

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? <input type="radio"/> Yes (if yes, answer Q3) <input type="radio"/> No <input type="radio"/> Don't know
3. Source of subsequent antibiotics: <input type="radio"/> Public hospital <input type="radio"/> Public clinic <input type="radio"/> Private hospital/clinic <input type="radio"/> Private pharmacy/drug store <input type="radio"/> Relative/friend <input type="radio"/> Other, specify: _____
4. Is there any hospital admission occurred during 14 days? <input type="radio"/> No <input type="radio"/> Yes (if yes, answer Q5)
5. Reason of hospital admission: <input type="radio"/> Related to current disease <input type="radio"/> Other diseases, specify _____ <input type="radio"/> Other reason, specify _____
6. Patient's satisfaction score about CRP test (range: 0-10): _____