

## MRSA QUESTIONNAIRE

Date Interviewed: \_\_\_/\_\_\_/\_\_\_ Name of Interviewer: \_\_\_\_\_

### A. Patient Information

1. Age: \_\_\_\_\_ 2. Date of Birth: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) 3. Gender: \_\_\_ Male \_\_\_ Female
4. City and State of Residence: \_\_\_\_\_
5. Race: \_\_\_ White \_\_\_ Hawaiian Native/Pacific Islander \_\_\_ Asian \_\_\_ Don't Know  
\_\_\_ Black \_\_\_ American Indian/Alaskan Native \_\_\_ Other \_\_\_ Refused
6. Ethnic group: \_\_\_ Hispanic \_\_\_ Non-Hispanic \_\_\_ Don't know \_\_\_ Refused

### B. Past Medical History

7. When were you diagnosed with your skin infection? \_\_\_/\_\_\_/\_\_\_

#### **In the year prior to your infection, have you:**

8. Seen a doctor or other healthcare provider? (If No, skip to #9) \_\_\_ Yes \_\_\_ No \_\_\_ Don't know  
8a. If Yes, how many times? \_\_\_\_\_  
8b. Where (clinic name and location)? \_\_\_\_\_  
8c. Reason for visit? \_\_\_\_\_
9. Received antibiotics? (if No, skip #10) \_\_\_ Yes \_\_\_ No \_\_\_ Don't know  
9a. If Yes, how many different times were antibiotics prescribed? \_\_\_\_\_  
9b. How many months before your skin infection were antibiotics prescribed?  
\_\_\_ ≤ \_\_\_ 1 – 3 \_\_\_ 3 – 6 \_\_\_ 6 – 12 \_\_\_ Don't know  
9c. Why did you receive antibiotics? \_\_\_ Skin infection \_\_\_ Other
10. Had any type of surgery or invasive procedure (i.e., sutures, IV)? (If No, skip to #10) \_\_\_ Yes \_\_\_ No  
\_\_\_ Don't know  
10a. If Yes, what facility? \_\_\_\_\_  
10b. What type of surgery? \_\_\_\_\_
11. Been hospitalized? (if No, skip to #13) \_\_\_ Yes \_\_\_ No \_\_\_ Don't know  
11a. What hospital? \_\_\_\_\_  
11b. Why were you hospitalized? \_\_\_\_\_
12. Lived in a healthcare setting, such as a rehab facility or close living community (dorm, military, or prison)?  
(If No, go to #13) \_\_\_ Yes \_\_\_ No \_\_\_ Don't know  
12a. If Yes, what is the name of the facility? \_\_\_\_\_  
12b. If you have a roommate does he/she have a skin infection \_\_\_ Yes \_\_\_ No  
Explain \_\_\_\_\_.
13. Had any skin problems? (If No, go to #14) \_\_\_ Yes \_\_\_ No \_\_\_ Don't know  
13a. If Yes, did you have any of the following? (check all that apply)

Infection       Shingles       Chicken pox       Other \_\_\_\_\_  
 Abscess       Eczema       Wound/burn       Don't know

14. Been told before that you had MRSA? (If No, go to #15)       Yes       No       Don't know  
14a. If Yes, do you remember the month and year?  
 Yes      Month/Year: \_\_\_\_\_/\_\_\_\_\_  
 No

### C. Infection Information

This next section is about your most recent MRSA infection

15. What type of MRSA infection did you have?       Abscess       Cellulitis       Folliculitis  
 Don't know  
 Other skin infection \_\_\_\_\_
16. Where did you have your infection? (check all that apply)  
 foot     leg     hand     arm     head     groin     chest     armpit     buttocks     other \_\_\_\_\_
17. Were you hospitalized as a result of this MRSA infection?       Yes       No       Don't know
18. Did you have surgery (e.g., incision/drainage) due to this infection?       Yes       No       Don't know
19. Did you initially receive antibiotics for treatment (If No, skip to #20)       Yes       No       Don't know  
19a. If Yes, which antibiotic? \_\_\_\_\_  Don't know
20. Did anyone in your family also have skin infections? (If No, skip to #21)       Yes       No       Don't know  
20a. If Yes, when did your family member(s) develop their skin infection?  
 in the six months before my infection       In the six months after my infection
21. Did you have to re-visit a doctor or hospital? (If No, skip to #22)       Yes       No       Don't know  
21a. Do you remember how many times you revisited? \_\_\_\_\_ (No. of revisits)

These next two questions are about follow-up visits to the doctor or hospital.

22. Did you have surgery (e.g., incision/drainage) at a follow-up visit?       Yes       No       Don't know
23. Did you receive antibiotics at a follow-up visit? (If No, skip to #24)       Yes       No       Don't know  
23a. If Yes, which antibiotic? \_\_\_\_\_  Don't know

### D. Physical Activity

24. What team sports or other physical activities have you participated in the last year? (e.g., football, basketball, wrestling, weight lifting, aerobics)  
Please specify: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_
- 24a. What facility do you work out in? \_\_\_\_\_

The next section refers to this academic year

25. In an average week, what number of physical activity related cuts or abrasion do you experience?  
\_\_\_\_\_
26. How do you immediately care for these cuts/abrasions? (check all that apply)  
 Wash with soap and water       Cover with bandage       Do nothing  
 Clean with antimicrobial soap/cream       Don't know
27. Do you play on artificial turf? (If No, go to #28)       Yes       No       Don't know  
 27a. In an average week, how many turf burns do you experience? \_\_\_\_\_  
 27b. Where? (specify body part(s)) \_\_\_\_\_  
 27c. How do you immediately care for these turf burns? (check all that apply)  
 Wash with soap and water       cover with bandage       Do nothing  
 Clean with antimicrobial soap/cream       Don't know  
 27d. Do you wear any protective gear to prevent turf burns?       Yes       No       Don't know  
 27e. If Yes, what type of gear? \_\_\_\_\_
28. Do you tape your wrists, angles, or other body parts? (If No, go to #29)       Yes       No       Don't know  
 28a. Do you experience irritation at the tape sites?       Yes       No       Don't know
29. During an average week, how many times do you shower or bathe?  
 < 1x/week       1x/week       2-3x/week       4-6x/week       Daily       > 1x/day
30. How often do you shower immediately following workout, practice or a game? (If Never, go to #31)  
 Always       Sometimes       Never       Don't know  
 30a. Do you shower at home or in the locker room (school facility)?  
 Home       Locker room       Both      Specify Where: \_\_\_\_\_
31. When showering or bathing **in the locker room**, do you use regular soap and water?  
 Always       Sometimes       Never       Don't know
32. When showering or bathing **in the locker room**, do you use an antimicrobial soap?  
 Always       Sometimes       Never       Don't know  
 Specify brand of soap: \_\_\_\_\_
33. Do you shave any parts of your body besides your face? (If No, go to #34)       Yes       No       Don't know  
 33a. If Yes, which areas? (check all that apply)  
 Face       Chest       Arms       Legs       Back       Other (Please specify) \_\_\_\_\_
34. How often do you wear your uniforms or workout clothing before have them washed?  
 1 time       2-3 times       > 3 times
35. When playing, do you use equipment? (e.g., helmet, pads, gloves) (if No, go to #36)       Yes       No  
 Don't know  
 35a. How often do you have your equipment cleaned?  
 1x/day       1x/week       1x/month       < 1x/month       Never  
 35b. How do you store your equipment?  
 Individual locker       Group locker       Group storage room       Other \_\_\_\_\_

36. Do you use a hot tub/whirlpool for therapy or pleasure? (If No, go to #37)  Yes  No  
 Don't know

36a. On the average, how often do you use a hot tub?

> 1x/week  1x/week  Monthly  < 1x/month

36b. What facility? \_\_\_\_\_

37. Do you use a sauna or steam bath? (If No, go to #38)  Yes  No  Don't know

37a. On average, how often do you use a sauna/steam bath?

>1x/week  1x/week  Monthly  <1x/month

37b. What facility \_\_\_\_\_

38. Do you share any of the following in the locker room or dorm?

Towels  Razors  Soap  Deodorant  Other \_\_\_\_\_

Equipment (please specify) \_\_\_\_\_

39. Do you use products such as balms or lubricants from a common container?

Always  Sometimes  Never  Don't know

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE!**