**Form Approved** 

OMB Control No.: 0920-0572 Expiration date: 08/31/2021

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

## 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 20 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.

| 1. Do you agree to participate in the survey? | ? |
|---|---|
| Yes   |   |
| ○ No  |   |
|   |   |

| Termination  |  |
|--|--|
| Thank you for your time. Click here to exit this survey. |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| S   | _ |   | _ | _                     | _ | _                     |   |
|-----|---|---|---|-----------------------|---|-----------------------|---|
| . ` |   | ш | _ | $\boldsymbol{\vdash}$ | п | $\boldsymbol{\vdash}$ | 1 |

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.

| 2. May we ask you some questions to see if you are a good match to take this survey?  |
|---|
| Yes   |
| ○ No  |
|   |
| 3. How old are you?   |
| [] Years  |
| Prefer not to answer  |
| 4. In what ZIP code do you live?  |
|   |
| E. What is a second on O  |
| 5. What is your sex?  |
| Male  |
| Female  |
| Other, please specify   |
| Prefer not to answer  |
| 6. 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 freestanding 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 |
|   |

| 7. When you visited an urgent care c  | linic, did you do so for an illne | ss, an injury, or both?               |
|---|-----------------------------------|---------------------------------------|
| Illness   |                                   |                                       |
| Injury  |                                   |                                       |
| Both  |                                   |                                       |
| Don't know/cannot remember  |                                   |                                       |
| 8. Do you, your spouse or partner, or<br>as:  | any other member of your ho       | usehold currently or in the past work |
|   | Yes                               | No                                    |
| A. A market research company  |                                   |                                       |
| B. An advertising agency or public relations firm   | $\bigcirc$                        |                                       |
| C. The media<br>(TV/radio/newspapers/magazines)   | 0                                 | 0                                     |
| D. A healthcare setting or a health<br>and wellness organization (e.g.,<br>doctor's office, clinic, hospital,<br>health department, fitness center) |                                   |                                       |
| E. A healthcare provider (e.g., doctor, nurse, pharmacist, physician assistant, medical assistant, dietician, aid, sitter, social worker)           |                                   |                                       |
|   |                                   |                                       |
|   |                                   |                                       |
|   |                                   |                                       |
|   |                                   |                                       |
|   |                                   |                                       |
|   |                                   |                                       |
|   |                                   |                                       |
|   |                                   |                                       |
|   |                                   |                                       |
|   |                                   |                                       |
|   |                                   |                                       |
|   |                                   |                                       |
|   |                                   |                                       |

| Termination: 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 questionsabout your participation and/or  |
| any questions about this survey, please contact the research director, Kristen Cincotta, Ph.D., at (404)   |
| 321-3211 orKristen.Cincotta@icf.com. Thank you for your time.  |
| To learn more about appropriate antibiotic use and antibiotic resistance, please visit <a href="https://www.cdc.gov/antibiotic-use">www.cdc.gov/antibiotic-use</a> . |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

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

| Exposure to Campaign (All)   | _                   |                                   |                              |
|--|---------------------|-----------------------------------|------------------------------|
| Now we would like to ask you   | about a CDC cam     | paign on improving antibiotic     | use that you may or may      |
| not have seen or heard about   |                     |                                   |                              |
| <ol><li>Please indicate below who past 2 months.</li></ol>                                     | ether you have seer | n or heard any of following campa | aign names or slogans in the |
|  | Yes                 | No                                | Don't know/cannot recall     |
| A. Get Ahead of<br>Antibiotics   |                     | 0                                 | 0                            |
| B. Flip the Script   | $\bigcirc$          | $\bigcirc$                        | 0                            |
| C. Be Antibiotics Aware  |                     | 0                                 | $\circ$                      |
| D. Get Smart About<br>Antibiotics  | $\bigcirc$          | $\bigcirc$                        | $\bigcirc$                   |
| E. Don't Mis-take<br>Antibiotics   |                     | $\circ$                           | $\circ$                      |
| To. In the past 2 months, did  BEANTIBICAWARE SMART USE, BE  Yes  No  Don't know/cannot recall | TICS                | r hear the slogan on it anywhere  | ·                            |

| Freguency and Channel of Ex | coosure |
|-----------------------------|---------|
|-----------------------------|---------|

You indicated that you had seen or heard the campaign name, Be Antibiotics Aware, or seen the campaign logo in the past 2 months.

11. 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?

|  |                                    |                 |                      |  |                       | Don't                                    |
|--|------------------------------------|-----------------|----------------------|--|-----------------------|--|
|  | 1-2 times a day                    | Once a week     | 1-3 times a<br>month | Less than once<br>a month                  | Never                 | Don't<br>know/cannot<br>recall           |
| Poster   |                                    |                 |                      |  |                       |  |
| Fact Sheet   |                                    |                 |                      |  |                       |  |
| Brochure   |                                    |                 |                      |  |                       |  |
| Graphic  |                                    |                 | $\bigcirc$           |  |                       |  |
| Newspaper/magazine advertisement   | $\circ$                            | $\circ$         | $\circ$              | $\circ$                                    | $\bigcirc$            | 0  |
| Flyer  |                                    |                 |                      |  |                       |  |
| Other Printed Media (please specify)                                       | $\circ$                            |                 |                      | $\circ$                                    |                       |  |
| other printed media (plea  |                                    | ely how often d | lid you see C        | DC's Be Antibiotic                         | cs Aware car          | mpaign                                   |
|  | nths, approximate                  |                 |                      | DC's Be Antibiotic  Less than once a month | cs Aware car<br>Never | npaign<br>Don't<br>know/cannot<br>recall |
| 2. In the past 2 mor<br>nessages, campaigr                                 | nths, approximaten name, or logo o | on SOCIAL ME    | DIA?                 | Less than once                             |                       | Don't<br>know/cannot                     |
| 2. In the past 2 mornessages, campaigr                                     | nths, approximaten name, or logo o | on SOCIAL ME    | DIA?                 | Less than once                             |                       | Don't<br>know/cannot                     |
| 2. In the past 2 mornessages, campaigr<br>Facebook                         | nths, approximaten name, or logo o | on SOCIAL ME    | DIA?                 | Less than once                             |                       | Don't<br>know/cannot                     |
| 2. In the past 2 mor<br>nessages, campaigr                                 | nths, approximaten name, or logo o | on SOCIAL ME    | DIA?                 | Less than once                             |                       | Don't<br>know/cannot                     |
| 2. In the past 2 mornessages, campaigr Facebook Instagram Twitter          | nths, approximaten name, or logo o | on SOCIAL ME    | DIA?                 | Less than once                             |                       | Don't<br>know/cannot                     |
| 2. In the past 2 mornessages, campaigr Facebook Instagram Twitter LinkedIn | nths, approximaten name, or logo o | on SOCIAL ME    | DIA?                 | Less than once                             |                       | Don't<br>know/cannot                     |

|  | 1-2 times a day                     | Once a week   | 1-3 times a<br>month      | Less than once<br>a month                  | Never       | Don'<br>know/ca<br>reca   |
|--|-------------------------------------|---------------|---------------------------|--|-------------|---------------------------|
| Health websites<br>/resources  |                                     |               |                           | 0  | 0           |                           |
| Website advertisements   |                                     |               |                           | $\bigcirc$                                 |             |                           |
| Online news articles   |                                     |               |                           |  |             |                           |
| Streaming TV/video<br>services (e.g., Hulu,<br>Netflix, [Amazon] Prime<br>Video)   | $\bigcirc$                          | $\bigcirc$    |                           | $\bigcirc$                                 | $\circ$     | 0                         |
| Blogs  |                                     |               |                           |  |             |                           |
| Advertisements on mobile phone (including mobile apps)   | $\bigcirc$                          | $\bigcirc$    | $\bigcirc$                | $\bigcirc$                                 |             |                           |
| Search engines (e.g.,<br>Google)   |                                     |               | $\bigcirc$                |  |             |                           |
|  |                                     |               |                           |  |             |                           |
| Other websites (please<br>specify)<br>Other websites (please sp  |                                     |               |                           |  | 0           | C                         |
| specify)   | ths, approximat                     | -             | -                         | DC's Be Antibiotic                         | :s Aware ca | mpaign                    |
| specify) Other websites (please sp   | ths, approximate<br>name, or logo i | -             | -                         | DC's Be Antibiotic  Less than once a month | cs Aware ca | Don't kr                  |
| specify) Other websites (please sp   | ths, approximat                     | in TV AND RAD | DIO MEDIA?<br>1-3 times a | Less than once                             |             | Don't kr                  |
| specify) Other websites (please sp  14. In the past 2 mon messages, campaign  Television (cable,   | ths, approximate<br>name, or logo i | in TV AND RAD | DIO MEDIA?<br>1-3 times a | Less than once                             |             | Don't kr                  |
| specify) Other websites (please sp  14. In the past 2 mon messages, campaign  Television (cable, satellite, or antenna)  | ths, approximate<br>name, or logo i | in TV AND RAD | DIO MEDIA?<br>1-3 times a | Less than once                             |             | Don't kı                  |
| specify) Other websites (please sp  14. In the past 2 mon messages, campaign  Television (cable, satellite, or antenna)  Broadcast radio Other TV or Radio                       | ths, approximate name, or logo i    | in TV AND RAD | DIO MEDIA?<br>1-3 times a | Less than once                             |             | Don't kı                  |
| specify) Other websites (please sp  14. In the past 2 mon messages, campaign  Television (cable, satellite, or antenna) Broadcast radio Other TV or Radio media (please specify) | ths, approximate name, or logo i    | in TV AND RAD | DIO MEDIA?<br>1-3 times a | Less than once                             |             | Don't kı                  |
| specify) Other websites (please sp  14. In the past 2 mon messages, campaign  Television (cable, satellite, or antenna) Broadcast radio Other TV or Radio media (please specify) | ths, approximate name, or logo i    | in TV AND RAD | DIO MEDIA?<br>1-3 times a | Less than once                             |             | mpaign  Don't kr cannot r |

|   | 1-2 times a day                                    | Once a week | 1-3 times a<br>month | Less than once<br>a month | Never        | Don't k                |
|---|--|-------------|----------------------|---------------------------|--------------|------------------------|
| Billboards  |  |             |                      | $\bigcirc$                |              |                        |
| Bus, train, or subway stations  | $\bigcirc$   | $\bigcirc$  | $\bigcirc$           | $\bigcirc$                | $\bigcirc$   | С                      |
| On buses or taxi cabs   |  |             |                      |                           |              | C                      |
| Advertisement in a mall   |  |             | $\bigcirc$           |                           |              | C                      |
| Advertisement in a grocery store  | $\circ$  | $\bigcirc$  |                      |                           |              | C                      |
| Advertisement in a store<br>pharmacy (e.g., CVS,<br>Walgreens, Walmart)   | $\bigcirc$   | $\bigcirc$  |                      | $\circ$                   | $\bigcirc$   | C                      |
| Other public locations (please specify)   |  | $\circ$     | $\circ$              | $\circ$                   | $\bigcirc$   | C                      |
|   |  |             |                      |                           |              |                        |
| Other public locations (plea<br>16. In the past 2 mont<br>messages, campaign  | hs, approximat                                     | -           | RE SETTINGS          | 5?                        | cs Aware ca  |                        |
| 16. In the past 2 mont  | hs, approximat                                     | -           | -                    |                           | os Aware car | Don't k                |
| 16. In the past 2 mont<br>messages, campaign<br>Videos/commercials<br>shown at doctor's offices<br>or healthcare facilities                                   | hs, approximat<br>name, or logo                    | n HEALTHCAF | 1-3 times a          | S? Less than once         |              | Don't k                |
| 16. In the past 2 mont<br>messages, campaign<br>Videos/commercials<br>shown at doctor's offices   | hs, approximat<br>name, or logo                    | n HEALTHCAF | 1-3 times a          | S? Less than once         |              | Don't k                |
| 16. In the past 2 mont messages, campaign  Videos/commercials shown at doctor's offices or healthcare facilities  Other healthcare locations (please          | hs, approximat<br>name, or logo<br>1-2 times a day | n HEALTHCAF | 1-3 times a          | S? Less than once         |              | mpaign  Don't k cannot |
| 16. In the past 2 mont messages, campaign  Videos/commercials shown at doctor's offices or healthcare facilities  Other healthcare locations (please specify) | hs, approximat<br>name, or logo<br>1-2 times a day | n HEALTHCAF | 1-3 times a          | S? Less than once         |              | Don't k                |
| 16. In the past 2 mont messages, campaign  Videos/commercials shown at doctor's offices or healthcare facilities  Other healthcare locations (please specify) | hs, approximat<br>name, or logo<br>1-2 times a day | n HEALTHCAF | 1-3 times a          | S? Less than once         |              | Don't k                |
| 16. In the past 2 mont messages, campaign  Videos/commercials shown at doctor's offices or healthcare facilities  Other healthcare locations (please specify) | hs, approximat<br>name, or logo<br>1-2 times a day | n HEALTHCAF | 1-3 times a          | S? Less than once         |              | Don't k                |
| 16. In the past 2 mont messages, campaign  Videos/commercials shown at doctor's offices or healthcare facilities  Other healthcare locations (please specify) | hs, approximat<br>name, or logo<br>1-2 times a day | n HEALTHCAF | 1-3 times a          | S? Less than once         |              | Don't k                |
| 16. In the past 2 mont messages, campaign  Videos/commercials shown at doctor's offices or healthcare facilities  Other healthcare locations (please specify) | hs, approximat<br>name, or logo<br>1-2 times a day | n HEALTHCAF | 1-3 times a          | S? Less than once         |              | Don't k                |
| 16. In the past 2 mont messages, campaign  Videos/commercials shown at doctor's offices or healthcare facilities  Other healthcare locations (please specify) | hs, approximat<br>name, or logo<br>1-2 times a day | n HEALTHCAF | 1-3 times a          | S? Less than once         |              | Don't k                |

| 1-2 times a day | Once a week   | 1-3 times a<br>month        | Less than once<br>a month | Never  | Don't kno<br>cannot re   |
|-----------------|---------------|-----------------------------|---------------------------|--|--|
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
| 0               |               |                             | $\circ$                   |  |  |
| fy)             |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 |               |                             |                           |  |  |
|                 | you saw or he | you saw or heard the campai |                           | you saw or heard the campaign name, Be Antibiotics Aware | you saw or heard the campaign name, Be Antibiotics Aware, or saw the |

| L9. Which | types of infection   | s do antibiotics t   | reat? (select on | e) |  |
|-----------|----------------------|----------------------|------------------|----|--|
|           | infections caused by |                      |                  |    |  |
| Certain   | infections caused by | bacteria.            |                  |    |  |
| Certain   | infections caused by | bacteria and viruses |                  |    |  |
| Don't kı  | now                  |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |
|           |                      |                      |                  |    |  |

| Knowledge (page 2)                              |                                     |
|---|-------------------------------------|
| 20. Which of the following illnesses do antibio | tics treat? (select all that apply) |
| Common cold                                     | Urinary tract infection (UTI)       |
| Influenza (flu)                                 | None of the above                   |
| Pneumonia                                       | Don't know                          |
| Strep throat                                    |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |

| owledge (page 3)    |                   |                   | 201 - 201 2 - 2    |  |
|---------------------|-------------------|-------------------|--------------------|--|
| 21. When antibiotic | s are not needed, | takıng antibiotic | s will still help. |  |
| True                |                   |                   |                    |  |
| False               |                   |                   |                    |  |
| Don't know          |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |
|                     |                   |                   |                    |  |

| 22. Taking antibiotics ca | n lead to side effe | ects that could ca | use harm. |  |
|---------------------------|---------------------|--------------------|-----------|--|
| True                      |                     |                    |           |  |
| False                     |                     |                    |           |  |
| Don't know                |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |
|                           |                     |                    |           |  |

| Knowledge (page 5) |   |
|--------------------|---|
|                    | ide effects of antibiotics? (select all that apply) |
| Rash               | Yeast infections                                    |
| Nausea             | None of the above                                   |
| Diarrhea           | Don't know  |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |

| Knowledge (page 6)   |
|--|
| 24. Which of the following statement(s) are true about antibiotic resistance? (select all that apply)  |
| Antibiotic use can lead to antibiotic resistance.  Antibiotic resistant infections can require antibiotic treatment that may cause more side effects.  Infections caused by antibiotic resistant germs are always easy |
| to treat with antibiotics.  None of the above  |
| Antibiotic resistance happens when germs – not your body - Don't know become resistant to antibiotics.   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

| Manufada (sana 7)  |  |
|--|--|
| Knowledge (page 7)   |  |
| 25. When taking antibiotics (select all that apply)                        |  |
| I should take my antibiotics exactly as my healthcare provider prescribed. | It is ok to share my left-over antibiotics with a family member or friend who is not feeling well. |
| It is ok if I skip doses of my antibiotics.                                | None of the above.   |
| I can save left over antibiotics for later.                                | Don't know   |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| Knowledge (page 8)  |   |
|---|---|
| 26. Which of the following can help you feel bette     Drink extra water and fluids.     Avoid overeating.     Use a cool mist vaporizer to relieve congestion.     Use a saline nasal spray to relieve congestion. | use honey to relieve cough for adults and children over the age of 1.  None of the above.  Don't know |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |

## Attitudes and Beliefs 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.

## Attitudes and Beliefs: Perceived Susceptibility

27. 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 |
|--|-------------------|------------|----------------------------|------------|----------------|
| I believe that I may have taken antibiotics when I didn't need them.   | 0                 | $\circ$    | 0                          | $\circ$    | 0              |
| I believe that I could get<br>an antibiotic-resistant<br>infection.  | $\bigcirc$        | $\circ$    | $\circ$                    | $\circ$    | $\bigcirc$     |
| I believe that any time<br>people take antibiotics, it<br>contributes to antibiotic<br>resistance.   | 0                 | 0          | 0                          | 0          | 0              |
| I believe that my<br>healthcare providers<br>may have given me<br>prescriptions for<br>antibiotics when they<br>were not necessary.  |                   | $\bigcirc$ |                            | $\bigcirc$ |                |
| I believe that anyone taking antibiotics can experience common side effects, such as rash, nausea, and/or diarrhea.  | 0                 | 0          | 0                          | 0          | 0              |
| I believe that taking<br>antibiotics can lead to<br>severe, but rare, side<br>effects such as<br>Clostridioides difficile (or<br>C. diff) infection or life-<br>threatening allergic<br>reactions. |                   | 0          |                            |            |                |
|  |                   |            |                            |            |                |
|  |                   |            |                            |            |                |

| itudes and Beliefs: Perceived Severity  28. Please indicate the extent to which you agree with the following statements, from strongly disagree to   |                   |          |                               |       |               |  |  |
|--|-------------------|----------|-------------------------------|-------|---------------|--|--|
| strongly agree.  | Strongly disagree | Disagree | Neither agree nor<br>disagree | Agree | Strongly agre |  |  |
| If I got an antibiotic-<br>resistant infection, it<br>could be very dangerous<br>for me.   | 0                 | 0        | 0                             | 0     | 0             |  |  |
| I believe that antibiotic resistance is a severe problem that can threaten the health of myself and others.  | 0                 | 0        | 0                             | 0     | 0             |  |  |
| I believe that antibiotics<br>can sometimes lead to<br>Clostridioides difficile (or<br>C. diff) infection, which<br>can cause diarrhea and<br>death. |                   |          | 0                             |       | 0             |  |  |
|  |                   |          |                               |       |               |  |  |
|  |                   |          |                               |       |               |  |  |
|  |                   |          |                               |       |               |  |  |
|  |                   |          |                               |       |               |  |  |
|  |                   |          |                               |       |               |  |  |
|  |                   |          |                               |       |               |  |  |

| <ol><li>Please indicate the extent to which you agree with the following statements, from strongly disagree to<br/>strongly agree.</li></ol> |          |                               |                   |                   |  |  |
|--|----------|-------------------------------|-------------------|-------------------|--|--|
| Strongly disagree  | Disagree | Neither agree nor<br>disagree | Agree             | Strongly agr      |  |  |
|  | 0        | 0                             | 0                 | 0                 |  |  |
|  | $\circ$  |                               | 0                 | 0                 |  |  |
| 0  | 0        | 0                             | 0                 | 0                 |  |  |
|  |          |                               |                   |                   |  |  |
|  |          |                               |                   |                   |  |  |
|  |          |                               |                   |                   |  |  |
|  |          |                               | Neither agree nor | Neither agree nor |  |  |

| A'. I             | 1. ( –             | Barriers to Using | A . ' I ' . ' A |              |
|-------------------|--------------------|-------------------|-----------------|--------------|
| Attitudae and D   | Olioto: Doroon od  | Darriare to Heina | /\ntibiotion /  | nnranriatali |
|                   |                    |                   |                 |              |
| / ttittaacs and b | CIICIS. I CICCIVCA | Daniels to Osina  |                 |              |

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

| strongly agree.  |                   |          |                            |       |                |
|--|-------------------|----------|----------------------------|-------|----------------|
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| 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.          |                   | 0        |                            |       |                |
| 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. |                   |          |                            |       |                |
|  |                   |          |                            |       |                |
|  |                   |          |                            |       |                |

| itudes and Beliefs: \$31. Please indicate yo   |                      | ence for each of the | following questi     | ons.      |              |
|--|----------------------|----------------------|----------------------|-----------|--------------|
|  | Not at all confident | Somewhat confident   | Moderately confident | Confident | Very confide |
| 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?                   |                      |                      | 0                    |           | 0            |
| How confident are you in your ability to discuss your questions and concerns about antibiotic use with your healthcare provider?               |                      | 0                    | 0                    | 0         | 0            |
| How confident are you<br>that you can accept your<br>healthcare provider's<br>recommendation if<br>he/she says you do not<br>need antibiotics? |                      |                      | 0                    |           | 0            |
| need antibiotics?  |                      |                      |                      |           |              |
|  |                      |                      |                      |           |              |
|  |                      |                      |                      |           |              |
|  |                      |                      |                      |           |              |
|  |                      |                      |                      |           |              |

|   | Strongly   |          | Neither agree |            |                |            |
|---|------------|----------|---------------|------------|----------------|------------|
|   | disagree   | Disagree | nor disagree  | Agree      | Strongly agree | Don't kn   |
| When I'm sick, it's important to talk with my healthcare providers about what the best treatment is for my illness.   | 0          | 0        |               | 0          | 0              | 0          |
| When I'm sick, but<br>antibiotics aren't<br>needed, it is important to<br>talk with my healthcare<br>providers about other<br>ways to feel better.                              | $\bigcirc$ | 0        |               | $\bigcirc$ |                | $\bigcirc$ |
| 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). | 0          | 0        |               | 0          |                | 0          |
| When I'm sick and antibiotics can help, it is important to talk with my healthcare providers about the benefits of taking antibiotics.  | $\circ$    | 0        |               | $\circ$    |                | $\circ$    |

| nese visits, how often   | did you spe | ak with you | r healthcare pro | oviders abo | out the follow | ring?        | Did not v<br>healthca<br>provider fo |
|--|-------------|-------------|------------------|-------------|----------------|--------------|--------------------------------------|
|  | Never       | Rarely      | Sometimes        | Often       | Always         | Don't recall | illness in<br>past 2 mo              |
| Whether or not antibiotics were needed to treat my illness.                                    | 0           | 0           | 0                | 0           | 0              | 0            |                                      |
| How to feel better if I<br>was sick and an<br>antibiotic was not<br>needed.                    | $\circ$     | $\circ$     | $\circ$          | $\circ$     | $\circ$        | $\circ$      | $\circ$                              |
| The risks of taking an antibiotic (e.g., antibiotic resistance, side effects) when I was sick. | 0           | 0           | 0                | 0           | 0              | 0            |                                      |
| The benefits of taking an<br>antibiotic when I was<br>sick.                                    | 0           |             |                  |             |                |              | 0                                    |
|  |             |             |                  |             |                |              |                                      |
|  |             |             |                  |             |                |              |                                      |
|  |             |             |                  |             |                |              |                                      |

| Behavior (page 2) |   |
|-------------------|---|
|                   | have you expected—but not outright asked—a healthcare provider to |
| Always            | Rarely  |
| Often             | Never   |
| Sometimes         | Don't know/cannot recall  |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |

| Behavior (page 3) |   |
|-------------------|---|
|                   | en have you specifically asked a healthcare provider to prescribe you |
| Always            | Rarely  |
| Often             | Never   |
| Sometimes         | Don't know/cannot recall  |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |

| 36. In the past 2 | months, did a hea | althcare provide | er prescribe you | antibiotics? |  |
|-------------------|-------------------|------------------|------------------|--------------|--|
| Yes               | ,                 | ,                | ,                |              |  |
| No                |                   |                  |                  |              |  |
| Don't know/can    | not recall        |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |
|                   |                   |                  |                  |              |  |

| Behavior (page 5)   |
|---|
| 37. 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 took the antibiotics exactly as my healthcare provider said to (e.g., number of times per day and number of days)  I did not take the antibiotics for the same number of days as |
| my healthcare provider said to  I stopped taking the antibiotics after I felt better  I did not take the antibiotics the same number of times per day  Don't know/cannot remember  as my healthcare provider said to      |
| as my healthcare provider said to   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

| 38. In the porovider? | ast 2 months, did you ever take left-ove | er antibiotics previously prescribe | ed to you by a healthca |
|-----------------------|--|-------------------------------------|-------------------------|
| Yes                   |  |                                     |                         |
| No                    |  |                                     |                         |
| Don't kn              | ow/cannot remember                       |                                     |                         |
| Not appl              | cable / I was not sick during this time  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |
|                       |  |                                     |                         |

| 9. In the past 2 months, did yo     | ı ever take left-over antibi | otics prescribed to someo | ne else? |
|-------------------------------------|------------------------------|---------------------------|----------|
| Yes                                 |                              |                           |          |
| No                                  |                              |                           |          |
| Don't know/cannot remember          |                              |                           |          |
| Not applicable / I was not sick dur | ng this time                 |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |
|                                     |                              |                           |          |

| urces of Information (Exposed Only)   |  |
|---|--|
| 40. To whom or where do you go to learn about antibi  | otic use? (select all that apply)  |
| My doctor/healthcare provider's office  | Newspapers (Please specify:)   |
| Pharmacist  | Television (Please specify:)   |
| Health websites/Health-related mobile apps (e.g., WebMD, MayoClinic, etc.) (Please specify:)      | Radio (Please specify:)  |
| Centers for Disease Control and Prevention (CDC) website  | Social media (e.g., Facebook, Twitter, Instagram, Linkedletc.) (Please specify:) |
| Health magazines (e.g., Women's Health, Men's Health, Prevention) (Please specify:)               | Other (Please specify:)  |
| Family members and/or friends   | I have not tried to learn about antibiotic use                                   |
| <ul><li>41. Did you know that CDC's Be Antibiotics Aware ca antibiotic use?</li><li>Yes</li></ul> | mpaign has resources you can use to learn about                                  |
| 42. How did you learn about CDC's <i>Be Antibiotics Aw</i> My doctor/healthcare provider's office | rare resources? (select all that apply)  Family members and/or friends           |
| Pharmacist  | Social media (e.g., Facebook, Twitter, Instagram, Linked etc.) (Please specify:) |
| Health websites/ Health-related mobile apps (e.g., WebMD, Mayo Clinic, etc.) (Please specify:)    | Other (please specify:)  |
| Centers for Disease Control and Prevention (CDC) website  | Don't know/cannot recall   |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

## Sources of Information: "Viruses or Bacteria – What's got you sick?"

43. Please select how oftenin the past 2 monthsyou used this chart tolearn about antibiotic use?

|               | Viruses  | s or             | Ва                                | act          | eria                          |  |  |  |  |           |   |                          |  |
|---------------|--|------------------|-----------------------------------|--------------|-------------------------------|--|--|--|--|-----------|---|--------------------------|--|
|               | What's   | got              | yo                                | u s          | ick?                          |  |  |  |  |           |   |                          |  |
|               | Antibiotics are only needed for<br>linesses cannot be treated wit<br>your healthcare professional fo | h antibiotics. \ | When an anti                      | blotic is no | ot prescribed, ask            |  |  |  |  |           |   |                          |  |
|               | Common Condition   | Co               | mmon Caus<br>Bacteria<br>or Virus | sə<br>Virus  | Are<br>Antibiotics<br>Needed? |  |  |  |  |           |   |                          |  |
|               | Strep throat   | ~                | or veus                           |              | Yez                           |  |  |  |  |           |   |                          |  |
|               | Who oping cough  | ~                |                                   |              | Yes                           |  |  |  |  |           |   |                          |  |
|               | Urinary tract infection  | ~                |                                   |              | Yes                           |  |  |  |  |           |   |                          |  |
|               | Sinus infection  |                  | ~                                 |              | Haybe                         |  |  |  |  |           |   |                          |  |
|               | Middle ear infection   |                  | ~                                 |              | Maybe                         |  |  |  |  |           |   |                          |  |
|               | Bronchitis/chest cold (in<br>otherwise healthy children<br>and sdults)*                              |                  | ~                                 |              | Ho*                           |  |  |  |  |           |   |                          |  |
|               | Common cold/runny nose   |                  |                                   | ~            | Но                            |  |  |  |  |           |   |                          |  |
|               | Sore throat (except strep)   |                  |                                   | ~            | Мо                            |  |  |  |  |           |   |                          |  |
|               | Flu  |                  |                                   | ~            | Но                            |  |  |  |  |           |   |                          |  |
| $\overline{}$ | I did not use th   | nis char         | t                                 |              |                               |  |  |  |  |           | ) | Often                    |  |
|               |  |                  |                                   |              |                               |  |  |  |  |           |   |                          |  |
| $\bigcirc$    | Rarely   |                  |                                   |              |                               |  |  |  |  |           | ) | Always                   |  |
| $\bigcirc$    | Sometimes  |                  |                                   |              |                               |  |  |  |  | C         | ) | Don't know/cannot recall |  |
| 14.           | 4. How helpful for you was this chart in learning about antibiotic use?                              |                  |                                   |              |                               |  |  |  |  |           |   |                          |  |
| $\bigcirc$    | Very helpful   |                  |                                   |              |                               |  |  |  |  | $\subset$ | ) | A little helpful         |  |
| $\bigcirc$    | Helpful  |                  |                                   |              |                               |  |  |  |  | $\subset$ | ) | Not at all helpful       |  |
|               | Somewhat hel   | pful             |                                   |              |                               |  |  |  |  |           |   |                          |  |
|               |  |                  |                                   |              |                               |  |  |  |  |           |   |                          |  |

### Sources of Information: "Antibiotics Aren't Always the Answer"

45. Please select how oftenin the past 2 monthsyou used this brochure tolearn about antibiotic use?

### Why does taking antibiotics lead to antibiotic resistance?

More than 2.8 million antibiotic-resistant infections occur in the United States each year, and more than 35,000 people die as a result.



#### What is the right way to take antibiotics?

If you need antibiotics, take them exactly as prescribed.

Improving the way healthcare professionals prescribe antibiotics, and the way we take artibiotic, when he healthy more, the partible of the health way the professional field and the same and the same

Talk with your doctor if you have any questions about your antibiotics, or if you develop any side effects, expecially diamhes, since that could be Chatridaloides officely infection (also called C difficile or C diff), which needs to be treated C difficile or C diff) and the same coins damage and death.

#### What are the side effects?

Common side effects range from minor to very severe health problems and can include:

- Dizziness
- Danhea
- West infections More serious side effects can include:
- · Clostridioides difficile infection

Severe and life-threatening allergic reactions

To learn more about artibiotic prescribing and use, visit www.zdc.gov/artibiotic-use.









#### Why is it important to Be Antibiotics Aware?

Antibiotics save lives. When a patient needs antibiotics, the benefits outweigh the risks of side effects or antibiotic resistance.

### What do antibiotics treat?

Antibiotics are only needed for treating certain infections caused by bacteria. Antibiotics are critical tools for treating common infections, such as pneumonia, and for life-threatening conditions including sepsis, the body's entreme

#### How can I stay healthy?

You can stay healthy and keep others healthy by:

- Covering coughs
- Staying home when sick

When antibiotics aren't meeded, they won't help you, and the side effects could still than you. Reactions from artibiotics cause I out of 5 medication related visits to the emergency department.

In children, reactions from antibiotics are the

#### What don't antibiotics treat?

Ambiliotics do not work on viruses, such as coids and flu, or runny noses, even if the mosas is thick, yellow or green. Antibiotics also won't help some common bacterial infactions including most cases of branchitis, many sinus infections, and some ear infections.

Getting recommended vaccines, for the flu, for example

Talk to your doctor or nurse about steps you can take to prevent infections.

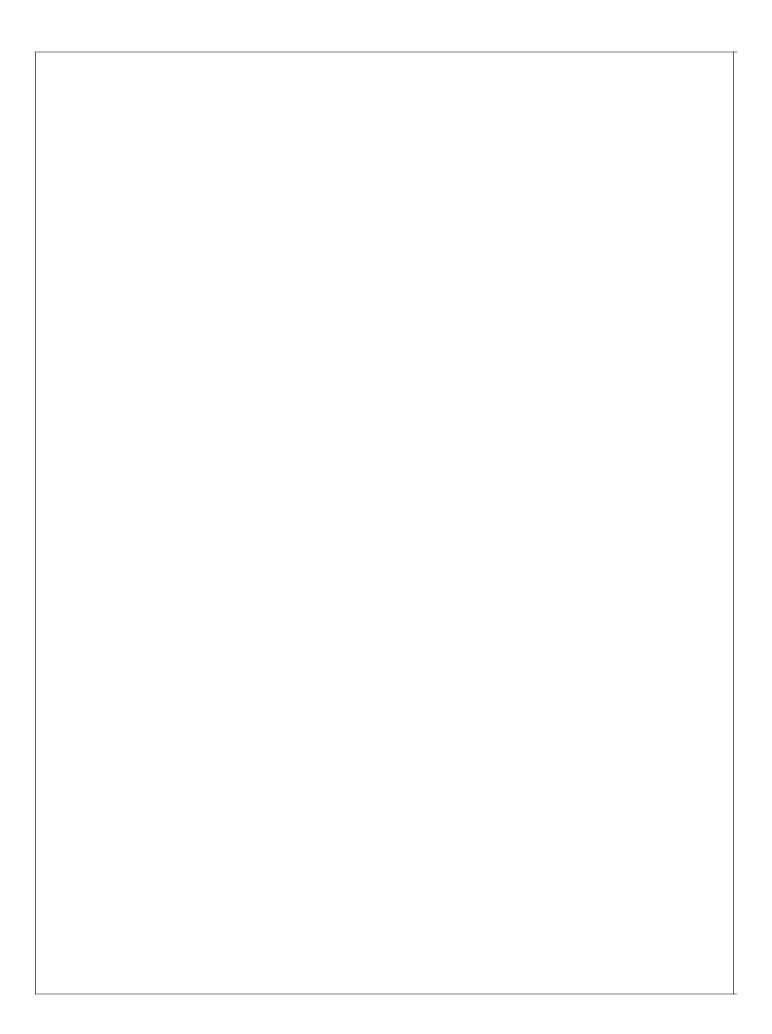


| of medication-related emergency department visits. |                                     |
|--|-------------------------------------|
| I did not use this brochure                        | Often                               |
| Rarely   | Always                              |
| Sometimes  | On't know/cannot recall             |
| 6. How helpful for you was this brochur            | e in learning about antibiotic use? |
| Very helpful                                       | A little helpful                    |
| Helpful  | Not at all helpful                  |
| Somewhat helpful                                   |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |

### Sources of Information: "Symptom Relief for Viral Illnesses"

47. Please select how oftenin the past 2 monthsyour healthcare provider (e.g., primary care physician, urgent care or emergency room physician, nurse practitioner, physician assistant) gave you this prescription sheet tolearn about symptom relief for illnesses when antibiotics aren't needed?

| Symptom Relief for Viral<br>Ilinesses   | BE ANTIBIOTICS  |
|---|---|
| IIIIesses   | AWARE SMART USE, BEST CARE  |
| 1. DIAGNOSIS  | 2. GENERAL INSTRUCTIONS   |
| ☐ Cold or cough   | Drink extra water and fluids.   |
| Middle ear fluid (Otitis Media with<br>Effusion, OME)   | <ul> <li>Use a cool mist vaporizer or saline<br/>nasal spray to relieve congestion.</li> </ul>              |
| ○ Flu   | For sore throats in older children and adults, use ice chips, sore  |
| O Viral sore throat   | throat spray, or lozenges.  |
| Other:  | <ul> <li>Use honey to relieve cough.</li> <li>Do not give honey to an infant</li> </ul>                     |
| You have been diagnosed with an liness caused by  | younger than 1.   |
| a virus. Antibiotics do not work on viruses. When<br>antibibities aren't needed, they won't help you, and<br>the side effects could still but you. The treatments<br>prescribed below will help you feel better white<br>your body flights off the virus. |   |
| 3. SPECIFIC MEDICINES   | 4. FOLLOW UP  |
| Fever or aches:   | If not improved indays/hours, if  |
| ☐ Ear pairx   | new symptoms occur, or if you have<br>other concerns, please call or return<br>to the office for a recheck. |
| Sore throat and congestion:   | O Phone:  |
| Use medicines according to the package instructions<br>or as directed by your healthcare professional. Stop<br>the medication when the symptoms get better.   | Other:  |
|   |   |
| Signed:   |   |
| I did not receive this prescription   | on sheet  |
| Rarely  |   |
| Sometimes   |   |
| Often   |   |
| Always  |   |
| Don't know/cannot recall  |   |
| B. How helpful for you was t  | this prescription sheet in le   |
| ntibiotics aren't needed?   |   |
| Very helpful  |   |
| Helpful   |   |
| Somewhat helpful  |   |
| J Comownat Helpful  |   |
|   |   |



| 9. Whyhave you notused CDC <i>Be Antibiotics Av</i><br>I that apply)  | ware resourcesto learn about appropriate antibiotic use?                        |
|---|---|
| I did use CDC Be Antibiotics Aware resources to learn appropriate antibiotic use, but they were not the ones above. (What resources did you use? (specify:  I do not usually use patient education resources to learn any topics  I use resources developed by other organizations  Iforget to use them  I do not have time to use them | shown  I looked at them, but did not find them helpful  Other (please specify:) |

| N AII I I   |             | D 1 1 41: -    | /I I IV     |
|-------------|-------------|----------------|-------------|
|             | and Hanite. | Drint Madia    | HIDDVNOCDAL |
| ivicula USC | anu manus.  | FIIIIL IVICUIA | (Unexposed) |

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

|   | 1-2 times a day | Once a week | 1-3 times a month | Less than once<br>a month | Never      | Don't<br>know/cannot<br>recall |
|---|-----------------|-------------|-------------------|---------------------------|------------|--------------------------------|
| Read printed magazines                    |                 |             |                   |                           |            |                                |
| Read printed newspapers                   | $\bigcirc$      | $\bigcirc$  | $\bigcirc$        | $\bigcirc$                | $\bigcirc$ |                                |
| Read brochures or flyers on health topics | $\circ$         | $\circ$     | $\circ$           | $\bigcirc$                | $\circ$    | 0                              |
| Read other printed media (please specify) | $\bigcirc$      | $\bigcirc$  | $\bigcirc$        | $\bigcirc$                | $\bigcirc$ |                                |
| Other Printed Media (pleas                | e specify)      |             |                   |                           |            |                                |

| Media l | Jse and | Habits: | Social | Media | (Unexposed | ) |
|---------|---------|---------|--------|-------|------------|---|
|         |         |         |        |       |            |   |

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

|   | 1-2 times a day | Once a week | 1-3 times a<br>month | Less than once<br>a month | Never      | Don't<br>know/cannot<br>recall |
|---|-----------------|-------------|----------------------|---------------------------|------------|--------------------------------|
| Use Facebook                            |                 |             |                      |                           |            |                                |
| Use Instagram                           |                 |             |                      |                           |            |                                |
| Use Twitter                             |                 |             |                      |                           |            |                                |
| Use LinkedIn                            |                 |             |                      |                           |            |                                |
| Use YouTube                             |                 |             |                      |                           |            |                                |
| Use other social media (please specify) | $\bigcirc$      |             |                      | $\bigcirc$                | $\bigcirc$ | $\bigcirc$                     |
| Other Social Media (please              | e specify)      |             |                      |                           |            |                                |

## Media Use and Habits: Online/Internet Media (Unexposed)

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

|   | 1-2 times a day | Once a week | 1-3 times a<br>month | Less than once<br>a month | Never      | Don't<br>know/cannot<br>recall |
|---|-----------------|-------------|----------------------|---------------------------|------------|--------------------------------|
| Read health websites /resources   | $\bigcirc$      | $\bigcirc$  | $\circ$              |                           | $\circ$    |                                |
| Read news online  |                 |             |                      |                           |            |                                |
| Read magazines online   |                 |             |                      |                           |            |                                |
| Listen to internet radio  |                 |             |                      |                           |            |                                |
| Watch TV/movies using<br>streaming services (e.g.,<br>Netflix, Hulu, [Amazon]<br>Prime Video) | 0               | 0           | $\circ$              | 0                         |            | 0                              |
| Read blogs  | $\bigcirc$      |             |                      |                           |            | $\bigcirc$                     |
| Use search engines (e.g., Google)   |                 | $\bigcirc$  |                      | $\bigcirc$                | $\circ$    |                                |
| Visit other websites (please specify)   | $\bigcirc$      | $\bigcirc$  |                      | $\bigcirc$                | $\bigcirc$ |                                |
| Visit other Websites (please  | e specify)      |             |                      |                           |            |                                |
|   |                 |             |                      |                           |            |                                |

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

|   | 1-2 times a day  | Once a week | 1-3 times a month | Less than once a month | Never      | Don't<br>know/cannot<br>recall |
|---|------------------|-------------|-------------------|------------------------|------------|--------------------------------|
| Watch television (cable, satellite, or antenna)                   | 0                | $\circ$     | $\circ$           |                        | $\circ$    | 0                              |
| Listen to broadcast radio   |                  |             |                   |                        |            |                                |
| Listen to satellite radio   |                  |             |                   |                        |            |                                |
| Watch or listen to other<br>TV or radio media<br>(please specify) | $\bigcirc$       | $\bigcirc$  | $\bigcirc$        | $\bigcirc$             | $\bigcirc$ | $\bigcirc$                     |
| Other TV or Radio formats   | (please specify) |             |                   |                        |            |                                |
|   |                  |             |                   |                        |            |                                |

| Media Use and Habits: Public Places (Unexposed |
|--|
| 54. In an average month, how often do you      |

|  | 1-2 times a day | Once a week | 1-3 times a<br>month | Less than once<br>a month | Never      | Don't<br>know/cannot<br>recall |
|--|-----------------|-------------|----------------------|---------------------------|------------|--------------------------------|
| See billboards   |                 |             |                      |                           |            |                                |
| Use buses, subways, or trains                            |                 | $\bigcirc$  |                      |                           |            | $\bigcirc$                     |
| Use taxi cabs  |                 |             |                      |                           |            |                                |
| Shop in malls  |                 |             |                      |                           |            |                                |
| Shop in grocery stores                                   |                 |             |                      |                           |            |                                |
| Shop in pharmacies<br>(e.g., CVS, Walgreens,<br>Walmart) | $\bigcirc$      | $\bigcirc$  | $\bigcirc$           | $\circ$                   | $\bigcirc$ | $\bigcirc$                     |
| Other public locations (please specify)                  | 0               |             |                      |                           | $\bigcirc$ | 0                              |
| Other Public Locations (ple                              | ease specify)   |             |                      |                           |            |                                |
|  |                 |             |                      |                           |            |                                |

| dia Hea and Habita                                | · Hoolthoore     | Sottings (Line | ovnosod)             |                           |            |                              |
|---|------------------|----------------|----------------------|---------------------------|------------|------------------------------|
| dia Use and Habits<br>55. In an average mor       |                  |                | exposeu) *           |                           |            |                              |
|   | 1-2 times a day  | Once a week    | 1-3 times a<br>month | Less than once<br>a month | Never      | Don't<br>know/cann<br>recall |
| Visit doctor's offices or healthcare facilities   | $\circ$          | $\circ$        | $\bigcirc$           | $\circ$                   | $\circ$    |                              |
| Visit urgent care centers that are not in a store | $\bigcirc$       | $\bigcirc$     | $\bigcirc$           | $\circ$                   | $\bigcirc$ | $\circ$                      |
| Visit other healthcare locations (please specify) | 0                | 0              | 0                    | 0                         | 0          | 0                            |
| Other healthcare locations (                      | (please specify) |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |
|   |                  |                |                      |                           |            |                              |

| edia Use and Habits: Oth 56. In an average month, h 1-2 ti Read emails Read email newsletters Listen to webcasts or webinars Attend live events Other Media (please specify) Other Media (please specify) | ow often do y |             | 1-3 times a<br>month | Less than once<br>a month |            | Don't               |
|---|---------------|-------------|----------------------|---------------------------|------------|---------------------|
| Read emails  Read email newsletters  Listen to webcasts or webinars  Attend live events  Other Media (please specify)   | imes a day C  | Once a week |                      |                           |            |                     |
| Read email newsletters  Listen to webcasts or webinars  Attend live events  Other Media (please specify)  | 0             | 0           |                      | a mumi                    | Never      | know/cann<br>recall |
| Listen to webcasts or<br>webinars  Attend live events  Other Media (please<br>specify)  | 0             | _           |                      |                           |            |                     |
| webinars  Attend live events  Other Media (please specify)  |               |             | $\bigcirc$           |                           | $\circ$    |                     |
| Other Media (please specify)  |               |             | $\circ$              |                           | $\bigcirc$ |                     |
| specify)  | $\bigcirc$    | $\bigcirc$  | $\bigcirc$           |                           |            |                     |
| Other Media (please specify)  |               |             |                      | $\bigcirc$                |            |                     |
|   |               |             |                      |                           |            |                     |
|   |               |             |                      |                           |            |                     |
|   |               |             |                      |                           |            |                     |
|   |               |             |                      |                           |            |                     |
|   |               |             |                      |                           |            |                     |
|   |               |             |                      |                           |            |                     |
|   |               |             |                      |                           |            |                     |
|   |               |             |                      |                           |            |                     |
|   |               |             |                      |                           |            |                     |

| 57. Where do you prefer to get information about antibiotic use? (select all that apply)    Family members and/or friends   | P    |  |        |   |
|---|------|--|--------|---|
| Family members and/or friends  Social media (e.g., Facebook, Instagram, Twitter, LinkedI etc.). Please specify:  My doctor/healthcare provider  Pharmacist  Pharmacist  Blogs. Please specify:  Blogs. Please specify:  Other. Please specify:  Don't know/unsure  Health websites/ Health-related mobile apps (e.g., WebMD, Mayo Clinic, etc.). Please specify:  Media (e.g., television, radio, newspapers, health magazines, | edia | Use and Habits: Preferences                        |        |   |
| My doctor/healthcare provider  Pharmacist  Pharmacist  Blogs. Please specify:  Health groups/organizations (e.g., CDC, National Institutes of Health, American Cancer Society, etc.). Please specify:  Don't know/unsure  Health websites/ Health-related mobile apps (e.g., WebMD, Mayo Clinic, etc.). Please specify:  Media (e.g., television, radio, newspapers, health magazines,  | 57.  | Where do you prefer to get information about antib | oiotic | use? (select all that apply)  |
| Pharmacist  Pharmacist  Blogs. Please specify:  Health groups/organizations (e.g., CDC, National Institutes of Health, American Cancer Society, etc.). Please specify:  Don't know/unsure  Health websites/ Health-related mobile apps (e.g., WebMD, Mayo Clinic, etc.). Please specify:  Media (e.g., television, radio, newspapers, health magazines,   |      |  |        | Social media (e.g., Facebook, Instagram, Twitter, LinkedIr etc.). Please specify: |
| Health, American Cancer Society, etc.). Please specify:  Don't know/unsure  Health websites/ Health-related mobile apps (e.g., WebMD, Mayo Clinic, etc.). Please specify:  Media (e.g., television, radio, newspapers, health magazines,  |      |  |        |   |
| Health websites/ Health-related mobile apps (e.g., WebMD, Mayo Clinic, etc.). Please specify:  Media (e.g., television, radio, newspapers, health magazines,  |      |  |        |   |
|   |      | ••••   |        | Don't know/unsure   |
|   |      |  | •      |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |
|   |      |  |        |   |

# Demographic Characteristics (All) Thank you. Now we would like to know more about you. 58. Do you have children under the age of 5 years? Yes No Prefer not to answer 59. How would you describe your racial background? Select all that apply. White American Indian or Alaska Native Black or African American Other, please specify: \_ Prefer not to answer Asian Native Hawaiian or Other Pacific Islander 60. Are you Hispanic or Latino? Yes No Prefer not to answer 61. What language do you primarily use at home (i.e., when speaking with family and friends)? Portuguese English Spanish Vietnamese Chinese (including Mandarin, Cantonese, and other Chinese Other (please specify: \_\_\_\_\_ languages) Prefer not to answer French 62. What is the highest grade of school you have completed, or the highest degree you have received? Some high school Bachelor's (4-year college) degree High school graduate (or equivalent) Master's degree Some college (1-4 years, no degree) Professional or doctoral degree (MD, JD, PhD, etc.) Associate or technical degree Prefer not to answer

| biotic use and antib | iotic resistance, ple | ease visit <u>www.co</u> | lc.gov/antibiotic-u | ise. |  |
|----------------------|-----------------------|--------------------------|---------------------|------|--|
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |
|                      |                       |                          |                     |      |  |