

CODE:

STUDY QUESTIONNAIRE (Translated)

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

PART 1. ANTIBIOTIC PURCHASING BEHAVIOR

1.1.	Does customer buy drugs with or without prescription?	<input type="checkbox"/> With prescription <input type="checkbox"/> Without prescription				
1.2	Does customer buy antibiotics ?	<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 without prescription , the customer	<input type="checkbox"/> Request for specific antibiotics <input type="checkbox"/> Describe illness/symptoms				
1.3	How many types of antibiotics are purchased?				
	Antibiotics purchased	1	2	3	4	5
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					

PART 2. ANTIBIOTIC KNOWLEDGE

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>):
PART 3. PARTICIPANTS’ DEMOGRAPHIC CHARACTERISTICS	
	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