

### **Informed Verbal and Written Consent for Animal Owners**

I am Dr. Himangsu Sarker, Research Associate, Department of Medicine, Faculty of Veterinary Science, Bangladesh Agricultural University, Mymensingh-2022 conducting research titled **“Investigation on genetic relatedness and transmission of MRSA between companion animals and human patients in selective areas of Bangladesh”**. I am collecting data about your disease, which will be confidential. This information will be used only for research and public health purposes. Your valuable input will help to improve the management of risk factors for MRSA transmission among humans in Bangladesh. The interview may take around 10 minutes.

Do you agree to participate in the interview? Yes / No

If yes, put signature and date here.....

After signature, proceed with the interview.

If not, give Thanks to him or her and leave.

Serial No.... Date:.....

#### **Name and address of the**

Pets Owner:..... Age:..... Gender:.....

Occupation:.....Vill/Ward:.....Union:.....

Upazilla:..... Dist:.....

**Phone number:.....**

### Questionnaires for Animal Owners

Serial No.					
1	Education:	Primary	S.Sc./ H.Sc	Univer.	NFE
2	Frequency of daily contact with pets/day:	1	2	3	More
3	Duration of contact with pets/day:	1h	2h	3h	More
4	Do you eat in the animal shed?	Yes	No		
5	Have you taken any antibiotics or medications in the last few weeks, months, or years?	Yes	No		
6	What kinds of antibiotics or medicines were used, and what was their brand name?				
7.	Are animals allowed to move freely in the house				
8	Are animals allowed to lick human faces?	Yes	No	8	
9	Are animals allowed to sleep where humans sleep?	Yes	No		
10	What is the sanitary condition of the home?	Good	Poor		
11	Is the practice of personal hygiene satisfactory?	Yes	No		

12	Where do you keep pets?	Floor	Cage	Home	
13	Do you share personal items such as towels, clothes, or razors with others?	Yes	NO		
14	Do you have any skin infections, wounds, or other bodily injuries?	Yes	NO		
15	Have you had any surgical procedures performed recently/previously?	Yes	NO		
16	Have you been in the hospital for an extended period of time? [> 7 days]	Yes	NO		
17	Did you receive zoonotic disease vaccines like rabies?	Yes	NO		
18	Do you have recent contact with the infected area or with contaminated items, such as bedding, food or water bowls, or a toy with saliva on it?	Yes	NO		
19	Do you wash and sanitize your hands after touching infected or sick animals?	Yes	NO		
20	Did you visit a high-risk environment, such as a nursing home or hospital?	Yes	NO		
21	Do you live with health care workers?	Yes	NO		

**Thank you for your kind cooperation**

**Signature of the researcher & Date**

**Signature of the data collector & Date**

**Questionnaires for Pet Animals**

Case No.....

Date:.....

Patient information:-

Species..... Breed..... Age..... Sex.....  
Color.....Weight.....

Pregnancy status.....

Owners' name:..... Address: Ward/Vill.:  
:.....

Union/Municipality:.....Upazila:.....District:.....  
.....

Phone number:

Complaints

:.....

Total animals:

Others animals:

### Questionnaires for Pet Animals

1	Has the animal been affected by disease?	Yes	No		
2	The types of disease	Bacterial	Viral	Parasitic	Open wound
3	What was the duration of the illness?	7 days	15 days	21 days	30 days
4	What were the observed clinical signs?				
5	Has the animal received any treatment?	Yes	No		
6	Has the animal received any antibiotics?	Yes	No		
7	What antibiotics were used, and what were their names?				
8	Who has treated the patients?	Doctor	Unskilled veterinary practitioners	Self	Peer
9	What was the duration of the antibiotic treatment?	3 days	5 days	7 days	More
10	Was there any postoperative incisional infection or wound infection?	Yes	No		
11	Was there any incorrect prescription or prescribing practice?	Yes	No		

12	Who was responsible for incorrect prescription writing?	Unskilled veterinary practitioners	Dealer	Another farmer	
13	Are there any companion animals living near humans?	High	Medium	Low	No
14	Has the animal received any vaccines?	Yes	No		
15	What were the types of used anthelmintics?	Alben.	Ivermec.	Fenben	Others
16	What is the frequency of cleaning the floor, feeder, and drinker?	Daily	Weekly	Monthly	Not done

Thank you for your kind cooperation

**Signature of the researcher & Date**

**Signature of the data collector & Date**

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After signature, proceed with the interview.

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Serial No.....

Date.....

Name and address of the

Veterinary personnel ..... Age..... Gender.....

Occupation.....Vill/Ward.....Union.....

Upazilla..... Dist.....

Mobile No.....

### Questionnaires for Veterinary Personnel

SL. No.					
1	Education:	Primary	S.S.C./H.Sc	University	NFE
2	Frequency of daily contact with pets/day:	1	2	3	More
3	Duration of contact with pets/day:	1h	2h	3h	More
4	Have you taken any antibiotics or medications in the last few weeks, months, or years?	Yes	No		
5	What kinds of antibiotics or medicines were used, and what was their brand name?	Yes	No		
6	Do you have close contact with pets every day?	Yes	No		
7	What is the sanitary condition of the veterinary hospital?	Good	Poor		
8	Is the practice of personal hygiene satisfactory?	Yes	No		
9	Do you have any skin infections, wounds, or other bodily injuries?	Yes	NO		
10	Have you had any surgical procedures performed recently/previously?	Yes	NO		
11	Have you been in the hospital for an extended period of time? [> 7 days]	Yes	NO		

12	Did you receive zoonotic disease vaccines like rabies?	Yes	NO		
13	Do you have recent contact with the infected area or with contaminated items, such as bedding, food or water bowls, or a toy with saliva on it?	Yes	NO		
14	Do you wash and sanitize your hands after touching infected or sick animals?	Yes	NO		
15	Have you visited a high-risk environment, such as a nursing home or hospital, for treatment purposes?	Yes	NO		
16	Do you use hand gloves during treatment and management of your pets?	Yes	NO		

Thank you for your kind cooperation

**Signature of the researcher & Date**

**Signature of the data collector & Date**