

**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 [ALL]**

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**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.

Public reporting burden of this collection of information is estimated to average 20 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 0920-0572.

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 [ALL]

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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.

2. 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.

3. 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.

4. What is your sex?

- Male
- Female
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

5. Have you visited an urgent care clinic for a medical concern to receive care at least one time in the past 2 months for 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.

6. 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
a. a. A market research company	<input type="checkbox"/>	<input type="checkbox"/>
b. b. An advertising agency or public relations firm	<input type="checkbox"/>	<input type="checkbox"/>
c. c. The media (TV/radio/newspapers/magazines)	<input type="checkbox"/>	<input type="checkbox"/>
d. d. A healthcare setting or a health and wellness organization (e.g., doctor’s office, clinic, hospital, health department, fitness center)	<input type="checkbox"/>	<input type="checkbox"/>
e. e. A healthcare provider (e.g., doctor, nurse, pharmacist, physician assistant, medical assistant, dietician, aid, sitter, social worker)	<input type="checkbox"/>	<input type="checkbox"/>

**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](mailto:Kristen.Cincotta@icf.com). Thank you for your time.

**FOR POST TEST ONLY:** To learn more about appropriate antibiotic use and antibiotic resistance, please visit [www.cdc.gov/antibiotic-use](http://www.cdc.gov/antibiotic-use).

**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](mailto: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](mailto:Kristen.Cincotta@icf.com).

## EXPOSURE TO CAMPAIGN [ALL]

**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 2 months.

8. Please indicate below whether you have seen or heard any of following campaign names or slogans in the past 2 months.

Campaigns	Yes	No	Don't know /cannot recall
a. Get ahead of antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Flip the script on antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Be antibiotics aware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Get smart about antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Don't mis-take antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. In the past 2 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](mailto:Kristen.Cincotta@icf.com). Thank you for your time.”

**FOR POST TEST (INELIGIBLE) ONLY:** “To learn more about appropriate antibiotic use and antibiotic resistance, please visit [www.cdc.gov/antibiotic-use](http://www.cdc.gov/antibiotic-use).”

**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.”

**POST-TEST:** Continue to Frequency and Channel of Exposure section, if exposed to campaign or Media Use and Habits if unexposed.

**For post-test only: TERMINATE** after securing 30 completed surveys for unexposed individuals per target audience.

## FREQUENCY AND CHANNEL OF EXPOSURE [POST-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 2 months.

10. In the past 2 months, approximately how often did you see CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logo in ...?

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fact sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brochure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graphic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper/magazine advertisement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other print media (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. In the past 2 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YouTube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other social media (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In the past 2 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Website advertisements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online news articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streaming TV/video services (e.g., Hulu, Netflix, [Amazon] Prime Video)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertisements on mobile phone (including mobile apps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Search engines (e.g., Google)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other websites (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. In the past 2 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broadcast radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other media formats (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. In the past 2 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus, train, or subway stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On buses or taxi cabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertisement in a mall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertisement in a grocery store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertisement in a store pharmacy (e.g., CVS, Walgreens, Walmart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other public locations (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. In the past 2 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other healthcare locations (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. In the past 2 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Webcasts or webinars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other media (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Programmer:** POST-TEST: If respondent selects “Never” or “Don’t know/cannot recall” for ALL of the options in Q10-Q16, proceed to Q17, and then skip to “Media Use and Habits” and reclassify as “Unexposed”.

POST-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 Q10-16, skip Q17, and proceed to “Knowledge.”

17. You indicated that you saw or heard the campaign name, *Be Antibiotics Aware*, or saw the campaign logo in the past 2 months. Where did you see or hear it?



[open-ended response]

## KNOWLEDGE [POST-TEST, EXPOSED ONLY]

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

18. 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

19. 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

20. When antibiotics are not needed, taking antibiotics will still help.

- True
- False**
- Unsure

21. Taking antibiotics can lead to side effects that could cause harm.

- True**
- False
- Don't know

22. 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

23. 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.

24. 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.

25. 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 [POST-TEST, EXPOSED ONLY]

**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.**

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

Perceived Susceptibility	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I believe that I may have taken antibiotics when I didn't need them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I believe that I could get an antibiotic-resistant infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. I believe that any time people take antibiotics, it contributes to antibiotic resistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I believe that my healthcare providers may have given me prescriptions for antibiotics when they were not necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I believe that anyone taking antibiotics can experience common side effects, such as rash, nausea, and/or diarrhea.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I believe that taking antibiotics can lead to severe, but rare, side effects such as <i>Clostridioides difficile</i> (or <i>C. diff</i> ) infection or life-threatening allergic reactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Perceived Severity	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
b. If I got an antibiotic-resistant infection, it could be very dangerous for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I believe that antibiotic resistance is a severe problem that can threaten the health of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Perceived Severity	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
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and others.

d. I believe that antibiotics can sometimes lead to <i>Clostridioides difficile</i> (or <i>C. diff</i> ) infection, which can cause diarrhea and death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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28. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

Perceived Benefits	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
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a. I believe that using antibiotics only when needed helps to preserve their effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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b. I believe that using antibiotics only when needed helps to keep me safe from side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c. I believe that using antibiotics only when needed helps fight antibiotic resistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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29. 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	Neither Agree nor Disagree	Agree	Strongly Agree
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a. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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b. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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30. 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
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a. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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b. How confident are you in your ability to discuss your questions and concerns about antibiotic use with your healthcare provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c. How confident are you that you can accept your healthcare provider's recommendation if he/she says you do not need antibiotics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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31. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't know
a. When I'm sick, it's important to talk with my healthcare providers about what the best treatment is for my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When I'm sick, but antibiotics aren't needed, it is important to talk with my healthcare providers about other ways to feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When I'm sick and antibiotics can help, it is important to talk with my healthcare providers about the benefits of taking antibiotics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## BEHAVIOR [POST-TEST, EXPOSED ONLY]

**Programmer:** Include one question per page

32. Think about the visits you had with a healthcare provider for an illness over the past 2 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 2 months
a. Whether or not antibiotics were needed to treat my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How to feel better if I was sick and an antibiotic was not needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The risks of taking an antibiotic (e.g., antibiotic resistance, side effects) when I was sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The benefits of taking an antibiotic when I was sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Programmer:** If response to Q32 a, b, c, or d is *Did not visit healthcare provider for an illness in the past 2 months*, skip to Q39 (Sources of Information). For any other response, proceed to Q33.

33. In the past 2 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

34. In the past 2 months, how often have you specifically asked a healthcare provider to prescribe you antibiotics ?

- Always
- Often
- Sometimes
- Rarely
- Never
- Don't know/cannot recall

35. In the past 2 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.**

36. You said you got a prescription for antibiotics from a healthcare provider in the past 2 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.**

37. In the past 2 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

38. In the past 2 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 [POST-TEST, EXPOSED ONLY]

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39. 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

40. 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.

41. 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

**Programmer:** POST-TEST ONLY: include image of below chart, “Viruses or Bacteria – What’s got you sick?” and Q42 and Q43 on one page.



42. Please select how often in the past 2 months you used this chart to learn about antibiotic use?

- I did not use this chart
- Rarely
- Sometimes
- Often
- Always
- Don’t know/cannot recall

43. How helpful for you was this chart in learning about antibiotic use?

- Very helpful

- Helpful
- Somewhat helpful
- A little helpful
- Not at all helpful

**Programmer: POST-TEST ONLY: include image of below brochure, “Antibiotics Aren’t Always the Answer” and Q44 and Q45 on one page.**



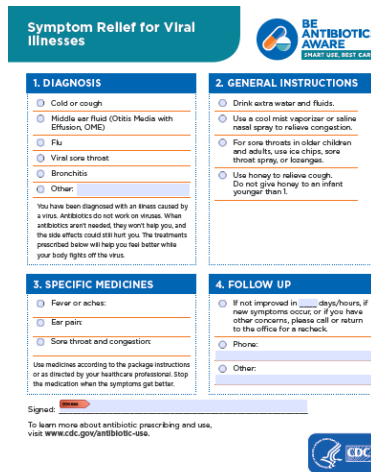
44. Please select how often in the past 2 months you used this brochure to learn about antibiotic use?

- I did not use this brochure
- Rarely
- Sometimes
- Often
- Always
- Don't know/cannot recall

45. How helpful for you was this brochure in learning about antibiotic use?

- Very helpful
- Helpful
- Somewhat helpful
- A little helpful
- Not at all helpful

**Programmer: POST-TEST ONLY: include image of below material, “Symptom Relief for Viral Illnesses” and Q46 and Q47 on one page.**



46. Please select how often in the past 2 months your healthcare provider (e.g., primary care physician, urgent care or emergency room physician, nurse practitioner, physician assistant) gave you this prescription sheet to learn about symptom relief for illnesses when antibiotics aren't needed?

- I did not receive this prescription sheet
- Rarely
- Sometimes
- Often
- Always
- Don't know/cannot recall

47. How helpful for you was this prescription sheet in learning about symptom relief for illnesses when antibiotics aren't needed?

- Very helpful
- Helpful
- Somewhat helpful
- A little helpful
- Not at all helpful

**Programmer:** If respondent selected, I do not use [material], for Q42, Q44, AND Q46, proceed to Q48. Otherwise, continue to Demographic Characteristics section.

48. Why have you not used CDC *Be Antibiotics Aware* resources to learn about appropriate antibiotic use? (select all that apply)

- I did use CDC *Be Antibiotics Aware* resources to learn about appropriate antibiotic use, but they were not the ones shown above. (What resources did you use? (specify: \_\_\_\_\_))
- I do not usually use patient education resources to learn about any topics
- I use resources developed by other organizations
- I forget to use them
- I do not have time to use them
- I do not know where to find these resources
- I looked at them, but did not find them helpful
- Other (please specify: \_\_\_\_\_)
- Don't know

**Programmer:** Skip to Demographic Characteristics section.

## **MEDIA USE AND HABITS [POST-TEST, UNEXPOSED ONLY]**

**Programmer:** Include one set of question (e.g., printed media, social media) per page. Renumber items so that this section begins with Q10.

We would like to ask you a few questions about your media use and habits.

49. In an average month, how often do you...

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
Read printed magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read printed newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read brochures or flyers on health topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read other printed media (please	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
specify: _____)						

50. In an average month, how often do you...

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
Use Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use YouTube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use other social media (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. In an average month, how often do you...

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
Read health websites /resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read news online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read magazines online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to internet radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch TV/movies using streaming services (e.g., Netflix, Hulu, [Amazon] Prime Video)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read blogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use search engines (e.g., Google)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit other websites (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. In an average month, how often do you...

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
Watch television (cable, satellite, or antenna)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to broadcast radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to satellite radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch or listen to other TV or radio media (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. In an average month, how often do you...



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
See billboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use buses, subways, or trains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use taxi cabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop in malls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop in grocery stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop in pharmacies (e.g., CVS, Walgreens, Walmart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other public locations (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. In an average month, how often do you...

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
Visit doctor's offices or healthcare facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit urgent care centers that are not in a store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit other healthcare locations (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. In an average month, how often do you...

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
Read emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read email newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to webcasts or webinars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend live events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. Where do you prefer to get information about antibiotic use? (select all that apply)

- Family members and/or friends
- My doctor/healthcare provider
- Pharmacist
- Health groups/organizations (e.g., CDC, National Institutes of Health, American Cancer Society, etc.). Please specify: \_\_\_\_\_.
- Health websites/ Health-related mobile apps (e.g., WebMD, Mayo Clinic, etc.). Please specify: \_\_\_\_\_.
- Media (e.g., television, radio, newspapers, health magazines, etc.). Please specify: \_\_\_\_\_.
- Social media (e.g., Facebook, Instagram, Twitter, LinkedIn, etc.). Please specify: \_\_\_\_\_.
- Podcasts. Please specify: \_\_\_\_\_.
- Blogs. Please specify: \_\_\_\_\_.
- Other. Please specify: \_\_\_\_\_.
- Don't know/unsure

## DEMOGRAPHIC CHARACTERISTICS [ALL]

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**Programmer:** Number items appropriately – Q48 for exposed respondents and Q18 for unexposed respondents.

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

57. Do you have children under the age of 5 years?

- Yes
- No
- Prefer not to answer

58. 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

59. Are you Hispanic or Latino?

- Yes
- No
- Prefer not to answer

60. 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

61. 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!

**Programmer:** FOR POST-TEST ONLY: “To learn more about appropriate antibiotic use and antibiotic resistance, please visit [www.cdc.gov/antibiotic-use](http://www.cdc.gov/antibiotic-use).”