**STRUCTURAL ASSESSMENT**

1. How many of the following clinicians work in your practice?

MDs/DOs

NPs/PAs

Nurses

Medical Assistants

Other (please describe)

1. Approximately how many patients does your practice see in an average week?
2. Does your practice use an electronic health record system?  Yes  No

3a. If yes, has your practice implemented any prompts in your EHR to assist with antibiotic-decision making?  Yes  No

1. Has your practice used a team-based safety program (e.g., comprehensive unit-based safety program) to drive improvement activities in the practice in the past?  Yes  No

4a. If yes, please describe previous initiatives that have used a team-based safety approach.

1. Do any clinicians in your practice receive any protected time or salary designated specifically for antibiotic stewardship related activities?  Yes  No

5a. If yes, please describe.

1. Have clinicians in your practice developed local guidelines covering conditions for which antibiotics are commonly prescribed?  Yes  No

6a. If yes, please describe.



1. Does your practice use any other tools to assist with antibiotic decision-making? Yes No 7a. If yes, please describe.

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1. Have clinicians in your practice developed a list of conditions for which antibiotic prescriptions are discouraged?  Yes  No

8a. If yes, please describe.

1. Does your practice formally review data on rates of antibiotic prescriptions periodically?  Yes  No

