

Ludwig-Maximilians-Universität München

Medizinische Kleintierklinik

Antibiotic use by pet owners in dogs and cats



Mark as shown: Please use a ball-point pen or a thin felt tip. This form will be processed automatically.

Correction: Please follow the examples shown on the left hand side to help optimize the reading results.

1. Information sheet

Dear dog/-cat owners,

you have a dog and/or a cat and have given an antibiotic to your pet within the last year? If that applies to you, we kindly ask you to share your experiences and opinions regarding the administration of antibiotics within the survey on "Antibiotic use by pet owners in dogs and cats", which I am conducting as part of my doctoral thesis at the Small Animal Medical Clinic of the Ludwig Maximilian University of Munich.

Antibiotics are important drugs for the treatment of infections in humans and animals; it is impossible to imagine veterinary and human medicine without them. Nevertheless, you have probably heard about the problem of antibiotic resistance, which leads to a loss of efficacy of these important drugs.

With this study we would like to gain new insights into the use of antibiotics by pet owners in dogs and cats. Therefore, if you have given your dog/cat an antibiotic within the last year, we would greatly appreciate it if you could take the time to participate in the survey. The completion of the anonymous questionnaire will take approximately 15 minutes.

This participation is voluntary and your information will be analysed statistically and anonymously. You can participate in the survey from both a computer and a mobile device.

People under the age of 18 and veterinarians are excluded from the survey. If you encounter any problems completing the questionnaire, please contact me via E-Mail (Clara Rocholl: clara.rocholl@campus.lmu.de).

Thank you very much for your support!

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2. Declaration of consent for participation in the survey on the topic "Antibiotic use by pet owners in dogs and cats"

On the following pages we would like to ask you questions about the use of antibiotics. The survey is for dog and cat owners in Germany.

Within the scope of the survey, we also want to ask you for information about yourself in order to include social factors (age, gender, federal state, education) in the results and thus improve the evaluation.

We assure you, that all your answers will be treated absolutely anonymously and confidentially. Your answers will only be used for evaluation in the form of general statistical data.

Before you finally submit your answers, you have the option of viewing your answers again via the page navigation and changing them if necessary.

To enable easier readability of the survey, no gender-specific differentiation (e.g. veterinarian) was made. Where the masculine form is used in the following, all genders are equally addressed.

2.1

Yes, I agree and would like to participate in the survey

No I do not agree and do not wish to participate in the survey

3. Information about your pet

In the following we would like to ask you some questions about your pet and about the last antibiotic administration in this particular animal.

If you have more than one dog and/or cat that has received an antibiotic in the past, please answer the following questions for the animal that last received an antibiotic.

3.1 Which animal is it? Dog Cat

3.2 Is it an outdoor cat? Yes No

3.3 How old is your dog/cat currently?

- | | | |
|--|---|---|
| <input type="checkbox"/> 0 - 3 months | <input type="checkbox"/> 4 - 6 months | <input type="checkbox"/> 7 - 9 months |
| <input type="checkbox"/> 10 - 11 months | <input type="checkbox"/> 1 year | <input type="checkbox"/> 2 years |
| <input type="checkbox"/> 3 years | <input type="checkbox"/> 4 years | <input type="checkbox"/> 5 years |
| <input type="checkbox"/> 6 years | <input type="checkbox"/> 7 years | <input type="checkbox"/> 8 years |
| <input type="checkbox"/> 9 years | <input type="checkbox"/> 10 years | <input type="checkbox"/> 11 years |
| <input type="checkbox"/> 12 years | <input type="checkbox"/> 13 years | <input type="checkbox"/> 14 years |
| <input type="checkbox"/> 15 years | <input type="checkbox"/> 16 years | <input type="checkbox"/> 17 years |
| <input type="checkbox"/> 18 years | <input type="checkbox"/> 19 years | <input type="checkbox"/> 20 years and older |
| <input type="checkbox"/> Fully grown but age unknown | <input type="checkbox"/> Unfortunately, my animal passed away in the meantime | |

3.4 What gender is your animal? Female Male Female neutered
 Male neutered

3.5 What breed is your dog?

- | | | |
|--|---|--|
| <input type="checkbox"/> Airedale Terrier | <input type="checkbox"/> Akita Inu | <input type="checkbox"/> Australian Shepherd |
| <input type="checkbox"/> Basset | <input type="checkbox"/> Beagle | <input type="checkbox"/> Saint Bernard |
| <input type="checkbox"/> Bernese Mountain Dog | <input type="checkbox"/> Border Collie | <input type="checkbox"/> Boston Terrier |
| <input type="checkbox"/> Briard | <input type="checkbox"/> Bull Terrier | <input type="checkbox"/> Cavalier King Charles Spaniel |
| <input type="checkbox"/> Chihuahua | <input type="checkbox"/> Collie | <input type="checkbox"/> Dachshund |
| <input type="checkbox"/> Dalmatian | <input type="checkbox"/> Boxer | <input type="checkbox"/> Great Dane |
| <input type="checkbox"/> German Wirehaired Pointer | <input type="checkbox"/> Jagdterrier | <input type="checkbox"/> German Shorthaired Pointer |
| <input type="checkbox"/> German Shepherd | <input type="checkbox"/> Doberman | <input type="checkbox"/> Old English Bulldog |
| <input type="checkbox"/> English Cocker Spaniel | <input type="checkbox"/> French Bulldog | <input type="checkbox"/> Flat Coated Retriever |
| <input type="checkbox"/> Golden Retriever | <input type="checkbox"/> Havanese dog | <input type="checkbox"/> Hovawart |
| <input type="checkbox"/> Husky | <input type="checkbox"/> Irish Wolfhound | <input type="checkbox"/> Jack Russel Terrier |
| <input type="checkbox"/> Small Muensterlaender | <input type="checkbox"/> Labrador Retriever | <input type="checkbox"/> Leonberger |
| <input type="checkbox"/> Malinois | <input type="checkbox"/> Maltese dog | <input type="checkbox"/> Miniature Bull Terrier |
| <input type="checkbox"/> Standard Schnauzer | <input type="checkbox"/> Pug | <input type="checkbox"/> Newfoundland dog |
| <input type="checkbox"/> Parson Russel Terrier | <input type="checkbox"/> Poodle | <input type="checkbox"/> Rhodesian Ridgeback |
| <input type="checkbox"/> Giant Schnauzer | <input type="checkbox"/> Rottweiler | <input type="checkbox"/> Shar Pei |
| <input type="checkbox"/> Pomeranian | <input type="checkbox"/> Tibetan Terrier | <input type="checkbox"/> Weimeraner |
| <input type="checkbox"/> West Highland Terrier | <input type="checkbox"/> Yorkshire Terrier | <input type="checkbox"/> Miniature Schnauzer |
| <input type="checkbox"/> Other breed | <input type="checkbox"/> Mixed breed | <input type="checkbox"/> I do not know |

3.6 What other breed is it (if none of the above)?

3. Information about your pet [Continue]

3.7 What breed is your cat?

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Abyssinian cat | <input type="checkbox"/> Bengal cat | <input type="checkbox"/> British Shorthair |
| <input type="checkbox"/> British Longhair | <input type="checkbox"/> Burmese cat | <input type="checkbox"/> Cornish Rex |
| <input type="checkbox"/> Domestic Longhair | <input type="checkbox"/> Devon Rex | <input type="checkbox"/> European Shorthair |
| <input type="checkbox"/> Exotic Shorthair | <input type="checkbox"/> German Rex | <input type="checkbox"/> Birman |
| <input type="checkbox"/> Chartreux | <input type="checkbox"/> Maine Coon | <input type="checkbox"/> Norwegian forest cat |
| <input type="checkbox"/> Persian | <input type="checkbox"/> Ragdoll | <input type="checkbox"/> Russian Blue |
| <input type="checkbox"/> Savannah cat | <input type="checkbox"/> Siamese cat | <input type="checkbox"/> Sphynx cat |
| <input type="checkbox"/> Turkish Angora | <input type="checkbox"/> Other breed | <input type="checkbox"/> Mixed breed |
| <input type="checkbox"/> I do not know | | |

3.8 What other breed is your cat (if none of the above)?

- 3.9 Does your pet have pet health insurance? Yes No

4. Antibiotic administration in your pet

4.1 What problem was the reason for the last antibiotic administration? (Multiple answers possible)

If you know the underlying disease of your animal for which the antibiotic was given, you are welcome to additionally mark "Diagnosis" and then write it in the field below this question.

- | | | |
|---|---|---|
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Nasal discharge |
| <input type="checkbox"/> Infection of the upper respiratory tract (nose, paranasal sinuses, throat) | <input type="checkbox"/> Skin problems | <input type="checkbox"/> Ear infection |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Infection of the lower respiratory tract (larynx, trachea, bronchi, lungs) | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Wound infection/abscess/bite injury | <input type="checkbox"/> Castration/neutering | <input type="checkbox"/> Surgery of the bones |
| <input type="checkbox"/> Surgery on soft tissues (e.g. in the stomach or on the skin) | <input type="checkbox"/> Dental treatment | <input type="checkbox"/> Other surgery |
| <input type="checkbox"/> Urinary tract infection (kidney, bladder, prostate) | <input type="checkbox"/> Eye problem | <input type="checkbox"/> Other problem |
| <input type="checkbox"/> Diagnosis | | |

4.2 What other problem (besides the ones listed above) was the reason for the last antibiotic administration?

4.3 Which diagnosis was the reason for the last antibiotic administration?

4.4 When your dog/cat was last given an antibiotic, in what form did you give it? (Multiple answers possible)

- | | | |
|--|---|---|
| <input type="checkbox"/> Tablets | <input type="checkbox"/> Capsules | <input type="checkbox"/> Oral solution/suspension/paste |
| <input type="checkbox"/> Injections/Syringes | <input type="checkbox"/> Topical (ointment, eye/ear drops/ointment) | |

4.5 Over what time period was the antibiotic administered? (Please indicate the number of days)

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 2 days | <input type="checkbox"/> 3 days |
| <input type="checkbox"/> 4 days | <input type="checkbox"/> 5 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 7 days | <input type="checkbox"/> 8 days | <input type="checkbox"/> 9 days |
| <input type="checkbox"/> 10 days | <input type="checkbox"/> 11 days | <input type="checkbox"/> 12 days |
| <input type="checkbox"/> 13 days | <input type="checkbox"/> 14 days | <input type="checkbox"/> 15 days or longer |
| <input type="checkbox"/> I do not know anymore | | |

4.6 How often were you supposed to administer the antibiotic per day?

- | | | |
|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Once | <input type="checkbox"/> 2 times | <input type="checkbox"/> 3 times |
| <input type="checkbox"/> 4 times | <input type="checkbox"/> 5 times | <input type="checkbox"/> 6 times |
| <input type="checkbox"/> More than 6 times | | |
| <input type="checkbox"/> I do not know anymore | | |

4.7 What kind of injection was given?

- | | | |
|--|--|--|
| <input type="checkbox"/> Long-acting injection (effective up to 14 days) | <input type="checkbox"/> Short-acting injection (effective 1-2 days) | <input type="checkbox"/> I do not know anymore |
|--|--|--|

4. Antibiotic administration in your pet [Continue]

4.8 How often did your animal receive an injection with the antibiotic? (during the last antibiotic administration)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Once | <input type="checkbox"/> 2 times | <input type="checkbox"/> 3 times |
| <input type="checkbox"/> 4 times | <input type="checkbox"/> 5 times | <input type="checkbox"/> 6 times |
| <input type="checkbox"/> 7 times | <input type="checkbox"/> 8 times | <input type="checkbox"/> 9 times |
| <input type="checkbox"/> 10 times | <input type="checkbox"/> More than 10 times | <input type="checkbox"/> I do not know anymore |

4.9 Which antibiotic did your animal receive for the last administration? (Multiple answers possible)

Note: The active ingredient or trade name can be found on the package of the antibiotic or on the invoice from your veterinarian. The antibiotic might also have been given to you with a bag labelled with the name of the antibiotic.

black = tablets/capsules

blue = injection/syringe

orange = oral solution/suspension/paste

- | | | |
|--|--|---|
| <input type="checkbox"/> Ampicillin (e.g. Ampitab , Ampicillin-Dosierer , Albipen LA) | <input type="checkbox"/> Amoxicillin (e.g. Amox, Amoxicillin, Amoxitab, Amoxival Vet, Wedemox, Duphamox , Vetrimoxin-Paste) | <input type="checkbox"/> Amoxicillin/clavulanic acid (e.g. Synulox (injection /tablets), Clavaseptin, AmoxiClav, Clavudale, Clavucill, Kesium, Nicilan) |
| <input type="checkbox"/> Cefalexin (e.g. Cephacare, Rilexine, Therios, Cefaseptin, Cefatab, Tsefalen) | <input type="checkbox"/> Cefazolin (e.g. Cefazolin) | <input type="checkbox"/> Cefovecin (e.g. Convenia (effective up to 14 days)) |
| <input type="checkbox"/> Clindamycin (e.g. Clindamycin, Aniclindan, Cleorobe, Zodon, Clindaseptin (capsule/ solution), Clindabactin) | <input type="checkbox"/> Doxycycline (e.g. Ronaxan, Doxybactin, Doxytab) | <input type="checkbox"/> Enrofloxacin (e.g. Baytril (injection /tablets), Enrotab, Xeden, Enrofloxacin (injection /tablets), Enrox Flavour, Zobuxa) |
| <input type="checkbox"/> Gentamicin (e.g. Genta 100 , Genta 5%) | <input type="checkbox"/> Marbofloxacin (e.g. Marbocyl (injection /tablets), Marbotab, Quiflor (injection /tablets), Efex) | <input type="checkbox"/> Metronidazole (e.g. Metronidazol, Metrobactin, Metrivis, Suanatem, Spizobactin, Eradia) |
| <input type="checkbox"/> Penicillin (e.g. Belamycin , Procillin) | <input type="checkbox"/> Pradofloxacin (e.g. Veraflox (tablets/ suspension)) | <input type="checkbox"/> TSO (e.g. Sulfadimidin , TSO-Tabletten, Forthoprim) |
| <input type="checkbox"/> Other antibiotic | <input type="checkbox"/> I do not know anymore | |

4. Antibiotic administration in your pet [Continue]

4.10 Which antibiotic did you use topically in your animal at the last administration? (Multiple answers possible)

Note: The active ingredient or trade name can be found on the package of the antibiotic or on the invoice from your veterinarian. The antibiotic might also have been given to you with a bag labelled with the name of the antibiotic.

red = topical skin/ear (OT = eardrops)

green = topical eye (AS = eye ointment, AT = eye drops)

- | | | |
|--|--|---|
| <input type="checkbox"/> Chloramphenicol (e.g. Cefenicol CA AT, Posifenicol AS, Cefenidex AT, Chloramphenicol-Pumpspray, Prurivet) | <input type="checkbox"/> Chlortetracycline (e.g. Cepemycin AS, Ophthocycline AS) | <input type="checkbox"/> Florfenicol (e.g. Osumnia Ohrengel) |
| <input type="checkbox"/> Fusidic acid (e.g. Isaderm, Isathal AT) | <input type="checkbox"/> Gentamicin (e.g. Otomax OT, Easotic OT, Ophthogent Augengel, Soligental AT) | <input type="checkbox"/> Moxifloxacin (e.g. Vigamox AT) |
| <input type="checkbox"/> Neomycin (e.g. Dermamycin (AS/skin creme)) | <input type="checkbox"/> Marbofloxacin (e.g. Aurizon OT) | <input type="checkbox"/> Oxytetracycline (e.g. Oxytetracyclin AS) |
| <input type="checkbox"/> Polymyxin, neomycin sulfate, gramicidin (e.g. Polyspectran AT) | <input type="checkbox"/> Polymyxin (e.g. Surolan OT, Ototob OT, Mitex OT) | <input type="checkbox"/> Ofloxacin (e.g. Floxal AT/AS) |
| <input type="checkbox"/> Other antibiotic | <input type="checkbox"/> I do not know anymore | |

4.11 Which other antibiotic has your animal received? (Please indicate the name of the preparation or the active ingredient)

4.12 Did you expect the prescription of an antibiotic for this problem of your animal?

- Yes
 No

4. Antibiotic administration in your pet [Continue]

Please rate the following statements in relation to the last antibiotic administration in your animal.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I do not know
4.13 My veterinarian involved and advised me in the decision of the choice of the form of administration (tablets, liquid, injections, etc.)	<input type="checkbox"/>					
4.14 I would have liked more education from my vet on how to best insert/use the antibiotic (for example, tablet insertion with food/treat/tablet dispenser)	<input type="checkbox"/>					
4.15 My veterinarian has informed me about possible side effects	<input type="checkbox"/>					
4.16 My vet told me exactly how to give the antibiotic (for example, how often, how many tablets/injections, how long)	<input type="checkbox"/>					
4.17 I followed exactly the recommendations of my veterinarian for the antibiotic administration	<input type="checkbox"/>					
4.18 I stuck to the exact number of tablets/capsules per antibiotic administration	<input type="checkbox"/>					
4.19 I stuck to the exact amount of solution/suspension/paste to be given per antibiotic administration	<input type="checkbox"/>					
4.20 I followed the exact number of antibiotic doses per day	<input type="checkbox"/>					
4.21 I strictly followed the time intervals between antibiotic administrations	<input type="checkbox"/>					
4.22 I have suspended the administration of the antibiotic at least once because I was not able to administer it	<input type="checkbox"/>					
4.23 I always went to the vet for the injections on the scheduled appointment	<input type="checkbox"/>					
4.24 I skipped an injection at least once and did not go to the vet	<input type="checkbox"/>					

4. Antibiotic administration in your pet [Continue]

4.25 How well were you able to give your animal the antibiotic?

- Very good (without problems)
- Rather good
- Neutral
- Rather less good
- Not at all

4.26 How well were you able to apply the antibiotic topically to your animal?

- Very good (without problems)
- Rather good
- Neutral
- Rather less good
- Not at all

4.27 How did you give the tablets/capsules to your animal? (Multiple answers possible)

- | | | |
|---|---|---|
| <input type="checkbox"/> With food | <input type="checkbox"/> Hidden in food/treats | <input type="checkbox"/> With tablet dispenser |
| <input type="checkbox"/> With special treat, trojaner (e.g. EasyPill®, Pill Assist™ by Royal Canin) | <input type="checkbox"/> Crushed tablets to powder and mixed with food/treats | <input type="checkbox"/> Crushed tablets to powder and injected into mouth with liquid via syringe |
| <input type="checkbox"/> Capsule content given without capsule | <input type="checkbox"/> Given directly into the mouth | <input type="checkbox"/> My animal ate the tablets/capsules out of hand without any additional aids |
| <input type="checkbox"/> Other | | |

4.28 Did you wash your hands immediately after administering the antibiotic?

- | | | |
|--|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No, but I wore gloves |
| <input type="checkbox"/> Yes and I wore gloves | <input type="checkbox"/> I do not know anymore | |

4.29 Did you stop antibiotic administration before the duration of use indicated by your veterinarian was completed?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I do not know anymore |
|------------------------------|-----------------------------|--|

4.30 What were the reasons for stopping the administration early? (Multiple answers possible)

- | | | |
|--|---|--|
| <input type="checkbox"/> Difficulties with ingestion/application | <input type="checkbox"/> Lack of time | <input type="checkbox"/> Side effects have occurred |
| <input type="checkbox"/> Fear of potential side effects | <input type="checkbox"/> My dog/cat had already recovered | <input type="checkbox"/> Consultation with my veterinarian |
| <input type="checkbox"/> Other reason | | |

4.31 Did your animal experience any side effects that may have occurred as a result of the administration of the antibiotic?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I do not know |
|------------------------------|-----------------------------|--|

4. Antibiotic administration in your pet [Continue]**4.32 What side effects have occurred?** (Multiple answers possible)

- Diarrhea Vomiting Allergic reaction
 Other side effect

5. Test before the use of an antibiotic

Please also refer to your pet's **last** antibiotic administration when answering the following questions.

5.1 Did your veterinarian perform any tests prior to administering the antibiotic, based on the results of which the antibiotic was prescribed/administered? (Multiple answers possible)

- No Yes, there were changes in the blood count Yes, there were changes in the X-ray images
 Yes, changes were present in the urine analysis Yes, changes were present in the ultrasound examination Yes, changes were present in a microscopic examination
 Yes, changes were present in other examinations Yes, but I do not know what test or changes exactly I do not know

5.2 Was a culture with resistance test or other tests for pathogen detection performed prior to antibiotic administration/prescription? These tests can be used to investigate whether pathogens are present for which an antibiotic is necessary, and which antibiotic exactly is effective.

- Yes No I do not know

7. Choosing an antibiotic

Please rate how important the following are to you when choosing an antibiotic.

	Not at all important	Not very important	Somewhat important	Very important	Extremely important
7.1 Easy form of administration	<input type="checkbox"/>				
7.2 Costs	<input type="checkbox"/>				
7.3 Tolerability (potential side effects)	<input type="checkbox"/>				
7.4 Avoiding the development of antibiotic resistance	<input type="checkbox"/>				
7.5 Efficacy	<input type="checkbox"/>				
7.6 Recommendation of my veterinarian	<input type="checkbox"/>				
7.7 Tastefulness of the antibiotic	<input type="checkbox"/>				
7.8 Avoidance of "reserve antibiotics" (antibiotics used to treat resistant pathogens. Use as "last resort" for people with infections with antibiotic-resistant pathogens)	<input type="checkbox"/>				

8. Demographics

This last section contains questions about you as a pet owner. This information helps us to compare your experiences and opinions regarding the administration of antibiotics to your animal within the different groups of people and regions in Germany. Providing your data is voluntary and we will not use your data for any other purpose. If you do not wish to answer a question, you can simply skip it and carry on to the next question.

8.1 What is your gender?

Female

Male

Diverse

8.2 How old are you? (Age in years)

- | | | |
|-----------------------------|--|-----------------------------|
| <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 20 |
| <input type="checkbox"/> 21 | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 |
| <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 30 | <input type="checkbox"/> 31 | <input type="checkbox"/> 32 |
| <input type="checkbox"/> 33 | <input type="checkbox"/> 34 | <input type="checkbox"/> 35 |
| <input type="checkbox"/> 36 | <input type="checkbox"/> 37 | <input type="checkbox"/> 38 |
| <input type="checkbox"/> 39 | <input type="checkbox"/> 40 | <input type="checkbox"/> 41 |
| <input type="checkbox"/> 42 | <input type="checkbox"/> 43 | <input type="checkbox"/> 44 |
| <input type="checkbox"/> 45 | <input type="checkbox"/> 46 | <input type="checkbox"/> 47 |
| <input type="checkbox"/> 48 | <input type="checkbox"/> 49 | <input type="checkbox"/> 50 |
| <input type="checkbox"/> 51 | <input type="checkbox"/> 52 | <input type="checkbox"/> 53 |
| <input type="checkbox"/> 54 | <input type="checkbox"/> 55 | <input type="checkbox"/> 56 |
| <input type="checkbox"/> 57 | <input type="checkbox"/> 58 | <input type="checkbox"/> 59 |
| <input type="checkbox"/> 60 | <input type="checkbox"/> 61 | <input type="checkbox"/> 62 |
| <input type="checkbox"/> 63 | <input type="checkbox"/> 64 | <input type="checkbox"/> 65 |
| <input type="checkbox"/> 66 | <input type="checkbox"/> 67 | <input type="checkbox"/> 68 |
| <input type="checkbox"/> 69 | <input type="checkbox"/> 70 | <input type="checkbox"/> 71 |
| <input type="checkbox"/> 72 | <input type="checkbox"/> 73 | <input type="checkbox"/> 74 |
| <input type="checkbox"/> 75 | <input type="checkbox"/> 76 | <input type="checkbox"/> 77 |
| <input type="checkbox"/> 78 | <input type="checkbox"/> 79 | <input type="checkbox"/> 80 |
| <input type="checkbox"/> 81 | <input type="checkbox"/> 82 | <input type="checkbox"/> 83 |
| <input type="checkbox"/> 84 | <input type="checkbox"/> 85 | <input type="checkbox"/> 86 |
| <input type="checkbox"/> 87 | <input type="checkbox"/> 88 | <input type="checkbox"/> 89 |
| <input type="checkbox"/> 90 | <input type="checkbox"/> Older than 90 | |

8.3 In which federal state do you live in?

- | | | |
|---|--|---|
| <input type="checkbox"/> Baden-Wuerttemberg | <input type="checkbox"/> Bavaria | <input type="checkbox"/> Berlin |
| <input type="checkbox"/> Brandenburg | <input type="checkbox"/> Bremen | <input type="checkbox"/> Hamburg |
| <input type="checkbox"/> Hesse | <input type="checkbox"/> Mecklenburg-Western Pomerania | <input type="checkbox"/> Lower Saxony |
| <input type="checkbox"/> North-Rhine Westphalia | <input type="checkbox"/> Rhineland-Palatine | <input type="checkbox"/> Saarland |
| <input type="checkbox"/> Saxon | <input type="checkbox"/> Saxony-Anhalt | <input type="checkbox"/> Schleswig-Holstein |
| <input type="checkbox"/> Thuringia | | |

8.4 Do you have any medical training?

Yes

No

8.5 In what field do you have the medical training?

Veterinary
Medicine

Human Medicine

8. Demographics [Continue]

8.6 What is your highest level of education?

- | | | |
|--|---|--|
| <input type="checkbox"/> No degree (yet) | <input type="checkbox"/> Lower Certificate of Secondary Education (Hauptschulabschluss, qualifizierender Hauptschulabschluss) | <input type="checkbox"/> Intermediate Certificate of Secondary Education (Realschulabschluss, Mittlerer Bildungsabschluss) |
| <input type="checkbox"/> Higher Education Entrance Qualification (Fachhochschulreife (Allgemeine oder fachgebundene Fachhochschulreife)) | <input type="checkbox"/> High School Diploma (Abitur (Allgemeine oder fachgebundene Hochschulreife)) | <input type="checkbox"/> Vocational Training (Berufsausbildung) |
| <input type="checkbox"/> University of Applied Sciences degree (Fachhochschulabschluss (Bachelor, Master, Diplom)) | <input type="checkbox"/> University degree (Hochschulabschluss (Bachelor, Master, Staatsexamen, Diplom, Magister, Promotion)) | <input type="checkbox"/> Other |

9. Thank you very much!

Thank you for your support! And please do not forget to click "Submit" :)

9.1 Do you have any suggestions or comments about this survey?