**Survey Section by Test Segment**

|  |  |  |
| --- | --- | --- |
| **Survey Section** | **Pre-test(n = 30/TA)** | **Post-test** |
| **Exposed****(n = 30/TA)** | **Unexposed(n = 30/TA)** | **Unexposed(unlimited)\*** |
| Screener | X | X | X | X |
| Exposure to Campaign | X | X | X | X |
| Frequency and Channel of Exposure | X | X |  |  |
| Knowledge | X | X |  |  |
| Behavior | X | X |  |  |
| Media Use and Habits |  |  | X |  |
| Demographic Characteristics | X | X | X |  |

\* We will continue to screen participants until we have 30 exposed respondents who complete the full survey

**Target Audiences:**

* Women, ages 21–45 years
* Healthy adults who used urgent care (for an illness) within the past 12 months, ages 26–64 years.

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# INFORMED CONSENT

**Before beginning the survey, there are a few things you should know.**

On behalf of the Centers for Disease Control and Prevention (CDC), the research firm ICF is conducting an online survey with adults from the community to gather feedback on educational materials related to antibiotic use. These materials were developed in partnership with the CDC, and we hope to use what we learn from these survey results to improve these materials and/or how and where we promote them to raise awareness within your community. We expect this survey to take about 15 minutes. You will only be asked to complete this survey once.

We want to learn from you, so we encourage you to answer honestly. There are no right or wrong answers. If you agree to participate in the survey, here are some points to know:

* **Rights Regarding Participation:** Your participation in this survey is completely voluntary. You may choose to leave the survey and/or not answer a question at any time for any reason. Refusal to participate will involve no penalty or loss of benefits.
* **Privacy:** We will take every precaution to protect your identity and ensure your privacy. We will keep your name and answers to these survey questions private. Your name and contact information will be kept separate from any survey responses. We will never use your name in any reports.
* **Benefits:** Your participation in the survey will not result in any direct benefits to you. However, your input will help us to develop and improve educational materials about sepsis for people like you.
* **Risks:** There is no known risk to you for your participation in the survey.
* **Contact Information:** If you have any questions about this survey or the campaign, please contact the research director, Kristen Cincotta, PhD, at 404-320-4433.

Do you agree to participate in the survey? ❑ Yes ❑ No

Programmer: If respondent selects *Yes*, please proceed to the survey.
If respondent selects *No*, display termination text.

Termination text: “Thank you for your time. Click here [insert URL] to exit this survey.”

# SCREENER

The results of this survey will help the Centers for Disease Control and Prevention (CDC) refine its ongoing campaign to improve antibiotic use by helping CDC staff understand the public’s response to the campaign and its key messages. You will be asked to complete different versions of the survey depending on whether you have seen or heard certain messages from the CDC about antibiotic use.

1. May we ask you some questions to see if you are a good match to take this survey?
* Yes
* No [INELIGIBLE]

Programmer: If “No,” TERMINATE.
If “Yes,” proceed to Q2

Programmer: Include one question per page.
Screener should terminate as soon as respondent selects an option that deems him/her ineligible.
Do not allow respondents to go back and change a response.

1. How old are you? \_ \_ years
* Prefer not to answer [INELIGIBLE]

Programmer: If 21–64 years, proceed to Q3.
If under 21 or over 65 years, TERMINATE.
If “prefer not to answer,” TERMINATE.

1. In what ZIP code do you live? \_\_\_\_\_\_ (#####)

Programmer: Limit ZIP code entry to 5 digits and require respondent provide the full ZIP in order to proceed.

If ZIP code is within the target areas, proceed to Q4.
If not within the target area, TERMINATE.

1. What is your sex?
* Male
* Female
* Other, please specify: \_\_\_\_\_\_\_\_\_\_
* Prefer not to answer
1. Have you visited an urgent care clinic for a medical concern to receive care at least one time in the past 12 monthsfor yourself (not for the care of a loved one)? Urgent care clinics are free‑standing clinics that treat patients for unscheduled or walk-in illnesses or injuries but that DO NOT include a pharmacy (like a CVS or a Walgreens), a store, or emergency department.
* Yes
* No
* Not sure

Programmer: If “yes” to Q5, proceed to Q6.
If “no” or "not sure” to Q5, skip to Q7.

1. When you visited an urgent care clinic, did you do so for an illness, an injury, or both?
* Illness
* Injury [INELIGIBLE]
* Both
* Don’t know/cannot remember [INELIGIBLE]

Programmer:

If respondent visited urgent care clinic (Q6) for an Injury or Don’t know/cannot remember, TERMINATE.

Notes for analysis:

Categorize respondent as “Healthy adult who used urgent care in the past 12 months, ages 26 to 64 years” if:

* Q2 = 26–64 years AND
* Q6 = “illness” or “both”

Categorize respondent as “Woman 21 to 45 years” if:

* Q2 = 21–45 years AND
* Q4 = “Female”

For female (Q4), ages 26 to 45 years, (Q2), who visited urgent care for an illness in the past 12 months (Q5/Q6), categorize in either group, but not both.

7. Do you, your spouse or partner, or any other member of your household currently or in the past work for or as:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. a. A market research company
 |  |  |
| 1. b. An advertising agency or public relations firm
 |  |  |
| 1. c. The media (TV/radio/newspapers/magazines)
 |  |  |
| 1. d. A healthcare setting or a health and wellness organization (e.g., doctor’s office, clinic, hospital, health department, fitness center)
 |  |  |
| 1. e. A healthcare provider (e.g., doctor, nurse, pharmacist, physician assistant, medical assistant, dietician, aid, sitter, social worker)
 |  |  |

Programmer: If respondent selects “Yes” to any option of Q7, TERMINATE.

TERMINATION TEXT:

Thank you for your willingness to participate and answer our questions. Unfortunately, you do not meet the criteria to continue with the survey. If you have any questions about your participation and/or any questions about this survey, please contact the research director, Kristen Cincotta, Ph.D., at (404) 321-3211 or Kristen.Cincotta@icf.com. Thank you for your time.

If ELIGIBLE, proceed with survey.

Thank you for answering the questions. We have determined that you are a good match for this survey. If you have any questions about your participation and/or any questions about this survey, please contact the research director, Kristen Cincotta, Ph.D., at (404) 321-3211 or Kristen.Cincotta@icf.com Thank you for answering the questions. We have determined that you are a good match for this survey. If you have any questions about your participation and/or any questions about this survey, please contact the research director, Kristen Cincotta, Ph.D., at (404) 321-3211 or Kristen.Cincotta@icf.com.

# EXPOSURE TO CAMPAIGN

Programmer: Include one question per page

Now we would like to ask you about a CDC campaign on improving antibiotic use that you may or may not have seen or heard about **in the past 12 months**.

1. Please indicate below whether you have **seen or heard any of following campaign names or slogans in the past 12 months.**

| **Campaigns** | **Yes** | **No** | **Don’t know /cannot recall** |
| --- | --- | --- | --- |
| 1. Get ahead of antibiotics
 |  |  |  |
| 1. Flip the script on antibiotics
 |  |  |  |
| 1. Be antibiotics aware
 |  |  |  |
| 1. Get smart about antibiotics
 |  |  |  |
| 1. Don’t mis-take antibiotics
 |  |  |  |

1. **In the past 12 months, did you see this logo or hear the slogan on it anywhere?**
* Yes
* No
* Don’t know/cannot recall

Programmer:

TERMINATION TEXT if INELIGIBLE:

“Thank you for your willingness to participate and answer our questions. Unfortunately, you do not meet the criteria to continue with the survey. If you have any questions about your participation and/or any questions about this survey, please contact the research director, Kristen Cincotta, Ph.D., at (404) 321-3211 or Kristen.Cincotta@icf.com. Thank you for your time.”

If ELIGIBLE: Determine Exposure status:
If respondent selects C for Q8 and/or Yes or Don’t recall for Q9, classify as “Exposed.”
If respondent selects *A, B, D, or E* (but not C) for Q8 and *No* for Q9, classify as “Unexposed.”

PRE-TEST: Continue to Frequency and Channel of Exposure section if exposed or Knowledge section if unexposed.

# FREQUENCY AND CHANNEL OF EXPOSURE [PRE-TEST, EXPOSED ONLY]

Programmer: Include one question per page.

You indicated that you had seen or heard the campaign name, *Be Antibiotics Aware*, or seen the campaign logo **in the past 12 months**.

1. In the past 12 months, approximately how often did you see CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logoin …?

| **PRINTED MEDIA** | 1-2 times a day | Once a week | 1-3 times a month | Less than once a month | Never | Don’t know/ cannot recall |
| --- | --- | --- | --- | --- | --- | --- |
| Poster |  |  |  |  |  |  |
| Fact sheet  |  |  |  |  |  |  |
| Brochure |  |  |  |  |  |  |
| Graphic |  |  |  |  |  |  |
| Newspaper/magazine advertisement |  |  |  |  |  |  |
| Flyer |  |  |  |  |  |  |
| Other print media(please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |  |  |

1. In the past 12 months, approximately how often did you see CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logo on …?

| **SOCIAL MEDIA** | 1-2 times a day | Once a week | 1-3 times a month | Less than once a month | Never | Don’t know/ cannot recall |
| --- | --- | --- | --- | --- | --- | --- |
| Facebook |  |  |  |  |  |  |
| Instagram |  |  |  |  |  |  |
| Twitter |  |  |  |  |  |  |
| LinkedIn |  |  |  |  |  |  |
| YouTube |  |  |  |  |  |  |
| Other social media(please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |  |  |

1. In the past 12 months, approximately how often did you see or hear CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logo in…?

| **ONLINE/INTERNET MEDIA** | 1-2 times a day | Once a week | 1-3 times a month | Less than once a month | Never | Don’t know/ cannot recall |
| --- | --- | --- | --- | --- | --- | --- |
| Health websites /resources |  |  |  |  |  |  |
| Website advertisements |  |  |  |  |  |  |
| Online news articles |  |  |  |  |  |  |
| Streaming TV/video services (e.g., Hulu, Netflix, [Amazon] Prime Video) |  |  |  |  |  |  |
| Blogs |  |  |  |  |  |  |
| Advertisements on mobile phone (including mobile apps) |  |  |  |  |  |  |
| Search engines (e.g., Google) |  |  |  |  |  |  |
| Other websites (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |  |  |

1. In the past 12 months, approximately how often did you see or hear CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logo in…?

| **TV AND RADIO MEDIA**  | 1-2 times a day | Once a week | 1-3 times a month | Less than once a month | Never | Don’t know/ cannot recall |
| --- | --- | --- | --- | --- | --- | --- |
| Television (cable, satellite, or antenna) |  |  |  |  |  |  |
| Broadcast radio |  |  |  |  |  |  |
| Other media formats (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |  |  |

1. In the past 12 months, approximately how often did you see CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logo in…?

| **PUBLIC PLACES** | 1-2 times a day | Once a week | 1-3 times a month | Less than once a month | Never | Don’t know/ cannot recall |
| --- | --- | --- | --- | --- | --- | --- |
| Billboards |  |  |  |  |  |  |
| Bus, train, or subway stations |  |  |  |  |  |  |
| On buses or taxi cabs |  |  |  |  |  |  |
| Advertisement in a mall |  |  |  |  |  |  |
| Advertisement in a grocery store |  |  |  |  |  |  |
| Advertisement in a store pharmacy (e.g., CVS, Walgreens, Walmart) |  |  |  |  |  |  |
| Other public locations (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |  |  |

1. In the past **12 months**, approximately how often did you see CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logo in …?

| **HEALTHCARE SETTINGS** | 1-2 times a day | Once a week | 1-3 times a month | Less than once a month | Never | Don’t know/ cannot recall |
| --- | --- | --- | --- | --- | --- | --- |
| Videos/commercials shown at doctor’s offices or healthcare facilities |  |  |  |  |  |  |
| Other healthcare locations (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |  |  |

1. In the past 12 months, approximately how often did you see CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logo in …?

| **OTHER MEDIA** | 1-2 times a day | Once a week | 1-3 times a month | Less than once a month | Never | Don’t know/ cannot recall |
| --- | --- | --- | --- | --- | --- | --- |
| Emails |  |  |  |  |  |  |
| Email newsletters |  |  |  |  |  |  |
| Webcasts or webinars |  |  |  |  |  |  |
| Live events |  |  |  |  |  |  |
| Other media (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |  |  |

Programmer: PRE-TEST: If respondent selects “Never” or “Don’t know/cannot recall” for ALL of the options in Q10-Q16, proceed to Q17, and then “Knowledge.” Reclassify these respondents as “Unexposed.”

PRE-TEST: If respondent selects “1-2 times a day,” “Once a week,” “1-3 times a month,” or “Less than once a month” for any of the options in Q10-Q16, skip Q17, and proceed to “Knowledge.”

1. You indicated that you saw or heard the campaign name*, Be Antibiotics Aware*, or saw the campaign logo in the past 12 months. Where did you see or hear it?

**[open-ended response]**

# KNOWLEDGE

Programmer: Include one question per page. Do not allow participants to go back and change their answer to a previous question.

1. Which types of infections do antibiotics treat? (select one)
* Certain infections caused by viruses. **[FALSE]**
* Certain infections caused by bacteria. **[TRUE]**
* Certain infections caused by bacteria and viruses. **[FALSE]**
* Don’t know
1. Which of the following illnesses do antibiotics treat? (select all that apply)
* Common cold **[FALSE]**
* Influenza (flu)  **[FALSE]**
* Pneumonia **[TRUE]**
* Strep throat **[TRUE]**
* Urinary tract infection (UTI) **[TRUE]**
* None of the above **[FALSE]**
* Don’t know

Programmer: For Q19, if respondent selects “None of the above” or “Don’t know” do not allow them to select the other responses

1. When antibiotics are not needed, taking antibiotics will still help.
* True
* **False**
* Unsure
1. Taking antibiotics can lead to side effects that could cause harm.
* **True**
* False
* Don’t know
1. Which of the following are common side effects of antibiotics? (select all that apply)
* Rash **[TRUE]**
* Nausea **[TRUE]**
* Diarrhea **[TRUE]**
* Yeast infections **[TRUE]**
* None of the above **[FALSE]**
* Don’t know
1. Which of the following statement(s) are true about antibiotic resistance? (select all that apply)
* Antibiotic use can lead to antibiotic resistance. **[TRUE]**
* Infections caused by antibiotic resistant germs are always easy to treat with antibiotics. **[FALSE]**
* Antibiotic resistance happens when germs – not your body - become resistant to antibiotics. **[TRUE]**
* Antibiotic resistant infections can require antibiotic treatment that may cause more side effects. **[TRUE]**
* None of the above **[FALSE]**
* Don’t know

Programmer: For Q23, if respondent selects “None of the above” or “Don’t know” do not allow them to select the other responses.

1. When taking antibiotics… (select all that apply)
* I should take my antibiotics exactly as my healthcare provider prescribed. **[TRUE]**
* It is ok if I skip doses of my antibiotics. **[FALSE]**
* I can save left over antibiotics for later. **[FALSE]**
* It is ok to share my left-over antibiotics with a family member or friend who is not feeling well. **[FALSE]**
* None of the above. **[FALSE]**
* Don’t know

Programmer: For Q24, if respondent selects “None of the above” or “Don’t know” do not allow them to select the other responses.

1. Which of the following can help you feel better when you have a cold? (select all that apply)
* Drink extra water and fluids. **[TRUE]**
* Avoid overeating **[FALSE]**
* Use a cool mist vaporizer to relieve congestion. **[TRUE]**
* Use a saline nasal spray to relieve congestion. **[TRUE]**
* Use honey to relieve cough for adults and children over the age of 1. **[TRUE]**
* None of the above **[FALSE]**
* Don’t know

# ATTITUDES AND BELIEFS

Programmer: Include one question per page. Do not allow participants to go back and change their answer to a previous question.

Next, we are going to ask you some questions to learn more about your perspective on antibiotics. Please give us your honest responses. There are no right or wrong answers to any of these questions.

We’d like to provide you with a definition for a few key terms to assist you in answering the following questions:

***Antibiotic resistance occurs when bacteria have become resistant to the antibiotics designed to kill them. It does not mean the body is becoming resistant to antibiotics.***

***Clostridioides difficile (also known as C. difficile or C. diff.) is a bacterium that causes colitis, or inflammation of the colon. C. difficile infection can lead to severe colon damage, disabling diarrhea, and sometimes death.***

1. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

| **Perceived Susceptibility** | Strongly disagree | Disagree | NeitherAgree nor Disagree | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- |
| 1. I believe that I may have taken antibiotics when I didn’t need them.
 |  |  |  |  |  |
| 1. I believe that I could get an antibiotic-resistant infection.
 |  |  |  |  |  |
| 1. I believe that any time people take antibiotics, it contributes to antibiotic resistance.
 |  |  |  |  |  |
| 1. I believe that my healthcare providers may have given me prescriptions for antibiotics when they were not necessary.
 |  |  |  |  |  |
| 1. I believe that anyone taking antibiotics can experience common side effects, such as rash, nausea, and/or diarrhea.
 |  |  |  |  |  |
| 1. I believe that taking antibiotics can lead to severe, but rare, side effects such as *Clostridioides difficile (or C. diff)* infection or life-threatening allergic reactions.
 |  |  |  |  |  |

1. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

| **Perceived Severity** | Strongly disagree | Disagree | NeitherAgree nor Disagree | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- |
| 1. If I got an antibiotic-resistant infection, it could be very dangerous for me.
 |  |  |  |  |  |
| 1. I believe that antibiotic resistance is a severe problem that can threaten the health of myself and others.
 |  |  |  |  |  |
| 1. I believe that antibiotics can sometimes lead to *Clostridioides difficile* (or *C. diff*) infection, which can cause diarrhea and death.
 |  |  |  |  |  |

1. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

| **Perceived Benefits** | Strongly disagree | Disagree | NeitherAgree nor Disagree | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- |
| 1. I believe that using antibiotics only when needed helps to preserve their effectiveness.
 |  |  |  |  |  |
| 1. I believe that using antibiotics only when needed helps to keep me safe from side effects.
 |  |  |  |  |  |
| 1. I believe that using antibiotics only when needed helps fight antibiotic resistance.
 |  |  |  |  |  |

1. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

| **Perceived Barriers to Using Abx Appropriately** | Strongly disagree | Disagree | NeitherAgree nor Disagree | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- |
| 1. If my healthcare provider told me to wait one to two weeks to see if I feel better before prescribing antibiotics, I would feel inconvenienced.
 |  |  |  |  |  |
| 1. If my healthcare provider told me I didn’t need antibiotics for an illness, I would feel worried that I wouldn’t feel better or that I might get sicker.
 |  |  |  |  |  |

1. Please indicate your level of confidence for each of the following questions.

| **Self-Efficacy** | Not at all confident | Somewhat confident | Moderately confident | Confident | Very Confident |
| --- | --- | --- | --- | --- | --- |
| 1. How confident are you that you will get better when you have a virus, like a cold or the flu, if you don’t take antibiotics?
 |  |  |  |  |  |
| 1. How confident are you in your ability to discuss your questions and concerns about antibiotic use with your healthcare provider?
 |  |  |  |  |  |
| 1. How confident are you that you can accept your healthcare provider’s recommendation if he/she says you do not need antibiotics?
 |  |  |  |  |  |

1. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

|  | Strongly disagree | Disagree | NeitherAgree nor Disagree | Agree | Strongly Agree | Don’t know |
| --- | --- | --- | --- | --- | --- | --- |
| 1. When I’m sick, it’s important to talk with my healthcare providers about what the best treatment is for my illness.
 |  |  |  |  |  |  |
| 1. When I’m sick, but antibiotics aren’t needed, it is important to talk with my healthcare providers about other ways to feel better.
 |  |  |  |  |  |  |
| 1. When I’m sick and antibiotics can help, it is important to talk with my healthcare providers about the risks of taking antibiotics (e.g., side effects, antibiotic resistance).
 |  |  |  |  |  |  |
| 1. When I’m sick and antibiotics can help, it is important to talk with my healthcare providers about the benefits of taking antibiotics.
 |  |  |  |  |  |  |

# BEHAVIOR

Programmer: Include one question per page

1. Think about the visits you had with a healthcare provider for an illness over the past 12 months. During these visits, how often did you speak with your healthcare providers about the following?

|  | Never | Rarely | Sometimes | Often | Always | Don’t recall | Did not visit healthcare provider for an illness in the past 12 months |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Whether or not antibiotics were needed to treat my illness.
 |  |  |  |  |  |  |  |
| 1. How to feel better if I was sick and an antibiotic was not needed.
 |  |  |  |  |  |  |  |
| 1. The risks of taking an antibiotic (e.g., antibiotic resistance, side effects) when I was sick.
 |  |  |  |  |  |  |  |
| 1. The benefits of taking an antibiotic when I was sick.
 |  |  |  |  |  |  |  |

Programmer: If response to Q32 a, b, c, or d is *Did not visit healthcare provider for an illness in the past 12 months*, skip to Q39 (Sources of Information). For any other response, proceed to Q33.

1. In the past 12 months, how often have you expected—but not outright asked—a healthcare provider to prescribe you antibiotics?
* Always
* Often
* Sometimes
* Rarely
* Never
* Don’t know/cannot recall
1. In the past 12 months, how often have you specifically asked a healthcare provider to prescribe you antibiotics ?
* Always
* Often
* Sometimes
* Rarely
* Never
* Don’t know/cannot recall
1. In the past 12 months, did a healthcare provider prescribe you antibiotics?
* Yes
* No
* Don’t know/cannot recall

Programmer: If response to Q35 is *Yes*, proceed to Q36.
If response to Q35 is *No* or *Don’t know/cannot remember*, skip to Q39.

1. You said you got a prescription for antibiotics from a healthcare provider in the past 12 months. Which of the following best describes how you took the antibiotics? (select all that apply)
* I did not take the antibiotics at all
* I did not take the antibiotics for the same number of days as my healthcare provider said to
* I did not take the antibiotics the same number of times per day as my healthcare provider said to
* I took the antibiotics exactly as my healthcare provider said to (e.g., number of times per day and number of days)
* I stopped taking the antibiotics after I felt better
* Don’t know/cannot remember

Programmer: For Q23, if respondent selects “Don’t know” do not allow them to select the other responses.

1. In the past 12 months, did you ever take left-over antibiotics previously prescribed to you by a healthcare provider?
* Yes
* No
* Don’t know/cannot remember
* Not applicable / I was not sick during this time
1. In the past 12 months, did you ever take left-over antibiotics prescribed to someone else?
* Yes
* No
* Don’t know/cannot remember
* Not applicable / I was not sick during this time

# SOURCES OF INFORMATION

1. To whom or where do you go to learn about antibiotic use? (select all that apply)
* My doctor/healthcare provider’s office
* Pharmacist
* Health websites/Health-related mobile apps (e.g., WebMD, MayoClinic, etc.) (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Centers for Disease Control and Prevention (CDC) website
* Health magazines (e.g., Women’s Health, Men’s Health, Prevention) (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Family members and/or friends
* Newspapers (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Television (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Radio (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Social media (e.g., Facebook, Twitter, Instagram, LinkedIn, etc.) (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Other (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* I have not tried to learn about antibiotic use
1. Did you know that CDC’s *Be Antibiotics Aware* campaign has resources you can use to learn about antibiotic use?
* Yes
* No

**Programmer: If respondent selects *Yes* to Q40, proceed to Q41**If respondent selects *No* to Q40, skip to Demographic Characteristics section.

1. How did you learn about CDC’s *Be Antibiotics Aware* resources? (select all that apply)
* My doctor/healthcare provider’s office
* Pharmacist
* Health websites/ Health-related mobile apps (e.g., WebMD, Mayo Clinic, etc.) (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Centers for Disease Control and Prevention (CDC) website
* Family members and/or friends
* Social media (e.g., Facebook, Twitter, Instagram, LinkedIn, etc.) (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Don’t know/cannot recall

# DEMOGRAPHIC CHARACTERISTICS [ALL]

Thank you. Now we would like to know more about you.

1. Do you have children under the age of 5 years?
* Yes
* No
* Prefer not to answer
1. How would you describe your racial background? Select all that apply.
* White
* Black or African American
* Asian
* Native Hawaiian or Other Pacific Islander
* American Indian or Alaska Native
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to answer
1. Are you Hispanic or Latino?
* Yes
* No
* Prefer not to answer
1. What language do you primarily use at home (i.e., when speaking with family and friends)?
* English
* Spanish
* Chinese (including Mandarin, Cantonese, and other Chinese languages)
* French
* Portuguese
* Vietnamese
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Prefer not to answer
1. What is the highest grade of school you have completed, or the highest degree you have received?
* Some high school
* High school graduate (or equivalent)
* Some college (1-4 years, no degree)
* Associate or technical degree
* Bachelor’s (4-year college) degree
* Master’s degree
* Professional or doctoral degree (MD, JD, PhD, etc.)
* Prefer not to answer

Thank you for taking the time to participate in this important survey!