## **Attachment 1: Survey items**

## A Experience regarding "Diagnostic Stewardship" in your institution

If you work in more than one facility answer for the one you spent most of your time!.						
	Does not exist	rarely	sometimes	of		
Infection Control Committee						
Antibiotic Steering Committee						
Antibiotic Stewardship-Team						
Laboratory Committee						
Others:						
hat is your personal experie	nce regarding "Dia	agnostic	Stewardship	)"		
hat is your personal experied  Have you been contacted in the language regarding "Diagnostic Stewardsh	ast 12 months from he					
Have you been contacted in the I	ast 12 months from ho	ealthcare v				

ა.	no many blood cultures do your institutional guideline for sepsis work-up suggests?						
	If you work in more tha	n one facility ansv	wer for the one you	spent most of your tim	ne!		
<ul> <li>☐ 1 pair (aerob/anaerob)</li> <li>☐ 2 pairs (aerob/anaerob)</li> <li>☐ 3 pairs (aerob/anaerob)</li> <li>☐ We don't have a guideline</li> </ul>							
	Comments:						
3.1.	Are you using the stream infections		-time to positi	vity" to diagnose	catheter-relate	ed blood	
	☐ yes but only in special cases ☐ yes, often ☐ no, never ☐ Don't know ☐ Others:						
<ul><li>3.2.</li><li>3.3</li></ul>	What is your rout  ☐ Single site sample puncture site ☐ Don't know ☐ Others: ☐ Do you know the	pling (e.g. 60 ing with each p	ml für three pai	rs from one punctu	om a different		
3.3					-		
	Sputu			Jrine 	Stoo		
	Yes	no	Yes	No 🗆	Yes	No 🗆	
	Comments:						
_	Are urine cultures t		-	-urological surgio	cal cases?		
li	If yes, which surgeries:						

## C Your opinion regarding specific "Diagnostic Stewardship"-interventions

5.	What do you think about the cascade reporting of resistance profiles?						
	☐ Never heart of ☐ Current practic ☐ good accept ☐ Would like to ha ☐ Not acceptable ☐ Don' know	ance ve but to cumb	□ bad accepta ersome portant information		ily available		
6.	What do you thin	k about "Ref	ex-Testing" and	fixed stop-criter	ia for urine sample	es?	
	□ Never heart of     □ Current practice     □ good accept     □ Would like to hav     □ Not acceptable     □ Don' know	ance e but to cumbe	□ bad accepta rsome erferes with freedo				
7.	What do you thin	k about "Ref	lex-Testing" and	fixed stop-criter	ia for stool sample	es?	
	<ul> <li>Never heart of</li> <li>□ Current practice</li> <li>□ with good acceptance</li> <li>□ Would like to have but to cumbersome</li> <li>□ Not acceptable because it interferes with freedom of practice</li> <li>□ Don' know</li> </ul>						
ט	Your experienc	e regarding	microbiologi	cai sampling	and biomarker	tests	
8.	8. How do you judge microbiological sampling practices in your institution in the last 12 months regarding the following items  If you work in more than one facility answer for the one you spent most of your time!.						
	Clinical indication	n:					
	Blodd culture? ☐ too much □	☐ too little	☐ just right	☐ Don' know	☐ not done		
	Urine dipp stick ter ☐ too much	st? ☐ too littl	e □ just right	□ Don' know	☐ not done		
	Urine culture? ☐ too much	☐ too littl	e □ just right	☐ Don' know	☐ not done		
	Stool culture?	☐ too littl	e 🛭 just right	☐ Don' know	☐ not done		
Atta	Stool for <i>Clostridic</i> too much achment 1 to: <i>Schulz-Sti</i>	☐ too littl	e 🔲 just right	Don' know	□ not done	stic	

stewardship measures. GMS Hyg Infect Control. 2025;20:Doc72. DOI: 10.3205/dgkh000601

Stool with multiplex-F	PCR?	☐ just right	☐ Don' know	☐ not done			
Respiratory material	with multiplex PC		☐ Don' know	☐ not done			
Legionella-antigen te ☐ too much	st in urine?	☐ just right	☐ Don' know	☐ not done			
Pneumococcal-antige	en test in urine?	☐ just right	☐ Don' know	☐ not done			
Tracheal aspirate or I ☐ too much	BAL for culture?	☐ just right	☐ Don' know	☐ not done			
Sputum for culture? ☐ too much	☐ too little	☐ just right	☐ Don' know	☐ not done			
PCT? ☐ too much	☐ too little	☐ just right	☐ Don' know	☐ not done			
CRP? ☐ too much	☐ too little	☐ just right	☐ Don' know	☐ not done			
IL 6?  ☐ too much	☐ too little	☐ just right	☐ Don' know	☐ not done			
Beta-D-Glucan? ☐ too much	☐ too little	☐ just right	☐ Don' know	☐ not done			
Differential blood cou ☐ too much	nt?	☐ just right	☐ Don' know	☐ not done			
Infection prevention indications:							
MRSA-Screening? ☐ too much	☐ too little	☐ just right	☐ Don' know				
VRE-Screening? ☐ too much	☐ too little	☐ just right	☐ Don' know				
Multiresistant GNB-S  ☐ too much	creening?	☐ just right	☐ Don' know				
Routine microbiologic	cal sampling of su		☐ Don' know	☐ not done			
Routine microbiologic	cal sampling of H	_	orkers hands?	☐ not done			

ΕI	Demographics							
9.	Age(years	s) <b>Gender</b> ⊡ f	female	☐ male	□ divers			
10.	Your professional	activity (multiple a	nswers p	ossible)				
	☐ Infection Contro ☐ Hospital Epidem ☐ Occupational Mo ☐ ABS-Liaison phy ☐ Others	niologist edicine	☐ Infe ☐ Pul ☐ Clir	blic Health Sp nical Physiciar	ı			
11.	11. Describe the facility for which you have answered?  Hospital:  less than 200 beds  201-400 beds  Rehabilitation-Hospital  Outpatient surgical centre  Others							
	in Germany	☐ Austria ☐ S	Switzerlan	d $\square$ Others				
12.	How do you work	in that facility?						
	☐ employed	☐ external contract	or	☐ Others				