Form Approved
OMB No. 0920-XXX
Expiration Date XX/XX/XXXX

BAA HCP POST-CAMPAIGN SCREENER [ALL]

Target Audiences

- Hospitalist
- Dentist
- Community pharmacists
- Physicians and advanced practice providers in nursing homes
- Nurses in nursing homes

General Instructions for Programmer

1. Hide all subheadings of sections and questions from respondents.
2. Hide all programmer's instructions from respondents.
3. For questions with the **"Select all that apply"** option, do not allow respondents to select any other option if they select **"Prefer not to say," "Do not know/cannot recall," "Not sure," "Nothing," or "None of the above."**
4. Terminate also means ineligible.
5. Terminate all eligible respondents immediately.
6. Present the "Ineligibility Message" whenever a response terminates the survey.

Thank you for participating in this survey. The results will help the Centers for Disease Control and Prevention (CDC) refine its ongoing campaign to improve antibiotic use.

Programmer: Include one question per page. Screener should terminate as soon as the respondent selects an option that deems him/her ineligible.

1. May we ask you some questions to see if you are eligible to take this survey?
   - ☐ Yes
   - ☐ No **[INELIGIBLE/TERMINATE]**

Programmer: If "No" to Q1, TERMINATE. If "Yes," proceed to Q2.

2. Are you a healthcare professional (e.g., physician, physician assistant, nurse practitioner, nurse, pharmacist, or dentist)?
   - ☐ Yes
   - ☐ No **[INELIGIBLE/TERMINATE]**

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-XXXX

3. In what ZIP Code(s) and State do you work? (Please list the ZIP Codes of all the locations you work)
   _____

   Programmer: Targeted states include Iowa (IA), Nebraska (NE), Tennessee (TN), and Alabama (AL).

   Programmer: Approved ZIP Codes include XXXXX, XXXXX, XXXXX, etc. If not within one of the target states and approved ZIP Codes, TERMINATE, otherwise, proceed to Q3.

4. Specifically, what type of healthcare professional are you?
   - ☐ Physician (MD or DO)
   - ☐ Physician Assistant (PA)
   - ☐ Dentist (DDS or DMD)
   - ☐ Pharmacist (PharmD or RPh)
   - ☐ Nurse Practitioner (NP)
   - ☐ Registered Nurse (RN, including ADNs and BSNs)
   - ☐ None of the above **[INELIGIBLE/TERMINATE]**

5. What type of setting do you spend the most time providing patient care?
   - ☐ Hospital
   - ☐ Nursing home/Long-Term Care
   - ☐ Retail pharmacy
   - ☐ Dental office
   - ☐ Urgent care facility **[INELIGIBLE/TERMINATE]**
   - ☐ Primary care practice/facility **[INELIGIBLE/TERMINATE]**
   - ☐ Outpatient **[INELIGIBLE/TERMINATE]**
   - ☐ None of the above **[INELIGIBLE/TERMINATE]**

6. On average, how many hours a week do you provide patient care?
   - ☐ 0-10 hours **[INELIGIBLE/TERMINATE]**
   - ☐ 11-20 hours **[INELIGIBLE/TERMINATE]**
   - ☐ 21-30 hours **[INELIGIBLE/TERMINATE]**
   - ☐ 31 or more hours

7. On average, how often do you prescribe antibiotics/provide antibiotics to patients?
   - ☐ Multiple times every week
   - ☐ Once a week
   - ☐ 1-3 times a month **[INELIGIBLE/TERMINATE]**
   - ☐ Never **[INELIGIBLE/TERMINATE]**

Categorize Respondents

Programmer: Categorize respondents.

Categorize respondents as "Hospitalists" if their response(s) to

- **Q4 = Physician (MD or DO), Physician Assistant (PA), Nurse Practitioner (NP)**
- **Q5 = Hospital**
- **Q6 = 31 or more hours**
- **Q7 = Once a week or multiple times every week**

Categorize respondents as "Dentists" if their response(s) to

- **Q4= Dentist (DDS or DMD)**
- **Q5 = Dental office**
- **Q6 = 31 or more hours**
- **Q7 = Once a week or multiple times every week**

Categorize respondents as "Community Pharmacists" if their response(s) to

- **Q4 = Pharmacist (PharmD or RPh)**
- **Q5 = Pharmacy (Retail)**
- **Q6 = 31 or more hours**
- **Q7 = Once a week or multiple times every week**

Categorize respondents as "Physicians and Advanced Practice Professionals (APPs) in Nursing Homes (NHs)" if their response(s) to

- **Q4 = Physician (MD or DO), Physician Assistant (PA), Nurse Practitioner (NP)**
- **Q5 = Nursing home/Long Term Care**
- **Q6 = 31 or more hours**
- **Q7 = Once a week or multiple times every week**

Categorize respondents as "Nurses in NHs" if their response(s)

- **Q4 = Licensed Nurse (RN, BSN, LPN)**
- **Q5 = Nursing home/Long Term Care**
- **Q6 = 31 or more hours**
- **Q7 = Once a week or multiple times every week**

Programmer: If a respondent does not fall into one of the above categories TERMINATE and display the "Ineligibility Message," else display the "Proceed to Survey Message."

Eligible/Proceed to Survey Message

Thank you for answering the screening questions. We have determined that you are eligible to proceed with this survey. If you have any questions, please contact [name] at [email address] or call phone number XXX-XXX-XXXX or XXX-XXX-XXXX.

Please click on "**Proceed to Survey**" and answer the questions to the best of your ability.

Ineligibility Message

Thank you for your willingness to participate in this survey. Unfortunately, you are not eligible to proceed with the survey. If you have any questions, please contact [name] at [email address] or call phone number XXX-XXX-XXXX or XXX-XXX-XXXX.

Thank you for your time. Please click on "**Exit Survey**" to exit.

BAA HCP POST-CAMPAIGN SURVEY

EXPOSURE TO CAMPAIGN [ALL]

Programmer: Include one question per page. NOTE Subheadings within all tables should not be visible to respondents.**

Now we would like to ask you about a CDC campaign on appropriate antibiotic use that you may or may not have seen or heard about **in the past 2-3 months.**

8. Please indicate below whether you have seen or heard any of the following campaign names or slogans **in the past 2-3 months.**

Campaigns	Yes	No	Do not know/ cannot recall
a. *Get Ahead of Antibiotics*			
b. *Flip the Script*			
c. *Be Antibiotics Aware*			
d. *Get Smart About Antibiotics*			
e. *Don't Miss-take Antibiotics*			

Programmer: Rotate Q8 (a - e), the column named "Campaigns" among respondents.

9. In the **past 2-3 months**, did you see or hear this slogan/logo ("Be Antibiotics Aware," "Smart Use, Best Care") anywhere**?**

- ☐ Yes
- ☐ No
- ☐ Do not know/cannot recall

Programmer: If the respondent selects "Yes" to Q8c and "Yes" or "Do not know/cannot recall" to Q9, classify as "Exposed" and proceed to the FREQUENCY AND CHANNEL OF EXPOSURE section.

If the respondent selects "Do not know/cannot recall" to Q8c and "Yes" to Q9, classify as "Exposed" and proceed to the FREQUENCY AND CHANNEL OF EXPOSURE section.

If the respondent selects "No" or "Do not know/cannot recall" to Q8c and "No" or "Do not know/cannot recall" to Q9, classify as "Unexposed" and proceed to the KNOWLEDGE section. After the quota of unexposed has been met for each target group then TERMINATE.

FREQUENCY AND CHANNEL OF EXPOSURE [EXPOSED ONLY]

Programmer: Include one question per page.

You indicated that you had seen or heard the campaign name, *Be Antibiotics Aware*, or seen the campaign logo **in the past 2-3 months.**

10. In the **past 2-3 months**, approximately how often did you see CDC's *Be Antibiotics Aware* campaign messages, campaign name, or logo in …?
Programmer: Rotate the media options (Poster, Fact sheet, Brochure, etc.).

Printed Media	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/ cannot recall
Poster						
Fact sheet						
Brochure						
Graphic						
Newspaper/magazine advertisement						
Flyer						
Other print media, please specify: _____						

11. In the **past 2-3 months**, approximately how often did you see CDC's *Be Antibiotics Aware* campaign messages, campaign name, or logo on …?
Programmer: Rotate the media options (Facebook, Instagram, Twitter, etc.).

Social Media	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/ cannot recall
Facebook						
Instagram						
Twitter						
LinkedIn						
Doximity						
Sermo						
YouTube						
Other social media, please specify: _____						

12. In the **past 2-3 months**, approximately how often did you see CDC's *Be Antibiotics Aware* campaign messages, campaign name, or logo in …?

Programmer: Rotate the media options (Online/Internet Media).

Online/Internet Media	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/ cannot recall
Health websites /resources (WebMD, Mayo Clinic)						
Video conferencing/ background screen						
Website advertisements						
Online news articles						
Streaming TV/video services (e.g., Hulu, Netflix, [Amazon] Prime Video)						
Streaming internet radio						
Blogs						
Advertisement on mobile phone (including mobile apps)						
Search engines (e.g., Google)						
Others, please specify: _____						

13. In the **past 2-3 months**, approximately how often did you see or hear CDC's *Be Antibiotics Aware* campaign messages, campaign name, or logo on …?

Programmer: Rotate the media options (TV and Radio Media).

TV and Radio Media	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/ cannot recall
Television (cable, satellite, or antenna)						
Broadcast radio						
Other media formats, please specify: _____						

14. In the **past 2-3 months**, how often did you see CDC's *Be Antibiotics Aware* campaign messages, campaign name, or logo in …?

Programmer: Rotate the media options (Public Places).

Public Places	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/ cannot recall
Billboards						
Bus, train, or subway stations						
On buses or taxi cabs						
Advertisement in a mall						
Advertisement in a grocery store						
Advertisement in a retail pharmacy						
Advertisement at a shopping center or parking lot						
Other public locations, please specify: _____						

15. In the **past 2-3 months**, did you see CDC's *Be Antibiotics Aware* campaign messages, campaign name, or logo **at your workplace** (including at your home workplace for telework)?

- ☐ Yes, I personally placed or shared CDC's *Be Antibiotics Aware* Campaign materials at my workplace in the **past 2-3 months**.
- ☐ Yes, I saw CDC's *Be Antibiotics Aware* Campaign at my workplace in the **past 2-3 months**, but I **was not** responsible for placing or sharing it.
- ☐ No, but I saw materials from another antibiotic use campaign at my workplace in the **past 2-3 months.**
- ☐ No, I have not seen any materials about antibiotic use at my workplace in the **past 2-3 months.**

Programmer: If the respondent selects "Yes" to Q15, proceed to Q16 else skip Q16 and Q17.

16. In the past 2-3 months, where did you see CDC's *Be Antibiotics Aware* campaign messages, campaign name, or logo at your workplace (including at your home workplace for telework)? Select all that apply.

- ☐ Posters or other print material(s) designed to educate patients about appropriate antibiotic use
- ☐ Posters or other print material(s) designed to improve antibiotic prescribing by healthcare professionals
- ☐ Digital material(s) designed to educate patients about appropriate antibiotic use
- ☐ Digital material(s) designed to improve antibiotic prescribing by healthcare professionals
- ☐ Video displays in patient waiting areas
- ☐ Workplace website or internal email/newsletter
- ☐ Email or e-newsletter from an external health organization, such as a state or local public health agency or professional association

- ☐ Other, please specify: _____
- ☐ Do not know/cannot recall

Programmer: Rotate response options; keep the placement of "Other" and "Do not know/cannot recall" as is.

Programmer: If the respondent selects "Do not know/cannot recall" to Q16, do not allow the respondent to select other responses.

17. You indicated that you saw or heard the campaign name, *Be Antibiotics Aware*, or saw the campaign logo in the past 2-3 months. Where did you see or hear it? **[Open-ended response]**

Programmer: If the respondent selects "Never" or "Do not know/cannot recall" for ALL options in Q10-Q14 and "Yes" to Q15 but selects "Do not know/cannot recall" to Q16, and left Q17 blank, reclassify these respondents as "Unexposed" and proceed to RISKS AND BENEFITS OF ANTIBIOTICS section.

If the respondent selects "1-2 times a day," "Once a week," "1-3 times a month," or "Less than once a month" for any of the options in Q10-Q14, and "Yes" to Q15 or filled in Q17 with more than N/A or None, classify as "Exposed" and proceed to the RISKS AND BENEFITS OF ANTIBIOTICS section.

RISKS AND BENEFITS OF ANTIBIOTICS – ATTITUDES AND BELIEFS [ALL GROUPS EXCEPT PHARMACISTS]

Programmer: Include one question per page. Include disclaimer statement below only with Q18. Do not allow participants to go back and change their response to a previous question.

NOTESubheadings within all tables should not be visible to respondents.**

Next, we are going to ask you some questions to learn more about your perspective on antibiotic prescribing. Research shows that healthcare professionals face challenges with antibiotic prescribing. Your responses to this survey will help CDC understand how to better support healthcare professionals' antibiotic prescribing habits. Please give us your honest responses. There are no right or wrong answers to any of these questions.

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

Perceived Severity	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Antibiotic resistance is a serious public health issue.					
b. Antibiotic resistance can have serious consequences for my patients.					
c. Side effects caused by antibiotics could be very serious for my patients.					

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

Perceived Susceptibility	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. If my patients are prescribed antibiotics, they could experience minor side effects, like a rash.					
b. If my patients are prescribed antibiotics, they could experience very serious health problems, such as *Clostridioides difficile* (or *C. diff*) infection.					

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

Perceived Benefits	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Prescribing antibiotics judiciously and only for certain infections caused by bacteria is the best care for my patients.					
b. Prescribing antibiotics judiciously and only for certain infections caused by bacteria helps protect my patients from unnecessary					

Perceived Benefits	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
antibiotic use.					
c. Prescribing antibiotics judiciously and only for certain infections caused by bacteria helps combat antibiotic resistance.					

21. **In the past 2-3 months**, please indicate how often you did the following when prescribing antibiotics.

Behavior (Prescribing)	Never	Rarely	Sometimes	Often	Always
a. I factor patient satisfaction into my decisions to prescribe antibiotics.					
b. I prescribe antibiotics according to clinical guidelines.					
c. I consider antibiotic resistance when prescribing an antibiotic to my patients.					
d. I take antibiotic resistance into consideration when choosing which antibiotic to prescribe to my patients.					
e. I consider antibiotic adverse events, like *C. diff* infection, when prescribing antibiotics to my patients.					

22. What **barriers** do you commonly experience in prescribing antibiotics to your patients? Select all that apply.

Programmer: Rotate response options; keep placement of "Other," "I have not encountered any barriers to prescribing antibiotics based on clinical guidelines," "Do not know/cannot recall," and "Prefer not to answer" as is.

- ☐ Current clinical guidance does not always apply to my patients.
- ☐ I am not as familiar as I would like to be with current clinical guidance for prescribing antibiotics.
- ☐ My patients will be dissatisfied with their visit if I do not prescribe antibiotics and they believe they need them for their illness.
- ☐ My patients demand antibiotics, even if I don't think an antibiotic is needed to treat their illness.

- ☐ My patients are not concerned about antibiotic resistance.
- ☐ My patients are unconcerned about potential side effects of antibiotics, such as rash, nausea, or *C. diff* infection.
- ☐ My patients are unaware of potential side effects of antibiotics, such as rash, nausea, or *C. diff* infection.
- ☐ Uncertainty of diagnosis can make it challenging to determine if the patient needs antibiotics.
- ☐ Other, please explain: _____
- ☐ I have not encountered any barriers to following clinical guidelines regarding antibiotic prescribing.
- ☐ Do not know/cannot recall
- ☐ Prefer not to answer

Programmer: If the response to Q22 is "I have not encountered any barriers to prescribing antibiotics based on clinical guidelines," "Do not know/cannot recall," or "Prefer not to answer," do not allow the respondent to select other responses.

RISKS AND BENEFITS OF ANTIBIOTICS – ATTITUDES AND BELIEFS [PHARMACISTS ONLY]

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

Perceived Severity	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Antibiotic resistance is a serious public health issue.	☐	☐	☐	☐	☐
b. Antibiotic resistance can have serious consequences for my patients.	☐	☐	☐	☐	☐
c. Side effects caused by antibiotics could be very serious for my patients.	☐	☐	☐	☐	☐

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

Perceived Susceptibility	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. If my patients are prescribed antibiotics, whether needed or not	☐	☐	☐	☐	☐

needed, they could experience minor side effects, like a rash.					
b. If my patients are prescribed antibiotics, whether needed or not, they could experience very serious health problems, such as *Clostridioides difficile* (or *C. diff*) infection.	☐	☐	☐	☐	☐

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

Perceived Benefits	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Providing antibiotics only for certain infections caused by bacteria helps combat antibiotic resistance.	☐	☐	☐	☐	☐

DISCUSSING ANTIBIOTICS WITH PATIENTS: ATTITUDES, BELIEFS AND BEHAVIORS [ALL EXCEPT PHARMACISTS]

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

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

Knowledge of Need for Conversations	Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree
a. It is important for me to discuss with my patients that antibiotics can cause side effects that can range from minor issues, like a rash, to adverse events, such as *C. diff* infection.					
b. It is important for me to discuss with my patients that antibiotic use can contribute to antibiotic					

Knowledge of Need for Conversations	Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree
resistance.					
c. It is important for me to help my patients understand ways they can feel better, such as taking over the counter (OTC) medications that can help relieve symptoms, regardless of whether an antibiotic is needed to treat their illness.					
d. It is important for me to educate patients about when antibiotics are and are not needed for their illness.					

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

Perceived Benefits of Conversations	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I believe that educating my patients about appropriate antibiotic use can protect them from unnecessary side effects.					
b. I believe that educating my patients about appropriate antibiotic use can help reduce unnecessary antibiotic use, thus helping to combat antibiotic resistance.					
c. I believe that educating my patients about which infections antibiotics do and do not treat helps them understand my decision on whether to prescribe antibiotics for their illness.					

28. When prescribing antibiotics, please indicate how frequently you discuss the following with your patients.

Behavior (Conversations)	Never	Rarely	Sometimes	Often	Always
a. Whether antibiotics are needed for					

Behavior (Conversations)	Never	Rarely	Sometimes	Often	Always
their illness.					
b. Other ways to feel better, such as taking OTC medications that can help relieve symptoms, including when a patient has an infection that does not need an antibiotic.					
c. Common side effects, such as rash, diarrhea, and nausea, when prescribing antibiotics.					
d. Possible severe side effects, such as *C. diff* infection or allergic reactions.					
e. Antibiotic use contributes to antibiotic resistance.					

29. What are the barriers you commonly encounter when educating your patients on the topics of appropriate antibiotic use and antibiotic resistance? Select all that apply.

Programmer: Rotate response options; keep the placement of "Other," "I have not encountered any barriers to educating my patients on these topics," "Do not know/cannot recall," and "Prefer not to answer" as is.

- ☐ I am not familiar enough with these topics.
- ☐ I do not feel confident educating my patients on these topics.
- ☐ I do not think my patients will understand these topics.
- ☐ I do not think it is important for my patients to understand these topics.
- ☐ I do not think my patients will be interested in or receptive to learning about these topics.
- ☐ I do not have time to educate my patients on these topics.
- ☐ I do not have access to educational materials about these topics.
- ☐ Other, please specify: _____
- ☐ I have not encountered any barriers to educating my patients on these topics.
- ☐ Do not know/cannot recall
- ☐ Prefer not to answer

Programmer: If the response to Q29 is "I have not encountered any barriers to educating my patients on these topics," "Do not know/cannot recall" or "Prefer not to answer," do not allow them to select other responses.

30. Did you know that CDC's *Be Antibiotics Aware* campaign has resources you can use to help educate your patients about appropriate antibiotic use?

- ☐ Yes
- ☐ No

DISCUSSING ANTIBIOTICS WITH PATIENTS: ATTITUDES, BELIEFS, AND BEHAVIORS [PHARMACISTS ONLY]

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

Knowledge of Need for Conversations	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. It's important for me to discuss with my patients that antibiotics can cause side effects that can range from minor issues, like a rash, to adverse events, such as *C. diff* infection.	☐	☐	☐	☐	☐
b. It's important for me to discuss with my patients that antibiotic use can lead to antibiotic resistance.	☐	☐	☐	☐	☐
c. It is important for me to help my patients understand ways they can feel better, such as taking over the counter (OTC) medications that can help relieve symptoms, including when an antibiotic is not needed to treat their illness.	☐	☐	☐	☐	☐
d. It is important for me to educate my patients about when antibiotics are and are not needed for their illness.	☐	☐	☐	☐	☐

32. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree. Educating includes providing verbal or written information on how to take antibiotics correctly.

Perceived Benefits of Conversations	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I believe that educating my patients about appropriate antibiotic use can protect them from common side effects, such as rash, diarrhea, and nausea.	☐	☐	☐	☐	☐

b. I believe that educating my patients about appropriate antibiotic use can protect them from more serious side effects, including life-threatening allergic reactions or *C. diff* infection.	☐	☐	☐	☐	☐
c. I believe that educating my patients about viral vs. bacterial causes of acute respiratory infections (ARI), including COVID-19, can help reduce unnecessary antibiotic use.	☐	☐	☐	☐	☐
d. I believe that educating my patients about appropriate antibiotic use can help reduce unnecessary antibiotic use, thus helping to combat antibiotic resistance.	☐	☐	☐	☐	☐

33. When prescribing antibiotics, please indicate how frequently you discuss the following with your patients.

Behavior (Conversations)	Never	Rarely	Sometimes	Often	Always	N/A
a. Common side effects, such as rash, diarrhea, and nausea.	☐	☐	☐	☐	☐	☐
b. More serious side effects, such as *C. diff* infection.	☐	☐	☐	☐	☐	☐
c. The threat of antibiotic resistance.	☐	☐	☐	☐	☐	☐
d. The importance of taking antibiotics as prescribed.	☐	☐	☐	☐	☐	☐

34. Did you know that CDC's *Be Antibiotics Aware* campaign has resources you can use to help educate your patients about appropriate antibiotic use?

☐ Yes
☐ No

COVID-19 BEHAVIOR [ALL]

35. In the past 12 months, how often did you feel patients expected you to provide antibiotics because they believed they had COVID-19?

☐ Always
☐ Often

- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Do not know/cannot recall
- ☐ I did not see any patients who believed they had COVID-19

36. In the past 12 months, how often did your patients specifically ask for antibiotics because they believed they had COVID-19?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Do not know/cannot recall
- ☐ I did not see any patients who believed they had COVID-19

37. In the past 12 months, how often did you provide antibiotics to patients to treat COVID-19?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Do not know/cannot recall
- ☐ I did not see any patients who believed they had COVID-19

USE OF CAMPAIGN MATERIALS [EXPOSED ONLY]

38. Have you been contacted by any of these organizations in the last 2-3 months about *Be Antibiotics Aware?*

- ☐ Local Health Department, please specify: _____
- ☐ State Health Department, please specify: _____
- ☐ Other, please specify: _____
- ☐ None of these organizations

Programmer: Include image of Viruses/Bacteria Chart: Common Infections in Nursing Homes and Q39 - Q41 on one page.

Viruses or Bacteria
What's got you sick?
Common infections in nursing homes

Antibiotics are often prescribed when they are not needed for respiratory infections. Antibiotics are only needed for treating certain infections caused by bacteria. Viral illnesses cannot be treated with antibiotics. When antibiotics aren't needed, they won't help you, and the side effects could still cause harm.

Common Respiratory Infections in Nursing Homes	Common Cause			Are Antibiotics Needed?
	Virus	Virus or Bacteria	Bacteria	
Common cold/runny nose	✓			No
Sore throat (except strep)	✓			No
COVID-19	✓			No
Flu	✓			No
Acute bronchitis/chest cold*		✓		No*
Sinus infection		✓		Maybe
Pneumonia		✓		Yes
Strep throat			✓	Yes

*Antibiotics are not needed for nursing home residents with acute bronchitis or a chest cold, unless they have chronic obstructive pulmonary disease (COPD) or other chronic lung disease.

39. Did your partners provide this chart for you to use to help educate your patients on appropriate antibiotic use?

- ☐ Yes
- ☐ No
- ☐ Do not know/cannot recall

40. Please select how often in the past 2-3 months you used this chart to educate your patients about when antibiotics are and are not needed for their illness?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Do not know/cannot recall
- ☐ I did not use this chart

41. Please select how often in the past 2-3 months you used this chart to educate your patients about risks and benefits of antibiotic use?

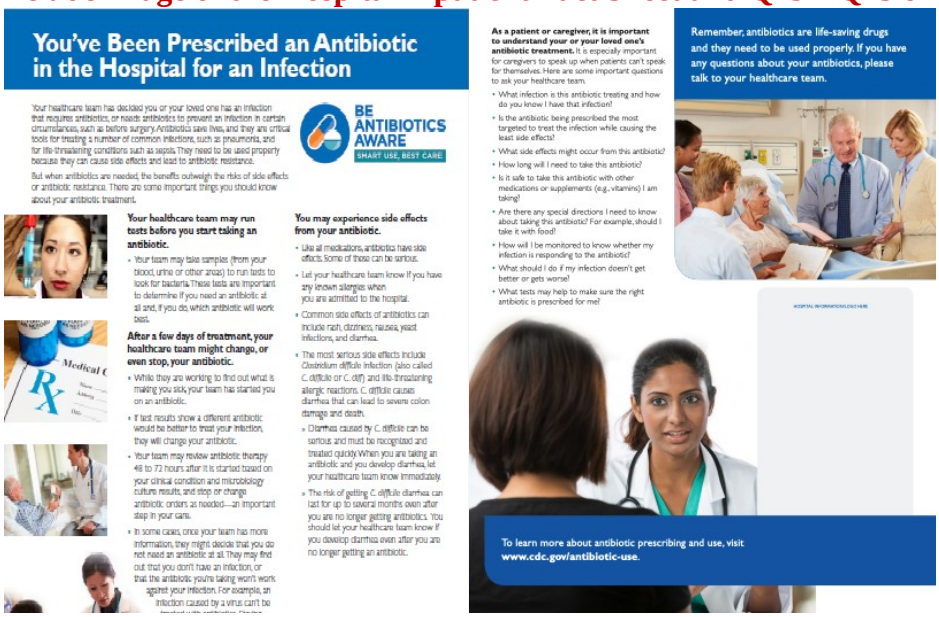
- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Do not know/cannot recall
- ☐ I did not use this chart

Programmer: If the respondent selected: "I did not use this chart," for Q40 AND Q41, skip Q42; else proceed to Q42.

42. How helpful for you was this chart in educating your patients about appropriate antibiotic use?

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

Programmer: Include image of the Hospital Inpatient Fact Sheet and Q43 – Q45 on one page.



43. Did your partners provide this fact sheet for you to use to help educate your patients on appropriate antibiotic use?

- ☐ Yes
- ☐ No
- ☐ Do not know/cannot recall

44. Please select how often in the past 2-3 months you used this fact sheet to educate your patients about when antibiotics are and are not needed for their illness?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Do not know/cannot recall
- ☐ I did not use this fact sheet

45. Please select how often in the past 2-3 months you used this fact sheet to educate your patients about risks and benefits of antibiotic use?

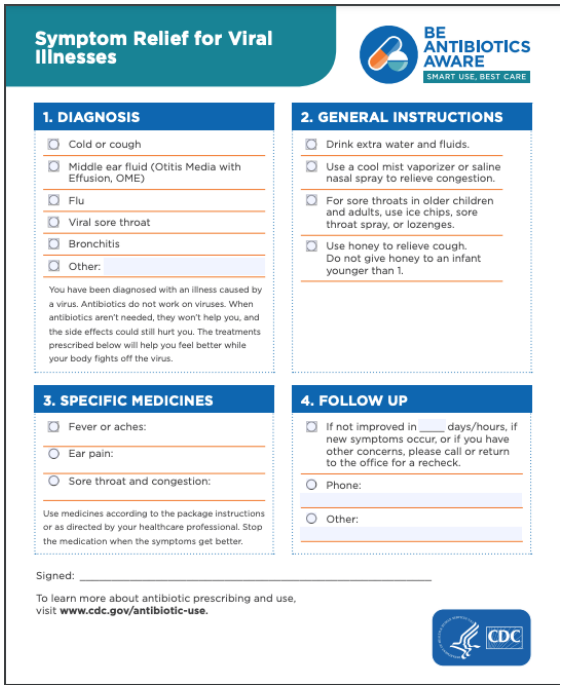
- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Do not know/cannot recall
- ☐ I did not use this fact sheet

Programmer: If respondent selected: "I did not use this fact sheet" for Q44 AND Q45, skip Q46, else proceed to Q46.

46. How helpful for you was this fact sheet in educating your patients about appropriate antibiotic use?

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

Programmer: Include image of the Symptom Relief for Viral Illnesses Prescription Pad and Q47 – Q49 on one page.



Symptom Relief for Viral Illnesses

BE ANTIBIOTICS AWARE
SMART USE, BEST CARE

1. DIAGNOSIS

- ☐ Cold or cough
- ☐ Middle ear fluid (Otitis Media with Effusion, OME)
- ☐ Flu
- ☐ Viral sore throat
- ☐ Bronchitis
- ☐ Other:

You have been diagnosed with an illness caused by a virus. Antibiotics do not work on viruses. When antibiotics aren't needed, they won't help you, and the side effects could still hurt you. The treatments prescribed below will help you feel better while your body fights off the virus.

2. GENERAL INSTRUCTIONS

- ☐ Drink extra water and fluids.
- ☐ Use a cool mist vaporizer or saline nasal spray to relieve congestion.
- ☐ For sore throats in older children and adults, use ice chips, sore throat spray, or lozenges.
- ☐ Use honey to relieve cough. Do not give honey to an infant younger than 1.

3. SPECIFIC MEDICINES

- ☐ Fever or aches:
- ☐ Ear pain:
- ☐ Sore throat and congestion:

Use medicines according to the package instructions or as directed by your healthcare professional. Stop the medication when the symptoms get better.

4. FOLLOW UP

- ☐ If not improved in ____ days/hours, if new symptoms occur, or if you have other concerns, please call or return to the office for a recheck.
- ☐ Phone:
- ☐ Other:

Signed: _____

To learn more about antibiotic prescribing and use, visit **www.cdc.gov/antibiotic-use.**

CDC

47. Did your partners provide this prescription pad for you to use to help educate your patients on appropriate antibiotic use?

- ☐ Yes
- ☐ No
- ☐ Do not know/cannot recall

48. Please select how often in the past 2-3 months you used this prescription pad to educate your patients about when antibiotics are and are not needed for their illness?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Do not know/cannot recall
- ☐ I did not use this prescription pad

49. Please select how often in the past 2-3 months you used this prescription pad to educate your patients about risks and benefits of antibiotic use?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Do not know/cannot recall
- ☐ I did not use this prescription pad

Programmer: If respondent selected: "I did not use this prescription pad" for Q48 AND Q49, skip Q50, else proceed to Q50.

50. How helpful for you was this prescription pad in educating your patients about appropriate antibiotic use?

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

Programmer: Include image of below material, "Do You Need Antibiotics From Your Dentist?" Brochure, and Q51 – Q53 on one page.

51. Did your partners provide this brochure for you to use to help educate your patients on appropriate antibiotic use?

- ☐ Yes
- ☐ No
- ☐ Do not know/cannot recall

52. Please select how often in the past 2-3 months you used this brochure to educate your patients about when antibiotics are and are not needed for their illness?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Do not know/cannot recall
- ☐ I did not use this brochure

53. Please select how often in the past 2-3 months you used this brochure to educate your patients about risks and benefits of antibiotic use?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Do not know/cannot recall
- ☐ I did not use this brochure

Programmer: If the respondent selected: "I did not use this brochure," for Q52 AND Q53, skip Q54, else proceed to Q54.

54. How helpful for you was this brochure in educating your patients about appropriate antibiotic use?

- ☐ Very helpful
- ☐ Helpful
- ☐ Somewhat helpful

- ☐ A little helpful
- ☐ Not at all helpful

Programmer: If the respondent selected: "I did not use this [chart, fact sheet, prescription pad, or brochure]" for questions Q40, Q41, Q44, Q45, Q48, Q49, Q52, and Q53, proceed to Q55, else skip Q55 and proceed to DEMOGRAPHIC CHARACTERISTICS section.

55. Why have you not used CDC's *Be Antibiotics Aware* resources to educate your patients about appropriate antibiotic use? Select all that apply.

- ☐ I did use CDC's *Be Antibiotics Aware* resources to educate my patients/patients, but they were not the ones shown above. Please specify which resources you used:
  _____
- ☐ I do not usually use patient education resources when educating my patients/patients on any topics.
- ☐ I/my organization has my/our own resources
- ☐ I use resources developed by other organizations
- ☐ I forget to use them
- ☐ I do not have time to use them
- ☐ I do not know where to find these resources
- ☐ I looked at them but did not find them helpful
- ☐ I am not familiar enough with these resources to feel comfortable using them
- ☐ Other, please specify: _____
- ☐ Do not know

MEDIA USE AND HABITS [UNEXPOSED ONLY]

Programmer: Include one set of questions (e.g., printed media, social media) per page.

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

56. In an average month, how often do you…

Printed Media	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/ cannot recall
Read printed magazines						
Read printed newspapers						
Read brochures or flyers on health-related topics						
Read other printed media, please specify:						

Printed Media	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/ cannot recall
_____						

57. In an average month, how often do you…

Social Media	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/ cannot recall
Use Facebook						
Use Instagram						
Use Twitter						
Use LinkedIn						
Use Doximity						
Use Sermo						
Use YouTube						
Use other social media, please specify: _____						

58. In an average month, how often do you…

Online/Internet Media	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/ cannot recall
Read health websites /resources						
Read news online						
Read magazines online						
Listen to internet radio						
Watch TV/movies using streaming services (e.g., Netflix, Hulu, [Amazon] Prime Video)						
Read blogs						
Streaming internet radio						
Use search engines (e.g., Google)						
Visit other websites, please						

Online/Internet Media	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/ cannot recall
specify: _____						

59. In an average month, how often do you…

TV and Radio Media	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/ cannot recall
Watch television (cable, satellite, or antenna)						
Listen to broadcast radio						
Listen to satellite radio						
Watch or listen to other TV or radio media, please specify: _____						

60. In an average month, how often do you…

Public Places	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/ cannot recall
See billboards						
Use buses, subways, or trains						
Use taxi cabs						
Shop in malls						
Shop in grocery stores						
Shop in pharmacies (e.g., CVS, Walgreens, Walmart)						
Visit other public locations, please specify: _____						

61. In an average month, how often do you…

Other Media	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/ cannot recall
Read email newsletters from healthcare professional associations						
Listen to webcasts or webinars related to my profession						
Listen to podcasts						
Attend live events (presentation at a conference)						
Use other media, please specify: _____						

62. To whom or where do you go to learn about appropriate antibiotic prescribing? Select all that apply.

Programmer: Rotate response options; keep placement of "Other" and "I have not looked for information on this topic" as is.

- ☐ Colleagues, other HCPs
- ☐ Centers for Disease Control and Prevention (CDC) website or material, please specify: _____
- ☐ Peer-reviewed journals (printed or online), please specify: _____
- ☐ Health websites/Health-related mobile apps (WebMD, Mayo Clinic, Medscape, UpToDate, etc.), please specify: _____
- ☐ Medical conferences, please specify: _____
- ☐ Local/state health departments
- ☐ Medical or professional associations, please specify: _____
- ☐ My place of work or organization
- ☐ Continuing education/medical education/training courses (CE/CME, etc.), please specify: _____
- ☐ Social media (Facebook, Instagram, Twitter, LinkedIn), please specify: _____
- ☐ Other, please specify: _____
- ☐ I have not looked for information on this topic.

DEMOGRAPHIC CHARACTERISTICS [ALL]

Programmer: Include one set of questions per page.

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

63. How long have you worked as a healthcare professional performing the same duties as your current role?

- ☐ Less than one year
- ☐ 1-5 years
- ☐ 6-9 years
- ☐ 10 or more years
- ☐ Prefer not to answer

64. What sex were you assigned at birth, on your original birth certificate?

- ☐ Male
- ☐ Female
- ☐ Refused
- ☐ I don't know

65. Do you currently describe yourself as male, female, or transgender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ None of these

66. What is your ethnicity?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

67. What is your race?

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

END OF SURVEY MESSAGE

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

FOR POSTTEST ONLY: To learn more about appropriate antibiotic prescribing and use, please visit https://www.cdc.gov/antibiotic-use/