Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX

Participant Experience Survey
Improving Antibiotic Use Cohort
Telemedicine-Only Organizations

Thank you for your participation in the AHRQ Safety Program for Telemedicine: Improving Antibiotic Use ("the Safety Program"). The following questions pertain to your experience implementing the AHRQ Safety Program for Telemedicine: Improving Antibiotic Use ("the Safety Program")

1. What is the most important change you implemented to achieve your antibiotic stewardship goals? *(open-ended response)*

2. What did you or your organization measure to determine whether your antibiotic stewardship goals were met? *(open-ended response)*

3. How did you or your organization ensure adequate support to implement the Safety Program? *(open-ended response)*

4. Are you aware of the Four Moments of Antibiotic Decision Making?

   ☐ Yes ☐ No

5. Have you been incorporating the Four Moments of Antibiotic Decision Making into their daily clinical practice?

   ☐ Yes (please explain why:_____)

   ☐ No (please explain why not:_____)

6. Did non-clinician staff within your organization support implementation of the Safety Program?
   ☐ Yes (please explain why:_____)
   ☐ No (please explain why not:_____)

7. Aside from or in addition to the Four Moments Framework, did you implement any other processes or procedures to support your antibiotic stewardship goals? *(open-ended response)*

8. What barriers did you experience while implementing the Safety Program in your practice? (Please select all that apply) For each barrier type selected, please give a specific example. *(open-ended response)*
   ☐ Health system-level barriers (Please give a specific example:_____)
   ☐ Organization-level barriers (e.g., leadership not invested in the program) (Please give a specific example:_____)
   ☐ Personal hesitation (Please give a specific example:_____)

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☐ Resistance among patients (Please give a specific example:_____)
☐ Other (please specify and provide a specific example:_____)

9. What changes have you or your organization made to ensure proper antibiotic prescribing practices are sustained? *(open-ended response)*

10. Which of the following content areas included in the Safety Program were helpful to your daily practice? (*Select all that apply*)

☐ Sinusitis
☐ Ear pain
☐ Influenza
☐ Acute bronchitis/chest cold
☐ Symptomatic treatment of upper respiratory tract infections
☐ Urinary tract infections
☐ Cellulitis
☐ Sexually transmitted infections
☐ Antibiotic allergy assessment
☐ Pharyngitis/sore throat
☐ COVID-19
☐ RSV
☐ Potential harms of antibiotics
☐ Other (please specify)

11. Were there specific tools or resources in the Safety Program that you found particularly helpful? Please list these. (*open-ended response*)

12. What additional content would have been helpful to include in the Safety Program? *(open-ended response)*