Appendix: 14-day patient follow up questionnaire

1. Since visiting the CHC 14 days ago, how long do the symptoms last? [__|__] (days)

2. Within 14 days, did you take any antibiotics for the illness you originally consulted for that were not provided in the first consultation at the CHC?
   - Yes (if yes, answer Q3)
   - No
   - Don’t know

3. Source of subsequent antibiotics:
   - Public hospital
   - Public clinic
   - Private hospital/clinic
   - Private pharmacy/drug store
   - Relative/friend
   - Other, specify: ________________

4. Is there any hospital admission occurred during 14 days?  
   - No  
   - Yes (if yes, answer Q5)

5. Reason of hospital admission:
   - Related to current disease
   - Other diseases, specify__________
   - Other reason, specify__________

6. Patient’s satisfaction score about CRP test (range: 0-10): ___________