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**ANTIBIOTIC USE CAMPAIGN - PRE-DISCUSSION INFORMATION SURVEY  
(PDIS)  
CAREGIVER-DEMANDER AND CAREGIVER-EXPECTOR VERSION**

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Please provide some information about yourself by completing this questionnaire. We will not report any of your responses by name. Thank you.

1. What is your age? \_\_\_\_\_
2. Would you describe yourself as Hispanic or Latino?  
 Yes  
 No  
 Refused/unknown
3. How would you describe your racial background? Please check all that apply.  
 White  
 Black or African American  
 Asian  
 American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  
 Refused/unknown
4. What is your highest education level completed? (Check only one)  
 11th grade or less  
 12th grade without a high school diploma  
 12th grade with a high school diploma  
 GED  
 Some college or technical school (1–3 years)  
 Associate degree  
 Completed college (4-year degree)  
 Graduate or professional degree (Master’s degree or higher)  
 Refused/unknown
5. What is your current employment status? (Check only one)  
 Full-time employment for wages  
 Part-time employment for wages  
 Self-employed for wages  
 Presently not employed outside the home, looking for work  
 Presently not employed outside the home, not looking for work  
 Unable to work  
 Refused/unknown
6. What do you do for a living? (What is your occupation/profession?)  
\_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1154

7. [Caregiver Demander] Do you have at least one child under the age of 5 years old?

- Yes  
 No

[Caregiver Expecter] Are you a first-time parent to a child under 2 years of age?

- Yes  
 No

8. Where do you go most often for health care when you/your child is sick? (Check all that apply)

- Doctor's office  
 Health department  
 Clinic or health care center  
 Senior community center  
 Retail clinic (e.g. Walgreens Healthcare Clinics, CVS MinuteClinics, Target Clinic, Walmart Care Clinics, etc.)  
 Hospital  
 Emergency room  
 Urgent care center  
 Some other place (please specify \_\_\_\_\_)  
 Don't know

9. What type of healthcare professional do you typically seek general health advice from?

- Doctor  
 Physician's assistant or nurse practitioner  
 Nurse  
 Pharmacist  
 Community health worker  
 Other (Specify): \_\_\_\_\_  
 Don't know

10. Please indicate below from which of the following sources you get information about antibiotics?

- Television  
 Radio  
 Newspaper  
 Magazines  
 Internet  
 Mobile apps  
 Doctor visits  
 Pharmacist  
 Church or religious organization  
 Friends  
 Family  
 Other \_\_\_\_\_  
 Refused/Unknown

11. Please indicate whether you believe each statement is true or false.

Statement	True	False
a. Antibiotics kill viruses.		
b. Antibiotics are used to treat cold and flu.		
c. Unnecessary use of antibiotics makes them less effective.		
d. Antibiotics can have serious side effects.		

12. Please answer the following items.

	Yes	No	DK
a. Have you ever given your child an antibiotic you saved without consulting a healthcare professional?			
b. Have you ever given your child an antibiotic that was prescribed for someone else without consulting a healthcare professional?			
c. Have you ever given someone else an antibiotic that was prescribed for your child? If yes, who did you give the antibiotic to? _____			
d. Has a healthcare professional or pharmacist ever warned you about the side effects of taking antibiotics?			
e. Have you or someone you know ever experienced a serious side effect from taking an antibiotic?			
f. Have you or someone you know ever been diagnosed with an antibiotic-resistant infection?			

13. When your healthcare professional prescribes an antibiotic, how confident are you that the antibiotic will make you/your child feel better?

- Not at all confident
- Somewhat confident
- Confident
- Very confident
- Don't know

14. When your healthcare professional prescribes an antibiotic, how often do you ask questions about appropriate antibiotic use?

- Never
- Rarely
- Sometimes
- Usually
- Always
- Don't know

Thank you for completing this questionnaire.