

Questionnaire

Patient's name and surname:

Age:

Sex: Man Female

Job: Patient referral date to the lab:/...../.....

Mobile: Phone:

Address:

1- Have you taken an antibiotic in the past week? Yes No

2- Have you been hospitalized during the last one month? Yes No

3- Have you been in contact with hospital staff for the last one month? Yes No

4- Do you have clinical symptoms of fever, diarrhea, vomiting and nausea? Yes No

5- Do you have watery diarrhea? Yes No

6- Do you have bloody diarrhea? Yes No

7- Have you been in contact with poultry products (chicken, turkey, etc.) and clear the chicken for the last one week? Yes No

8- Have you been in contact with meat and meat products and sausages for the past two weeks? Or have you used it? Yes No

9- Are you in contact with livestock and poultry in your living environment? Yes No

10- Do other people in your family have diarrhea? Yes No

11- Have you eaten at a restaurant in recent weeks? Yes No

12- Have you traveled abroad for the last two months? Yes No

13- If you've traveled abroad for the past two months, where have you traveled? and when has it been?

14- Have you been traveling in the country for the last two months? Yes No

15- Where have you been traveling in the country for the past two months, where have you traveled? and when has it been?

16- Has the baby been breastfed during the last two weeks? Yes No

17- When was the time for the symptoms to start taking the fecal sample to the lab?

Less than 24 hours Less than a week 1-2 weeks More than two weeks

18- Have you been in contact with cattle or sheep during the last one week? Yes No

19- Have you been in contact with dogs and cats for the past one week? Yes No

20- Have you eaten raw vegetables such as spinach in the last two weeks? Yes No

21- Have you consumed non-pasteurized milk in the last two weeks? Yes No