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## ATHOS prevalence study

Recruiter initials

### A. Patient information

Patient- ID (Studynumber)			
Unit-ID		Age in years	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Entry date to ATHOS-Area (DD.MM.YY)			
Entry date to ATHOS-Unit (DD.MM.YY)			
Date of rectal swab (DD.MM.YY)			
Current AB therapy (oral/iv)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

### B. Results of Screening

Negative

Positive

Microbiological Finding ( resistant <i>Citrobacter</i> , <i>Escherichia</i> , <i>Enterobacter</i> , <i>Klebsiella</i> , <i>Salmonella</i> , <i>Serratia</i> , <i>Proteus</i> and <i>Hafnia</i> species)					
Isolate 1 (genus + species)			Isolate 2 (genus + species)		
MDR-GN	<input type="checkbox"/> 3GCREB	<input type="checkbox"/> 3MDR-GN	<input type="checkbox"/> 4MDR-GN	MDR-GN	<input type="checkbox"/> 3GCREB <input type="checkbox"/> 3MDR-GN <input type="checkbox"/> 4MDR-GN
VRE	<input type="checkbox"/> Yes	<input type="checkbox"/> No		VRE	<input type="checkbox"/> Yes <input type="checkbox"/> No
ESBL (omit if VRE)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		ESBL (omit if VRE)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Colony number	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++	Colony number	<input type="checkbox"/> + <input type="checkbox"/> ++ <input type="checkbox"/> +++

## Risk factor questionnaire

1. Were you ever diagnosed with a multidrug-resistant organism (colonisation or infection)?

Yes  No  Don't know

If yes, which type? MRSA VRE ESBL- Producer 3GCREB 3MDR-GN 4MDR-GN Unknown

2. Did you take antibiotics in the previous 6 months (not including a current AB Therapy)?

Yes  No  Don't know

3. Have you been abroad in the last 6 months?

Yes  No  Don't know

If yes, make up to three entries: **If in Europe, indicate name of country** and **if outside Europe, indicate the region:**

\_\_\_\_\_  
 Africa Asia (if in India, indicate: ) North America  Central and South Amerika  
Australia + Oceania Arabian Peninsula

4. Have you been in a rehabilitation facility during the last 6 months?

Yes  No  Don't know

5. Have you been in a long-term care facility during the last 6 months?

Yes  No  Don't know

6. Have you been in a hospital in Germany or abroad for in-patient care during the last 6 months?

Yes  No  Don't know

If yes, make up to three entries: **If in Europe, indicate name of country** and **if outside Europe, indicate the region:**

\_\_\_\_\_  
 Africa Asia (if in India, indicate: ) North Amerika  Central and South Amerika  
Australia + Oceania Arabian Peninsula

7. Do you have contact with animals as part of your job?

Yes  No  Don't know

8. Do you have pets?

Yes  No  Don't know

9. Have you taken medication for gastroesophageal reflux disease during the last 6 months?

Yes  No  Don't know

Medication against gastroesophageal reflux disease are e.g.:

a. Antacids

b. Proton-pump inhibitors