

2.3 Did one or more of the following symptoms occur in addition to diarrhoea?

Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pain during defecation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominal cramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fiever (> 37.5°C)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood in the stool	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weight loss	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.4 Did you see a doctor/hospital for diarrhoea during the trip?

- ☐ Yes ☐ No

2.5 Has a stool examination been carried out?

- ☐ Yes Result: .....
- ☐ No
- ☐ Don't know

2.6 Have you received/taken an antibiotic on your own?

- ☐ Yes
- ☐ Ciprofloxacin/Ciproxin/other generic drug
  - ☐ Azithromycin/Zithromax/other generic drug
  - ☐ Metronidazole/Flagyl
  - ☐ Name of antibiotic unknown
  - ☐ Others: .....
- ☐ No
- ☐ Don't know

2.7 Have you taken any other medicine for diarrhoea (multiple answers possible)?

- ☐ Yes
- ☐ Imodium/Loperamid
  - ☐ Perenterol
  - ☐ Bioflorin
  - ☐ Charcoal tablets
  - ☐ Others: .....
- ☐ No

2.8 Did you have more than one episode of diarrhoea during the trip (with at least 3 days without symptoms in between)?

- ☐ Yes Number of episodes: .....
- ☐ No

2.9 How long did you have diarrhoea in total?

Number of days: .....

2.10 How severe was the diarrhoea (indicate worst episode if more than one)?

Light (it did not affect my travel plans)

☐ Yes

☐ No

Medium (I had to do without individual plans)

☐ Yes

☐ No

Heavy (I had to stay in bed and/or went to the doctor)

☐ Yes

☐ No

2.11 Did other people who travelled with you have similar symptoms?

☐ Yes

☐ No

☐ Don't know

**Question 3: Have you been hospitalised abroad in the last 12 months?**

☐ Yes

☐ No

**If yes:**

3.1 In which country/countries were you in hospital: .....

3.2 How long were you in hospital (in days): .....

3.3 Reason for hospitalisation (e.g. surgery): .....

**Question 4: Have you been hospitalised in Switzerland during the last 12 months?**

☐ Yes

☐ No

**If yes:**

4.1 Which hospital(s): .....

4.2 How long were you in hospital (in days):.....

4.3 Reason (e.g. surgery): .....

**Question 5: Have you taken antibiotics in the last 12 months?**

☐ Yes

☐ No

**If yes** (please provide separate information for each intake):

	Episode 1	Episode 2	Episode 3
Name of the antibiotic			
Date (from/to)			
Number of doses/day			
Reason			

**Question 6: Do you suffer from any of the diseases listed below (multiple answers possible)?**

- ☐ Irritable bowel syndrome
- ☐ Food allergies
- ☐ Chronic inflammatory bowel disease
- ☐ I do not have any of the specified diseases

**Question 7: Do you have any of the symptoms below on at least 3 days per month (multiple answers possible)?**

- ☐ Abdominal pain
- ☐ Diarrhoea
- ☐ Constipation
- ☐ Mucous stools
- ☐ Flatulence
- ☐ I have no complaints

**Question 8: Do you regularly take acid blockers (Nexium®, Pantozol® etc)?**

- ☐ Yes
- ☐ No

**If yes:**

- ☐ Daily
- ☐ Several times a week
- ☐ Less than 1x/week

**Question 9: Do you regularly take other medicines?**

- ☐ Yes
- ☐ No

**If yes:**

Please list medicines:

.....

**Question 10: Do you have regular animal contact (petting, feeding, mucking out) in your everyday life (multiple answers possible)?**

- ☐ Yes
- ☐ No

**If yes:**

10.1 Which of the following animals do you have regular contact with?

- ☐ Cats
- ☐ Horses
- ☐ Dogs
- ☐ Poultry
- ☐ Cows
- ☐ Others.....

10.2 How often do you have contact with these animals:

- ☐ Daily
- ☐ 4-6x/week
- ☐ 1-3x/week
- ☐ Less than 1x/week

**Question 11: How do you feed yourself?**

- ☐ Meat daily
- ☐ 3-5x/week meat
- ☐ 1-2x/week meat
- ☐ Less than 1x/week meat
- ☐ Consistently vegetarian (with fish)
- ☐ Consistently vegetarian (without fish)
- ☐ Consequently vegan
- ☐ Others:

.....

**Question 12: What is your current profession?**

.....

**Question 13: What is the highest level of education you have completed?**

- ☐ Compulsory school
- ☐ Grammar school
- ☐ Vocational apprenticeship/ training, vocational school
- ☐ Higher vocational training (commercial/trade school, higher technical school, master craftsman, technician)
- ☐ University (ETH, Uni, FH, PH)
- ☐ Others:.....

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Thank you very much for your important help and for patiently filling in the questions - this helps us a lot in our research into antibiotic resistance in bacteria.

If you have any questions or uncertainties, please feel free to contact the study coordinator:

**Dr. med. Esther Künzli**, Swiss Tropical and Public Health Institute Basel, Socinstrasse 57,  
P.O. Box, 4002 Basel; [esther.kuenzli@swisstph.ch](mailto:esther.kuenzli@swisstph.ch); Tel. +41 61 284 82 55