

**S1 File Owner questionnaire for risk factors for *C. difficile* carriage in dogs
and associations with clinical disease**

Owner name_____ Date_____

Small Animal Hospital ID_____

Information on your dog

Name_____ Sex Male /Female (delete as necessary)

Breed_____ Age _____

Faecal sample provided? Yes ☐ No ☐ Normal faeces ☐ Diarrhoea ☐

1. What diet do you normally feed your dog?

Please list any treats, titbits or food you occasionally feed your dog

2. Do you ever feed raw meat to your dog ?

☐ Yes

☐ No

3. Do you have any other pets in your home?

☐ Yes

☐ No

Please tell us about the other pets in your home

Total number of dogs_____

Total number of cats_____

Please list any other pets_____

4. Can you tell us about the people who live in your home?

Total number of people ?_____

Total number of infants (less than 2 years old)_____

Total number of people over 65 years?_____