

**CODE:**

**STUDY QUESTIONNAIRE (Translated)**

Province/City:	District:	Commune:	Address:
Name of drug retail: <input type="checkbox"/> Pharmacy: ..... <input type="checkbox"/> Drugstore:.....			Date of survey ...../...../.....

<b>PART 1. ANTIBIOTIC PURCHASING BEHAVIOR</b>						
1.1.	Does customer buy <b>drugs</b> with or without prescription?	<input type="checkbox"/> With prescription <input type="checkbox"/> Without prescription				
1.2	Does customer buy <b>antibiotics</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
1.2.1	If yes, with or without prescription?	<input type="checkbox"/> With prescription <input type="checkbox"/> Without prescription				
1.2.2	In case of buying antibiotics <b>without prescription</b> , the customer	<input type="checkbox"/> Request for specific antibiotics <input type="checkbox"/> Describe illness/symptoms				
1.3	How many types of antibiotics are purchased?	.....				
	<b>Antibiotics purchased</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1.4.	Drug name - Dosage					
1.5.	Active ingredients					
1.5.1	ATC Code					
15.2.	AWaRE Classification					
1.6	Units ( <i>tablets, vials, ampoules, ...</i> )					
1.7	Amount					
<b>PART 2. ANTIBIOTIC KNOWLEDGE</b>						
2.1	For what illness is this antibiotic?.....					
2.2	According to you, it is illegal for purchasing of antibiotics without a doctor's prescription? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
2.3	In the future, do you agree to visit the doctor for having a prescription when purchasing antibiotics at the pharmacy/drugstore? <input type="checkbox"/> Agree <input type="checkbox"/> Partly agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure					
2.4	According to you, normally, how long should antibiotics be taken? <input type="checkbox"/> Only for a short time (e.g. 1-2 days), stop using if feeling better <input type="checkbox"/> At least five-seven days even if feeling better <input type="checkbox"/> Unknown <input type="checkbox"/> Other ( <i>please specify</i> ): .....					

2.5	According to you, does not taking antibiotics for long enough lead to antibiotic resistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2.6	Have you ever known/heard about “antibiotic resistance”? <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, <i>please specify</i> ..... <i>If yes, from what source?</i> <input type="checkbox"/> Doctor <input type="checkbox"/> Drug seller <input type="checkbox"/> Television, Radio, Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Other: .....
2.7	Is antibiotic resistance a serious problem in the community? <input type="checkbox"/> Agree <input type="checkbox"/> Partly agree <input type="checkbox"/> Disagree <input type="checkbox"/> Unknown
2.8	<i>If a customer buys antibiotics without a prescription, why do you think they go to the pharmacy/drugstore instead of visiting the doctor to get a prescription?</i> <input type="checkbox"/> Disease or symptoms are mild, not serious <input type="checkbox"/> Saving time compared to visiting the doctor <input type="checkbox"/> Saving money compared to visiting the doctor <input type="checkbox"/> Having personal experience with successfully treating these conditions <input type="checkbox"/> Personnel in the drugstore/pharmacy often treats these diseases or symptoms many times beforehand <input type="checkbox"/> Other ( <i>please specify</i> ): .....
<b>PART 3. PARTICIPANTS’ DEMOGRAPHIC CHARACTERISTICS</b>	
	1. Address:..... 2. Age: ..... 3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female 4. Educational level: <input type="checkbox"/> ≤ Graduated high school <input type="checkbox"/> College <input type="checkbox"/> University 5. Occupation: <input type="checkbox"/> Freelance work <input type="checkbox"/> Others ( <i>please specify</i> ):..... <input type="checkbox"/> Office Staff <input type="checkbox"/> Medical Staff