

Questionnaire after the trip

Subject number:

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

Question 1: Have you currently travelled to other countries besides Southeast Asia

- ☐ Yes ☐ No

If yes:

1.1 Which country/countries?

.....

Question 2: What was the main purpose of your trip?

- Tourist** ☐ Yes ☐ No
Professional ☐ Yes ☐ No

Question 3: Which type of accommodation did you use most often (please tick only one answer)?

- ☐ Hotels (medium to upper category)
☐ Simple Hotels/Guest Houses
☐ Private accommodation with strangers
☐ Private accommodation with family/friends
☐ Others:.....

Question 4: Where did you mainly eat (please tick only one answer)?

- ☐ Restaurant/Hotel
☐ Street stall/Take away
☐ Private (self-cooked/family/friends)

Question 5: Did you drink alcohol on a daily basis?

- ☐ Yes ☐ No

Question 6: Which of the following foods/drinks did you have during the trip (multiple answers possible)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Tap water | <input type="checkbox"/> Ice cubes | <input type="checkbox"/> Dairy products |
| <input type="checkbox"/> Ice cream | <input type="checkbox"/> Raw meat | <input type="checkbox"/> Burger |
| <input type="checkbox"/> Other meat | <input type="checkbox"/> Lobster/Shrimps | <input type="checkbox"/> Raw oysters |
| <input type="checkbox"/> Salad | <input type="checkbox"/> Mayonnaise-based sauces | <input type="checkbox"/> Food from street stalls |
| <input type="checkbox"/> Patisserie/Mousse | <input type="checkbox"/> Unpeeled/unwashed fruits | |

Question 7: Have you suffered from diarrhoea during the current trip?

- ☐ Yes ☐ No

If yes:

7.1 In which country/countries did they have diarrhoea?

.....

7.2 What is the maximum number of unformed bowel movements you had per 24 hours?

- ☐ 1-2
☐ 3-5
☐ 6 or more

7.3 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 |

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

- ☐ Yes ☐ No

7.5 Was a stool examination carried out?

- ☐ Yes Result:
☐ No
☐ Don't know

7.6 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

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

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

7.8 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

7.9 How long did you have diarrhoea in total?

Number of days:

7.10 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

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

- ☐ Yes ☐ No ☐ Don't know

Question 8: Have you taken antibiotics during the current trip for any reason other than traveler's diarrhea?

- ☐ Yes ☐ No

If yes:

Name of the antibiotic:

Date (from/to):

Number of doses/day:

Reason:

Question 9: Have you regularly taken acid blockers (Nexium®, Pantozol® etc) during the current trip?

- ☐ Yes ☐ No

If yes:

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

Question 10: Have you regularly taken other medicines during the current trip?

- ☐ Yes ☐ No

If yes:

Please list medicines:

.....

Question 11: Were you in hospital during the current trip?

- ☐ Yes ☐ No

If yes:

11.1 Which hospital(s):

11.2 How long were you in hospital (in days):

11.3 Reason (e.g. surgery):

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; Tel. +41 61 284 82 55