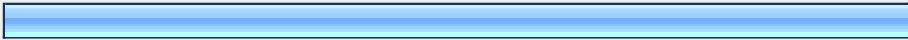


Survey of patient and family experience with MRSA

1. The Alliance for the Prudent Use of Antibiotics, a nonprofit organization in Boston (<http://www.apua.org>), would like to ask you about your personal experience with infections caused by methicillin-resistant *Staphylococcus aureus*, also known as "MRSA." Your answers will help us to learn how this infection affects individuals and their households. Also, it will help us to better inform health providers on how to help patients with MRSA and their families. This survey is completely anonymous and you do not have to answer any question you do not want to. Also, you can stop at any time and return to the survey at a later date. The survey takes most people about 25 minutes to complete. Questions in this survey will mention several potential treatments and ways of dealing with MRSA infection. Please note that APUA is not suggesting, recommending, or endorsing any practice, product or treatment mentioned in the survey. We may use the answers you provide in the survey in scientific publications and presentations, but we are not collecting any personal information that may identify you. At the end, you will be given a web address and a password so that you can review the survey results after the study is complete. You must be 18 years of age or older and a resident of the United States to complete this survey. If you would like to take it, please click "Continue" and "Next" in order to access the informed consent form. This will outline what it means to take part in the survey and the protections you have if you take part that have been made by the United States federal government.


		Response Percent	Response Count
Continue		100.0%	3
		<i>answered question</i>	3
		<i>skipped question</i>	7

2. Please read all of the following information carefully. If you decide to take part in this research study, you will be asked to indicate your acceptance of these terms by selecting the "Accept" option at the end of this page. You should keep a copy of this form for your records. It has information, including important names and telephone numbers, to which you may wish to refer in the future. Do not click "I accept" on this consent form unless you understand the information in it and have had any questions answered to your satisfaction. If you have any questions, you can contact the researcher in charge of the study, Susan Foster, at 617-636-3961. This survey is completely anonymous. We will not ask you to provide your name, and we will not track your IP address or any other identifying information. We may use the answers you provide in the survey in scientific publications and presentations, but will not use any personal information that may identify you. You do not have to answer any question you do not want to. Also, you can stop at any time and return to the survey at a later date; your responses will be saved, and you will not have to answer completed questions a second time. At the end of the survey, you will be given a web address, at which you will be able to review the survey results after the study is complete (October 2007). If you have questions about your rights as a research study subject, call the Tufts-New England Medical Center and Tufts University Health Sciences Institutional Review Board (IRB) at (617) 636-7512. The Institutional Review Board is a group of doctors, nurses, and nonmedical people who review human research studies for safety and protection of people who take part in the studies. Federal law requires the Institutional Review Board to review and approve any research study involving humans. This must be done before the study can begin. This research study has been reviewed and approved by the IRB of Tufts-New England Medical Center and Tufts University Health Sciences.

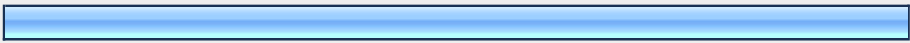
Participant Statement

I have read this consent form and I understand that my participation is voluntary. I understand that I may refuse to participate in this study. I understand that APUA is not suggesting or endorsing any treatment or practice mentioned in this survey. If I have any questions concerning my rights as a research subject in this study, I may contact the Institutional Review Board at (617) 636-7512. I have been fully informed of the above-described study with its risks and benefits, and I hereby consent to the procedures set forth above.


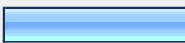
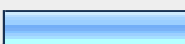

		Response Percent	Response Count
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Accept		100.0%	10
Don't Accept		0.0%	0
answered question			10
skipped question			0

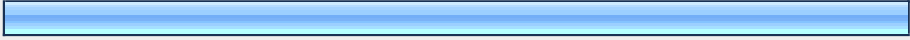
3. Thank you for taking this survey. This survey should take you about 25 minutes to complete. Remember, you do not have to answer any question you don't want to. Also, you can stop taking the survey at any time and return to it at a later date. Questions in this survey will mention several potential treatments and ways of dealing with a MRSA infection. Please note that APUA is not suggesting or endorsing any practice mentioned in the survey. Please click "Begin Survey" and "Next" to go to the first question.

		Response Percent	Response Count
Begin Survey		100.0%	10
answered question			10
skipped question			0

4. How would you rate your general health?

		Response Percent	Response Count
Excellent		50.0%	5
Very good		20.0%	2
Good		0.0%	0
Fair		20.0%	2
Poor		10.0%	1
Prefer not to answer		0.0%	0
answered question			10
skipped question			0

5. Has a healthcare provider ever said you have methicillin-resistant Staphylococcus aureus, also called MRSA? (Healthcare provider refers to an MD, a Doctor of Osteopathy (DO), a Physician Assistant, or a Nurse Practitioner).

		Response Percent	Response Count
YES, I have or had an infection which required medical treatment		0.0%	0
YES, I was a carrier of MRSA but did not have symptoms that required medical treatment		100.0%	10
I have not been told I had it, but I think that I do		0.0%	0
No		0.0%	0
Prefer not to answer		0.0%	0
	answered question		10
	skipped question		0

6. Please feel free to tell us why you think you have MRSA in the box below.

	Response Count
	0
	answered question
	skipped question
	10

7. If you have any questions about MRSA, please list them here:

	Response Count
	0
	answered question
	skipped question
	10


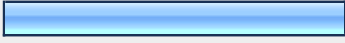
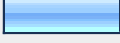
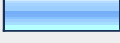
8. What sources of information on MRSA have you accessed? Check all that apply.

	Response Percent	Response Count
Websites and/or Google	0.0%	0
Books	0.0%	0
Newspaper or magazine articles	0.0%	0
Scientific, Medical, or Nursing Journals	0.0%	0
Doctor	0.0%	0
Nurse hotline	0.0%	0
Alternative complementary medicine	0.0%	0
Insurance hotline	0.0%	0
Friend	0.0%	0
Relative	0.0%	0
Clergyperson or Spiritual Advisor	0.0%	0
Pharmacist	0.0%	0
Fellow patients	0.0%	0
None	0.0%	0
Prefer not to answer	0.0%	0
Other (please specify)	0.0%	0
	<i>answered question</i>	0
	<i>skipped question</i>	10

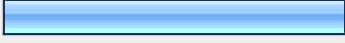


9. When you were diagnosed with MRSA, how many nights wdid you have to stay in the hospital to be treated for the infection? If you did not have to stay overnight or were not treated in a hospital, please type "0." If you are not sure how many nights you stayed, please type "don't know."

		Response Count
		6
<i>answered question</i>		6
<i>skipped question</i>		4

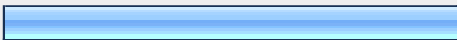


10. Were you treated with antibiotics for the MRSA infection?

		Response Percent	Response Count
Yes		37.5%	3
No		37.5%	3
Not sure		12.5%	1
Prefer not to answer		12.5%	1
<i>answered question</i>			8
<i>skipped question</i>			2

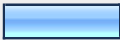
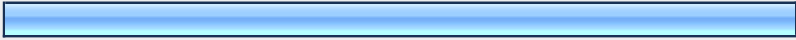
11. Did you take antibiotics anytime during the three months BEFORE being diagnosed with MRSA?

		Response Percent	Response Count
Yes		37.5%	3
No		37.5%	3
Not sure		25.0%	2
Prefer not to answer		0.0%	0
<i>answered question</i>			8
<i>skipped question</i>			2

12. Did you experience any of the following within one month before the diagnosis? Check all that apply.

		Response Percent	Response Count
Operation to insert pacemaker		50.0%	1
Operation to insert stent		0.0%	0
Organ transplant		0.0%	0
Kidney dialysis		50.0%	1
Chemotherapy for cancer		0.0%	0
Hip or joint replacement		0.0%	0
Prefer not to answer		50.0%	1
Other surgery or procedure (please specify surgery or procedure type)		0.0%	0
	answered question		2
	skipped question		8

13. Are you on antibiotics now? Check all that apply.

		Response Percent	Response Count
Yes, oral antibiotics		12.5%	1
Yes, IV antibiotics		0.0%	0
Yes, topical antibiotics		0.0%	0
No		87.5%	7
Not sure		0.0%	0
Prefer not to answer		0.0%	0
	answered question		8
	skipped question		2

14. If you are on antibiotics, which ones are you taking? Check all that apply.

	Response Percent	Response Count
Vancomycin (Vancocin)	0.0%	0
Linezolid (Zyvox)	0.0%	0
Rifampin (Rifadin/Rimactane)	0.0%	0
Trimethoprim-sulfamethoxazole (Bactrim/Septin)	0.0%	0
Clindamycin (Cleocin)	0.0%	0
Minocycline (Minocin)	100.0%	1
Tetracycline	0.0%	0
Prefer not to answer	0.0%	0
Other (please specify)	0.0%	0
	answered question	1
	skipped question	9

15. When you were diagnosed with MRSA, how many nights did you have to stay in the hospital to be treated for the infection? If you did not have to stay overnight, or were not treated in a hospital, please type "0." If you are not sure how many nights you stayed, please type "don't know."

	Response Count
	0
	answered question
	skipped question
	0
	10

16. We would like to know a little more about how your MRSA infection started. Can you tell us if it started at a/an:			
		Response Percent	Response Count
Surgical wound		0.0%	0
A wound that you got outside of the hospital		0.0%	0
IV site (an intravenous catheter)		0.0%	0
Urinary catheter site		0.0%	0
Don't know		0.0%	0
Prefer not to answer		0.0%	0
Other (please specify)		0.0%	0
		answered question	0
		skipped question	10

17. Now, can you tell us where in or on your body this MRSA infection was located? Check all that apply.			
		Response Percent	Response Count
Nose		0.0%	0
Arm or Leg		0.0%	0
Joint		0.0%	0
Bloodstream		0.0%	0
Lung		0.0%	0
Urinary tract		0.0%	0
Not sure		0.0%	0
Prefer not to answer		0.0%	0
Other (please specify)		0.0%	0
		answered question	0
		skipped question	10

18. Were you treated with antibiotics for the MRSA infection?			
		Response Percent	Response Count
Yes		0.0%	0
No		0.0%	0
Not sure		0.0%	0
Prefer not to answer		0.0%	0
		<i>answered question</i>	0
		<i>skipped question</i>	10

19. Did you take antibiotics anytime during the three months BEFORE being diagnosed with MRSA?			
		Response Percent	Response Count
Yes		0.0%	0
No		0.0%	0
Not sure		0.0%	0
Prefer not to answer		0.0%	0
		<i>answered question</i>	0
		<i>skipped question</i>	10

20. How many days TOTAL were you hospitalized in the 12 months BEFORE you were diagnosed with MRSA? If you were in the hospital for one day but not overnight, please type "1" in the box. f you did not spend any time in the hospital, please type "0."		
		Response Count
		0
		<i>answered question</i>
		0
		<i>skipped question</i>
		10

21. How many days TOTAL did you spend in the hospital for the care of MRSA in the 12 months AFTER the diagnosis ? If you were in the hospital for one day but not overnight, please type "1" in the box. If you did not spend any time in the hospital, please type "0."

		Response Count
		0
	<i>answered question</i>	0
	<i>skipped question</i>	10

22. Did you have surgery within ONE month prior to this MRSA diagnosis?

		Response Percent	Response Count
Yes		0.0%	0
No		0.0%	0
Not sure		0.0%	0
Prefer not to answer		0.0%	0
	<i>answered question</i>		0
	<i>skipped question</i>		10

23. What type of surgery did you have? Check all that apply.

		Response Percent	Response Count
Orthopedic		0.0%	0
Neurosurgical		0.0%	0
Trauma		0.0%	0
Plastic		0.0%	0
Dermatological		0.0%	0
Gastrointestinal		0.0%	0
Cardiac		0.0%	0
Vascular		0.0%	0
Prefer not to answer		0.0%	0
Other (please specify)		0.0%	0
		<i>answered question</i>	0
		<i>skipped question</i>	10

24. Did you experience any of the following within one month before the diagnosis? Check all that apply.		
	Response Percent	Response Count
Operation to insert pacemaker	0.0%	0
Operation to insert stent	0.0%	0
Organ transplant	0.0%	0
Kidney dialysis	0.0%	0
Chemotherapy for cancer	0.0%	0
Hip or joint replacement	0.0%	0
Prefer not to answer	0.0%	0
Other surgery or procedure (please specify surgery or procedure type)	0.0%	0
	answered question	0
	skipped question	10

25. Are you on antibiotics now? Check all that apply.		
	Response Percent	Response Count
Yes, oral antibiotics	0.0%	0
Yes, IV antibiotics	0.0%	0
Yes, topical antibiotics (antibiotics applied to the skin)	0.0%	0
No	0.0%	0
Not sure	0.0%	0
Prefer not to answer	0.0%	0
	answered question	0
	skipped question	10

26. If you are on antibiotics, which ones are you taking? Check all that apply.

	IV	Oral	Topical	Response Count
Vancomycin (Vancocin)	0.0% (0)	0.0% (0)	0.0% (0)	0
Linezolid (Zyvox)	0.0% (0)	0.0% (0)	0.0% (0)	0
Rifampin (Rifadin/Rimactane)	0.0% (0)	0.0% (0)	0.0% (0)	0
Trimethoprim-sulfamethoxazole (Bactrim/Septin)	0.0% (0)	0.0% (0)	0.0% (0)	0
Clindamycin (Cleocin)	0.0% (0)	0.0% (0)	0.0% (0)	0
Minocycline (Minocin)	0.0% (0)	0.0% (0)	0.0% (0)	0
Tetracycline	0.0% (0)	0.0% (0)	0.0% (0)	0
Other	0.0% (0)	0.0% (0)	0.0% (0)	0
	<i>answered question</i>			0
	<i>skipped question</i>			10

27. How many times in the last year have you been treated for a MRSA infection on an outpatient basis (by visiting a health care provider's office)? If you have not received outpatient treatment, please type "0."

	Response Count
	0
	<i>answered question</i>
	0
	<i>skipped question</i>
	10

28. How many months have you been dealing with a MRSA infection? (If more than one year, please estimate the number of months, for example, one and a half years = 18 months)

	Response Count
	0
	<i>answered question</i>
	0
	<i>skipped question</i>
	10

29. What is the primary type of health insurance coverage you had at the time you were diagnosed with MRSA? Check all that apply.			
		Response Percent	Response Count
Medicare		0.0%	0
Medicaid		0.0%	0
A private insurance plan, such as an HMO or PPO, that pays all or a percentage of the total bill		0.0%	0
No insurance coverage		0.0%	0
Not sure		0.0%	0
Prefer not to answer		0.0%	0
Other (please specify)		0.0%	0
		<i>answered question</i>	0
		<i>skipped question</i>	10

30. So far, about how much of your own money have you spent on all outpatient visits for MRSA? Please add together all copays and nonreimbursed charges you paid for medical visits.		
		Response Count
		0
		<i>answered question</i>
		0
		<i>skipped question</i>
		10

31. So far, about how much of your own money have you spent on prescription medications for MRSA? Please add together all copays and nonreimbursed charges you paid for prescription medications.		
		Response Count
		0
		<i>answered question</i>
		0
		<i>skipped question</i>
		10

32. So far, about how much of your own money did you spend on all hospital stays for MRSA? Please add together all copays and nonreimbursed charges you paid for hospital stays.

		Response Count
		0
<i>answered question</i>		0
<i>skipped question</i>		10

33. About how much of your own money did you spend on the following health support services and supplies because of MRSA?

		Response Percent	Response Count
Equipment to help you move, like crutches, walkers, or scooters		0.0%	0
Items to take care of your wound, like bandages or ointment		0.0%	0
Supplies for body support, like a brace or sling		0.0%	0
Nonprescription medication, such as aspirin (Do not include expenses for vitamins or herbal supplements here)		0.0%	0
Home medical care, such as a visiting nurse or home health assistant		0.0%	0
Mental health care support or professional counseling		0.0%	0
<i>answered question</i>			0
<i>skipped question</i>			10

34. About how much of your own money did you spend on the following complementary or alternative treatments for MRSA? Please remember that APUA is not suggesting, recommending or endorsing any practice, product or treatment mentioned in the survey.

		Response Percent	Response Count
Herbal remedies		0.0%	0
Probiotics		0.0%	0
Essential oils		0.0%	0
Vitamins and Supplements		0.0%	0
Honeys		0.0%	0
Massage		0.0%	0
Reflexology		0.0%	0
Acupuncture		0.0%	0
Chiropractic treatment		0.0%	0
	answered question		0
	skipped question		10

35. If you used any health support services, supplies, or treatments not mentioned already, please list them and tell us about how much money you spent.

		Response Count
		0
	answered question	0
	skipped question	10

36. If you needed to pay for any of the following extra services or help because of a MRSA infection, please type about how much of your own money you spent.

	Response Percent	Response Count
Transportation	0.0%	0
Elder or Childcare	0.0%	0
Cleaning service	0.0%	0
Pet care	0.0%	0
Someone to help with or run business	0.0%	0
	answered question	0
	skipped question	10

37. Please list the type and cost of any other nonmedical items or services you had to buy because of a MRSA infection. For example, you may have had to buy extra clothing, or you may have bought books on MRSA.

	Response Count
	0
	answered question
	skipped question
	10

38. Did you miss work or school because of your infection?

	Response Percent	Response Count
Yes	0.0%	0
No	0.0%	0
I do not usually work/attend school	0.0%	0
Not sure	0.0%	0
Prefer not to answer	0.0%	0
	answered question	0
	skipped question	10

39. How many TOTAL days of work or school did you miss?		
		Response Count
		0
		answered question
		0
		skipped question
		10

40. If you missed work or school, why? Check all that apply.			
		Response Percent	Response Count
I had symptoms such as nausea, dizzy spells, or pain.		0.0%	0
I had doctor appointments or other appointments for MRSA treatment.		0.0%	0
I did not want to disclose my infection.		0.0%	0
I did not want to transmit my infection.		0.0%	0
My employer asked me to stay home.		0.0%	0
I felt depressed.		0.0%	0
I could not physically perform my job.		0.0%	0
I was not able to get to work.		0.0%	0
I physically could not leave my home.		0.0%	0
It is difficult to bring my IV to work.		0.0%	0
Prefer not to answer		0.0%	0
Other (please specify)		0.0%	0
		answered question	0
		skipped question	10

41. About how many days did you have to take off work without pay? That is, how many missed work days were not compensated sick days or vacation days?		
		Response Count
		0
		answered question
		0
		skipped question
		10




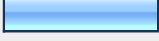
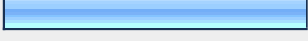
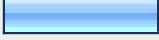
42. If you worked, did you lose or quit your job because of the infection?			
		Response Percent	Response Count
Yes, I quit my job		0.0%	0
Yes, I lost my job		0.0%	0
No, I did not lose or quit my job		0.0%	0
Prefer not to answer		0.0%	0
		answered question	0
		skipped question	10

43. If you experienced physical pain while infected with MRSA, how would you describe the level of that physical pain?			
		Response Percent	Response Count
I did not experience pain.		0.0%	0
Mild		0.0%	0
Moderate		0.0%	0
Severe		0.0%	0
Not sure		0.0%	0
Prefer not to answer		0.0%	0
		answered question	0
		skipped question	10



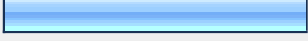


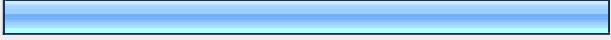
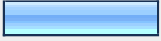
44. Did your MRSA infection leave you with any physical scars?		
	Response Percent	Response Count
Yes	0.0%	0
Too soon to tell	0.0%	0
No	0.0%	0
Prefer not to answer	0.0%	0
	<i>answered question</i>	0
	<i>skipped question</i>	10

45. If you have had any side effects from medications used to treat MRSA (such as nausea, metallic taste in mouth, etc.), please describe them below.	
	Response Count
	0
	<i>answered question</i>
	<i>skipped question</i>
	10


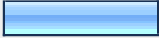
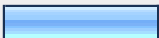
46. How did being diagnosed with MRSA make you feel? Check all that apply.


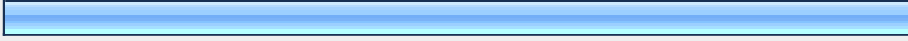
		Response Percent	Response Count
No change		0.0%	0
Embarrassed		16.7%	1
Angry		33.3%	2
A little worried or concerned		0.0%	0
Very worried or concerned		66.7%	4
Sad		16.7%	1
Confused		33.3%	2
Depressed		0.0%	0
Prefer not to answer		0.0%	0
Other (please specify)		16.7%	1
		<i>answered question</i>	6
		<i>skipped question</i>	4

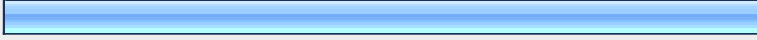

47. Who did you talk to about your diagnosis? Check all that apply.

		Response Percent	Response Count
I did not talk about it with anyone		0.0%	0
Spouse or Partner		50.0%	3
Family member(s)		50.0%	3
Friend(s)		33.3%	2
Coworker(s)		16.7%	1
Boss/Supervisor		0.0%	0
Clergyperson or Spiritual advisor		16.7%	1
Medical or Dental Practitioner		66.7%	4
Psychologist, Psychiatrist, or Counselor		0.0%	0
Prefer not to answer		16.7%	1
Other (please specify)		0.0%	0
		answered question	6
		skipped question	4

48. Is there anyone you specifically did NOT want to know about your MRSA diagnosis? Check all that apply.

		Response Percent	Response Count
I didn't care if anyone knew I had MRSA		66.7%	4
Spouse or Partner		0.0%	0
Family member(s)		0.0%	0
Friend(s)		16.7%	1
Coworker(s)		0.0%	0
Boss/Supervisor		0.0%	0
Clergyperson or Spiritual Advisor		0.0%	0
Medical or Dental Practitioner		0.0%	0
Psychologist, Counselor, or Psychiatrist		16.7%	1
I didn't want anyone to know I had MRSA		0.0%	0
Prefer not to answer		0.0%	0
Other (please specify)		0.0%	0
		answered question	6
		skipped question	4




49. What was the reason you chose not to tell that person or persons about your MRSA diagnosis? Check all that apply.			Response Percent	Response Count
Afraid of reaction			0.0%	0
Scared they may tell someone else			0.0%	0
Did not want to			100.0%	1
Might affect job security			0.0%	0
It did not come up			100.0%	1
Prefer not to answer			0.0%	0
Other (please specify)			0.0%	0
	answered question			1
	skipped question			9

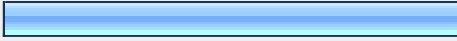
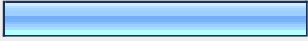
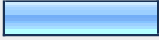
50. Sometimes people become infected with diseases and feel that people around them might be afraid of contact with them. Did you ever feel that people around you would not want to have contact with you if they knew you had MRSA?			Response Percent	Response Count
Yes			83.3%	5
No			16.7%	1
Not sure			0.0%	0
Prefer not to answer			0.0%	0
	answered question			6
	skipped question			4

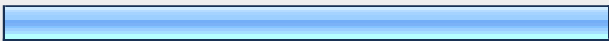

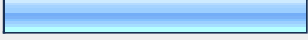
51. Are you concerned that it might be possible to transmit MRSA to someone else?			Response Percent	Response Count
Not concerned			20.0%	1
A little concerned			0.0%	0
Somewhat concerned			60.0%	3
Concerned			20.0%	1
Very Concerned			0.0%	0
Prefer not to answer			0.0%	0
			<i>answered question</i>	5
			<i>skipped question</i>	5



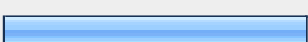
52. Some people with MRSA have decided to take extra steps that they feel might be helpful to prevent spread of the infection within their households. If you have taken any such steps, please tell us about them.		Response Count
		0
		<i>answered question</i>
		0
		<i>skipped question</i>
		10

53. Has your MRSA infection prevented you from doing any extracurricular or leisure time activities, such as playing sports, going to the swimming pool, doing yard work, etc.? If it has, please tell us about any changes in your activities.		Response Count
		0
		<i>answered question</i>
		0
		<i>skipped question</i>
		10

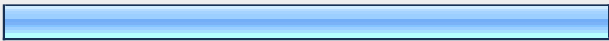
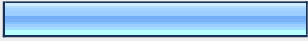
54. How much has MRSA affected your life?			Response Percent	Response Count
Not affected			40.0%	2
A little affected			20.0%	1
Somewhat affected			0.0%	0
Affected			40.0%	2
Strongly affected			0.0%	0
Prefer not to answer			0.0%	0
			<i>answered question</i>	5
			<i>skipped question</i>	5

55. Did anyone give you any information about your infection when you were diagnosed with MRSA?			Response Percent	Response Count
Yes			50.0%	3
No			33.3%	2
Don't remember			16.7%	1
Prefer not to answer			0.0%	0
			<i>answered question</i>	6
			<i>skipped question</i>	4

56. Who discussed the information with you? Check all that apply.				
			Response Percent	Response Count
Doctor			66.7%	2
Nurse			66.7%	2
Nurse practitioner			0.0%	0
Physician Assistant			0.0%	0
Care Coordinator			0.0%	0
A health care professional gave me information to read, but did not discuss anything with me.			33.3%	1
Don't know			0.0%	0
Prefer not to answer			0.0%	0
Other (please specify)			0.0%	0
			answered question	3
			skipped question	7

57. What types of information did the individual(s) in the above question give you? Check all that apply.				
			Response Percent	Response Count
How to care for my wound			0.0%	0
How to protect my health			66.7%	2
How to prevent transmitting my infection to someone else			66.7%	2
How I acquired my infection			33.3%	1
Prefer not to answer			0.0%	0
Other (please specify)			0.0%	0
			answered question	3
			skipped question	7

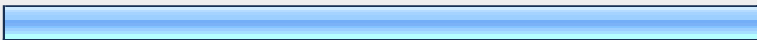


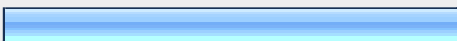
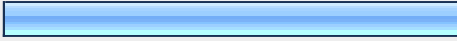
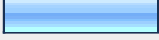
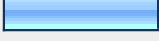
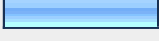
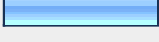
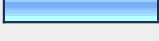
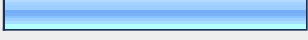
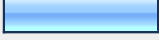
58. If the individual(s) in the above questions explained to you how you got a MRSA infection, did you understand the explanation they gave you?

		Response Percent	Response Count
Yes, I understood completely		66.7%	2
Yes, but I still had some questions		0.0%	0
No, I did not understand		0.0%	0
No, there was no explanation		33.3%	1
Prefer not to answer		0.0%	0
		answered question	3
		skipped question	7

59. If you have any questions about MRSA, please list them here:

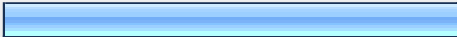
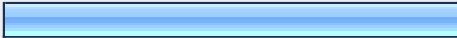
		Response Count
		1
		answered question
		skipped question
		9



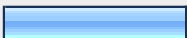
60. What sources of information on MRSA have you accessed? Check all that apply.

		Response Percent	Response Count
Websites and/or Google		83.3%	5
Books		16.7%	1
Newspaper or magazine articles		33.3%	2
Scientific, Medical, or Nursing Journals		50.0%	3
Doctor		50.0%	3
Nurse hotline		16.7%	1
Alternative complementary medicine		16.7%	1
Insurance hotline		16.7%	1
Friend		16.7%	1
Relative		16.7%	1
Clergyperson or Spiritual Advisor		0.0%	0
Pharmacist		33.3%	2
Fellow patients		0.0%	0
None		0.0%	0
Prefer not to answer		0.0%	0
Other (please specify)		16.7%	1
		answered question	6
		skipped question	4

61. In what year were you born?

		Response Count
		4
		answered question
		4
		skipped question
		6

62. Are you male or female?			Response Percent	Response Count
Male			50.0%	3
Female			50.0%	3
Prefer not to answer			0.0%	0
			answered question	6
			skipped question	4

63. Are you married, divorced, widowed, separated, member of an unmarried couple or have you never been married?			Response Percent	Response Count
Married			60.0%	3
Divorced			20.0%	1
Widowed			0.0%	0
Separated			0.0%	0
Member of an unmarried couple			20.0%	1
Never been married			0.0%	0
Prefer not to answer			0.0%	0
			answered question	5
			skipped question	5

64. Please choose the category that best describes your current employment status.

		Response Percent	Response Count
Employed for wages		60.0%	3
Self-employed		0.0%	0
Out of work for 1 year or more		0.0%	0
Out of work less than 1 year		0.0%	0
A homemaker		0.0%	0
A student		0.0%	0
Retired		20.0%	1
Unable to work (disabled)		20.0%	1
Prefer not to answer		0.0%	0
		answered question	5
		skipped question	5

65. Please choose the category that best described your employment status two years ago.

		Response Percent	Response Count
Employed for wages		60.0%	3
Self-employed		0.0%	0
Out of work for 1 year or more		0.0%	0
Out of work less than 1 year		0.0%	0
A homemaker		0.0%	0
A student		0.0%	0
Retired		20.0%	1
Unable to work (disabled)		20.0%	1
Prefer not to answer		0.0%	0
		answered question	5
		skipped question	5

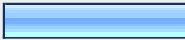


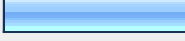

66. What is the highest grade or year of school you completed?			
		Response Percent	Response Count
Some high school		0.0%	0
High school graduate		0.0%	0
Some college		0.0%	0
Trade/vocational/technical training		40.0%	2
College graduate		20.0%	1
Some graduate school		0.0%	0
Graduate or professional degree		40.0%	2
		<i>answered question</i>	5
		<i>skipped question</i>	5

67. Which of the following best describes your ethnic group? Check all that apply.			
		Response Percent	Response Count
Asian		0.0%	0
African American		0.0%	0
Native American		0.0%	0
Pacific Islander		0.0%	0
Hispanic		20.0%	1
White or Caucasian		100.0%	5
Prefer not to answer		0.0%	0
Other (please specify)		0.0%	0
		<i>answered question</i>	5
		<i>skipped question</i>	5

68. How many children less than 18 years of age live in your household? If no children less than 18 years old live with you, please type 0 in the space provided.

		Response Count
		4
<i>answered question</i>		4
<i>skipped question</i>		6

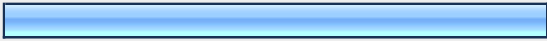

69. What is an estimate of your family's income in 2006 before taxes?

		Response Percent	Response Count
under \$15,000		20.0%	1
\$15,001-\$25,000		0.0%	0
\$25,001-\$35,000		0.0%	0
\$35,001-\$50,000		20.0%	1
\$50,001-\$75,000		20.0%	1
\$75,000-\$100,000		20.0%	1
over \$100,001		20.0%	1
Prefer not to answer		0.0%	0
<i>answered question</i>			5
<i>skipped question</i>			5

70. What is your current 5-DIGIT zip or postal code?

		Response Count
		5
<i>answered question</i>		5
<i>skipped question</i>		5

71. Some people may have filled out this survey for someone else. If you are not the person with MRSA, please indicate this below. If you answer "yes," please feel free to tell us what your relationship is to that person (spouse, mother/father, etc.) and anything you'd like to say about knowing someone with MRSA in the box provided. Please do not give any information (name, address, etc.) that could lead to identification of yourself or the person with MRSA.

		Response Percent	Response Count
No, the information in this survey is about MY experience with MRSA		60.0%	3
Yes, I am replying for another person who has MRSA		40.0%	2
		<i>answered question</i>	5
		<i>skipped question</i>	5

72. Would you like to say anything more about your experience with MRSA?

		Response Count
		2
		<i>answered question</i>
		2
		<i>skipped question</i>
		8

73. We would very much appreciate any feedback on how to improve this survey. Please include any comments or suggestions about this survey in the box provided below. If we have not asked about something you feel is important, we would like to know about it. Please do not give any information that may identify you (name, address, etc.). Thank you for your help.

		Response Count
		1
		<i>answered question</i>
		1
		<i>skipped question</i>
		9