Supplementary file 1

Monthly questionnaire for participants of the Approach study

1. Did you consult a physician for your child because of a respiratory tract infection in the past month?
   ☐ Yes, the paediatrician of our own hospital
   ☐ Yes, the general practitioner
   ☐ Yes, the otolaryngologist
   ☐ Yes, another physician
   ☐ No

1b. If yes, how many times did your child visit a physician because of a respiratory tract infection in the past month?

2. Did you consult a physician for your child because of a stomach infection or gastro-enteritis in the past month?
   ☐ Yes, the paediatrician of our own hospital
   ☐ Yes, the general practitioner
   ☐ Yes, another physician
   ☐ No

2b. If yes, how many times did your child visit a physician because of a stomach infection or gastro-enteritis in the past month?

3. Did your child take any antibiotics in the past month?
   ☐ Yes, prescribed by the paediatrician of our own hospital
   ☐ Yes, prescribed by the general practitioner
   ☐ Yes, prescribed by the otolaryngologist
   ☐ Yes, prescribed by another physician
   ☐ No

Question 4 and 5 are only applicable if question 3 is answered ‘Yes’.

4. How many antibiotic regimens did your child use in the past month?

The (sub)questions of question 5 are asked for every antibiotic regimen separately.

5a. For what infection was your child treated with antibiotics? (multiple choice)
   ☐ Rhinitis
   ☐ Otitis
   ☐ Tonsillitis
   ☐ Bronchitis or pulmonary infection
   ☐ Stomach infection or gastroenteritis
   ☐ Other infection (other than respiratory or gastro-intestinal infection)

5b. Which date did your child start with the antibiotic treatment?
   DD/MM/YYYY

5c. Which date did your child stop with the antibiotic treatment?
   DD/MM/YYYY
5d. What is the name of the antibiotic regimen?

6. Did your child get any vaccines in the past month? (multiple choice)
   - ☐ No
   - ☐ DKTP-Hib-HepB
   - ☐ Pneumococcal
   - ☐ MMR
   - ☐ Meningococcal C
   - ☐ Other vaccine

7. Has your child been admitted to the hospital because of an (suspected) infection in the past month?
   - ☐ Yes
   - ☐ No

7b. If yes, for what infection was your child admitted to the hospital? (multiple choice)
   - ☐ Rhinitis
   - ☐ Otitis
   - ☐ Throat infection / tonsillitis
   - ☐ Bronchitis or pulmonary infection
   - ☐ Stomach infection or gastroenteritis
   - ☐ Other infection (other than respiratory or gastro-intestinal infection)

7c. If yes, how many days has your child been admitted to the hospital in the past month?

8. Did your child visit any form of day-care or school in the past month?
   - ☐ Yes
   - ☐ No

8b. If yes, how many half days* did your child visit day-care / school in the past month?

8c. If yes, how many half days* did your child miss from day-care / school because of an infection in the past month?
   * A half day is a morning or an afternoon.

9. Did you or your partner miss work due to your child having an infection during the past three months?
   - ☐ Yes
   - ☐ No

9b. If yes, how many half days* did you and your partner miss combined?
   * A half day is a morning or an afternoon.

10. Do you have any additional comments about the past month?