

Online supplement

Contained in the supplement are a copy of the questionnaire that was sent electronically via SurveyMonkey® and explanatory tables relating to treatment of *Pseudomonas aeruginosa* infection

Survey questionnaire

1. Which country are you from?
2. What is the name of your center?
3. In your centre, do you look after
 - a) Children
 - b) Adults
 - c) Children and adults
4. Does your country have clinical guidelines for the management of PCD?
 - a) Yes
 - b) No
5. Does your centre have written guidelines for the management of complications of PCD?
 - a) Yes
 - b) No
6. How many PCD patients attend your PCD centre?
(Please specify all including shared care)
7. Do any PCD patients with acute infection ever have to wait for hospital admission?
 - a) Yes
 - b) No
8. In general, how often are PCD patients seen routinely in out-patient clinics?
 - a) Every month
 - b) Every 1 – 3 months
 - c) >3 months
9. Which of the following routinely happens at your out-patient clinics for the PCD patient?
 - a) Nasal swab/lavage for bacterial culture
 - b) Laryngeal aspirate for bacterial culture
 - c) Cough swab for bacterial culture
 - d) Sputum for bacterial culture

10. Do you obtain laryngeal aspirate/cough swab/sputum sample at every clinic visit?
- a) Yes
 - b) No
11. Does your centre routinely culture specifically for *Pseudomonas aeruginosa* in PCD patients?
- a) Yes
 - b) No
12. Does your centre have access to molecular diagnostic methods for difficult to identify Gram-negative organisms?
- a) Yes
 - b) No
13. Does your centre do routine in-vitro antibiotic sensitivity testing?
- a) Yes
 - b) No
14. Do you base your choice of antibiotic on in-vitro sensitivity testing?
- a) Yes
 - b) No
15. Does your centre provide synergy testing?
- a) Yes
 - b) No
16. Does your centre routinely monitor specific antibodies for *Pseudomonas aeruginosa* colonisation?
- a) Yes
 - b) No
17. What is your indication for treatment of *P. aeruginosa* infection with inhaled antibiotic?
- a) At PCD diagnosis
 - b) At first detection of *P. aeruginosa*
 - c) After repeated isolation of *P. aeruginosa*
 - d) If lung function is deteriorating after isolation of *P. aeruginosa*
18. Does your centre use antibiotic therapy to treat first infection with *P. aeruginosa*?
- a) Yes
 - b) No
19. Is inhaled antibiotic treatment for first acquisition of *P. aeruginosa* routine at your centre?
- a) Yes
 - b) No

20. Which antibiotic regimen is most commonly used at your centre for the eradication of *P. aeruginosa*

- a) Nebulised tobramycin (using the intravenous preparation)
- b) Nebulised TOBI (preservative-free tobramycin inhalation solution)
- c) Nebulised colistimethate (Colomycin)
- d) Nebulised colistimethate plus oral ciprofloxacin
- e) Oral ciprofloxacin
- f) Other (please specify)

21. How do you treat intermittent* culture of *P. aeruginosa* at your centre?

- a) Observation only
- b) Nebulised tobramycin (using the intravenous preparation)
- c) Nebulised TOBI (preservative-free tobramycin inhalation solution)
- d) Nebulised colistimethate (Colomycin)
- e) Nebulised colistimethate plus oral ciprofloxacin
- f) Oral ciprofloxacin
- g) Other (please specify).....

* is defined as a positive culture in less than 50% of samples in the preceding 12 months provided that at least 4 samples were taken.

22. What is the duration of oral ciprofloxacin treatment for the eradication of *P. aeruginosa* in your centre?

- a) 2 weeks
- b) 1 month
- c) 3 months
- d) Other (please specify)

23. What is the duration of inhaled antibiotic treatment for the eradication of *P. aeruginosa* in your centre?

- a) 1 month
- b) 3 months
- c) Other (please specify)

24. How do you treat a new growth of *P. aeruginosa* after eradication therapy in your centre?

- a) Observation
- b) Nebulised tobramycin (using the intravenous preparation)
- c) Nebulised TOBI (preservative-free tobramycin inhalation solution)
- d) Nebulised colistimethate (Colomycin)
- e) Nebulised colistimethate plus oral ciprofloxacin
- f) Oral ciprofloxacin
- g) Intravenous antibiotics plus nebulised antibiotic
- h) Intravenous antibiotics only

25. What is the regimen of choice for intravenous antibiotic treatment of *P. aeruginosa* infection in your centre?

- a) A carbapenem only (meropenem or imipenem for example)
- b) Ceftazidime only
- c) Ceftazidime plus tobramycin

- d) Carbapenem plus tobramycin
- e) Other (please specify)

26. What is the usual duration of intravenous antibiotic treatment of *P. aeruginosa* infection at your centre?

- a) <10 days
- b) 10 – 14 days
- c) > 2 weeks

27. What do you consider are the most important therapeutic aims for the treatment of patients suffering from chronic *P. aeruginosa* infection? (Tick all that are appropriate)

- a) Chronic bacterial suppression
- b) Improvement or stabilization of lung function
- c) Reduction in the need for intravenous antibiotics
- d) Eradication of *P. aeruginosa*

28. Which inhaled antibiotic is most commonly used for the treatment of chronic *P. aeruginosa* infection at your centre?

- a) Tobramycin (intravenous preparation)
- b) TOBI (preservative-free tobramycin inhalation solution)
- c) Colisitimethate
- d) Gentamicin
- e) Other (please specify)

29. What is the regimen of choice for the treatment of chronic *P. Aeruginosa* infection in your center (Tick more than one answer if appropriate)?

- a) Continuous inhaled antibiotic with regular 3 monthly intravenous antibiotic (carbapenem or ceftazidime)
- b) Continuous inhaled antibiotic with regular 3 monthly intravenous antibiotic (carbapenem or ceftazidime AND tobramycin)
- c) Continuous inhaled antibiotic with oral ciprofloxacin for exacerbations
- d) Continuous inhaled antibiotic with intravenous antibiotic (carbapenem or ceftazidime) for exacerbations
- e) Continuous inhaled antibiotic with intravenous antibiotic (carbapenem or ceftazidime AND tobramycin) for exacerbations