

Table S1: Interviews achieved versus total population, unweighted and weighted†

Population parameter	Population	Unweighted numbers (N=1,691)	Weighted numbers (N=1,707)	Unweighted %	Weighted %
Age group					
15-17	4%	23	25	1%	1%
18-24	11%	220	237	13%	14%
25-34	17%	249	287	15%	17%
35-44	16%	222	261	13%	15%
45-54	17%	235	282	14%	16%
55-64	14%	281	239	17%	14%
65+	22%	461	377	27%	22%
Gender					
Male	49%	835	826	49%	48%
Female	51%	856	881	51%	52%
Social grade					
AB	28%	423	435	25%	25%
C1	28%	587	476	35%	28%
C2	20%	323	361	19%	21%
DE	24%	358	436	21%	26%
Ethnicity					
White	86%	1,446	1,448	86%	86%
BAME	14%	231	244	14%	14%

† Population figures are mid-2017 population estimates for England ([Office for National Statistics](#)); social grades and ethnicity are 2017 (Jan-Dec) estimates from [PAMCo](#)

Table S2: Responses to new question asked in 2017 about antibiotic resistance

	% correct (N=1,691)
Q1. People can carry antibiotic resistant bacteria for over a year (true)	58%
Q2. Antibiotics don't work for everything (true)	89%
Q3. Taking antibiotics when you don't need them encourages bacteria that live inside you to become resistant (true)	76%
Q4. Antibiotic resistance is not caused by taking antibiotics (false)	53%
Q5. If you have taken antibiotics recently and then have a new infection, antibiotics are more likely to work on this new infection (false)	58%
Q6. All antibiotic resistant bacteria are harmful (false)	53%
Q7. Antibiotics work for colds or flu because they're viral infections (false)	68%
Q8. We can carry antibiotic resistant bacteria in our bodies without knowing (true)	81%

Table S3: Correct responses to questions exploring knowledge about antibiotic resistance and its relationship to antibiotic use

		Q0	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	All
Overall (N=1,691)		56%	58%	89%	76%	53%	58%	53%	68%	81%	8%
Age (years)	15-17	37%	61%	83%	76%	56%	62%	66%	47%	70%	10%
	18-24	59%	59%	86%	69%	53%	58%	54%	51%	77%	8%
	25-34	53%	64%	93%	75%	60%	61%	55%	64%	80%	11%
	35-44	57%	66%	89%	75%	53%	58%	50%	73%	81%	11%
	45-54	64%	53%	91%	79%	48%	62%	59%	74%	82%	8%
	55-64	60%	64%	89%	82%	56%	64%	62%	75%	84%	8%
	65+	47%	60%	90%	78%	47%	51%	43%	71%	81%	4%
Sex	Male	51%	62%	89%	76%	53%	57%	55%	65%	81%	9%
	Female	60%	55%	90%	77%	53%	60%	51%	71%	80%	7%
Social Grade	AB	68%	68%	94%	82%	61%	69%	62%	82%	85%	15%
	C1	58%	62%	92%	77%	57%	61%	55%	70%	83%	8%
	C2	49%	52%	84%	71%	46%	58%	51%	61%	74%	4%
	DE	46%	50%	88%	74%	45%	45%	44%	57%	78%	5%
Education	Degree or equivalent	71%	67%	94%	83%	64%	71%	60%	77%	86%	16%
	A-level or equivalent	58%	64%	92%	81%	55%	61%	61%	72%	83%	8%
	GCSE or equivalent	51%	55%	88%	72%	50%	55%	53%	64%	78%	6%
	No formal education	38%	45%	83%	70%	38%	45%	35%	57%	73%	2%
Has children age under 15 years in household	Yes	56%	58%	90%	77%	54%	59%	54%	68%	80%	8%
	No	55%	59%	89%	74%	50%	57%	50%	69%	81%	8%
Been to doctor or pharmacy in past 12 months	Yes	62%	58%	92%	78%	56%	61%	55%	74%	82%	9%
	No	43%	59%	85%	73%	47%	53%	48%	55%	78%	6%
Ethnic grouping	White	58%	58%	90%	77%	54%	60%	55%	71%	81%	9%
	BAME	44%	61%	86%	71%	45%	48%	43%	50%	78%	3%

Q0. What do you think an antibiotic is? (they fight bacteria/infections/bacterial infections); Q1. People can carry antibiotic resistant bacteria for over a year (true); Q2. Antibiotics don't work for everything (true); Q3. Taking antibiotics when you don't need them encourages bacteria that live inside you to become resistant (true); Q4. Antibiotic resistance is not caused by taking antibiotics (false); Q5. If you have taken antibiotics recently and then have a new infection, antibiotics are more likely to work on this new infection (false); Q6. All antibiotic resistant bacteria are harmful (false); Q7. Antibiotics work for colds or flu because they're viral infections (false); Q8. We can carry antibiotic resistant bacteria in our bodies without knowing (true)

Table S4: Expectations, advice and antibiotic prescriptions reported by respondents who visited an accident & emergency (A&E) department for their own or their child's respiratory (cough, throat, ear, sinus, chest infection) or flu symptoms or for a cold/runny nose in the past 12 months

	Respiratory or flu symptoms		Cold/runny nose	
	n=14 ^a	n=14 ^b	n=4 ^c	n=4 ^d
What did you EXPECT from your contact/visit for this most recent illness?	Self	Child	Self	Child
To be prescribed antibiotics	21% (4)	35% (5)	50% (2)	0% (0)
To be prescribed treatment for symptoms	46% (7)	57% (7)	0% (0)	21% (1)
Advice about whether antibiotics were needed	5% (1)	24% (3)	16% (1)	0% (0)
What HAPPENED?				
Antibiotics were prescribed	34% (6)	24% (4)	16% (1)	21% (1)
Treatment to relieve/reduce symptoms was prescribed	33% (5)	41% (6)	34% (1)	25% (1)
Advice was given about whether antibiotics were needed	18% (3)	29% (4)	14% (1)	0% (0)

^a Respondents with respiratory (cough, throat, ear, sinus, chest infection) or flu symptoms in the past year (n=936) who visited A&E for these symptoms (n=14)

^b Respondents with a child under 5 (n=777) who had respiratory (cough, throat, ear, chest infection) or flu symptoms in the past year (n=265) which prompted a visit to A&E (n=14)

^c Respondents with a cold or a runny nose in the past year (n=853) who visited A&E for this illness (n=4)

^d Respondents with children under 5 (n=777) who had a cold or a runny nose in the past year (n=262) which prompted a visit to A&E (n=4)

Table S5: Respondents offered delayed prescription of any type in the past 12 months

		2014 (N=1,625)	2017 (N=1,691)
	Overall	4% (65)	3.5% (64)
Age (years)	15-24	-	0.2% (1/243)
	25-34	-	1.6% (4/249)
	35-44	-	3.6% (7/222)
	45-54	-	4.4% (11/235)
	55-64	-	5.9% (17/281)
	65+	-	4.9% (24/461)
Sex	Male	3% (22/795)	2.4% (23/835)
	Female	5% (43/830)	4.5% (41/856)
Social Grade	AB	3% (14/437)	4.5% (22/423)
	C1	3% (15/445)	3.6% (22/587)
	C2	3% (11/351)	2.6% (10/323)
	DE	7% (26/393)	3.0% (10/358)
Education	Degree or equivalent	-	3.8% (19/494)
	A-level or equivalent	-	1.9% (6/318)
	GCSE or equivalent	-	3.9% (24/503)
	No formal education	-	3.9% (10/235)
	Other	-	3.6% (5/141)
Has children age under 15 years in household	Yes	-	3.7% (50/1251)
	No	-	2.9% (14/440)
Ethnic grouping	White	-	4.0% (63/1446)
	BAME	-	0.6% (1/231)

Table S6: Whether participants were in favour, opposed, or neither in favour or opposed to use of delayed antibiotics for chest, urine ear and throat infections, by their awareness of the term or practice of delayed antibiotic prescription, comparing 2017 with 2014 survey findings

Infection		Fully aware of term and practice			Aware of term OR practice but not both			Unaware of term or practice		
		Urine	Ear	Throat	Urine	Ear	Throat	Urine	Ear	Throat
	2014	274 (17%)			167 (11%)			1,181 (72%)		
	2017 [‡]	238 (14%)			146 (9%)			1,307 (77%)		
In favour or strongly in favour	2014	51%	50%	49%	43%	47%	42%	35%	34%	32%
	2017	60%	51%	48%	50%	43%	42%	40%	38%	35%
Neither in favour nor opposed	2014	23%	23%	24%	37%	32%	33%	30%	31%	31%
	2017	14%	16%	18%	29%	25%	27%	28%	29%	30%
Opposed or strongly opposed	2014	25%	26%	27%	18%	21%	24%	30%	31%	32%
	2017	26%	32%	34%	20%	31%	30%	26%	28%	29%
Don't know	2014	1%	<1%	1%	1%	1%	1%	5%	4%	5%
	2017	1%	1%	0%	1%	1%	1%	5%	6%	6%
	p-value 2017 cf. 2014[†]	0.09	0.17	0.16	0.48	0.22	0.55	0.04	0.05	0.27

[‡] Overall change in awareness comparing 2017 with 2014, Pearson's chi-squared p=0.004

[†] Pearson's chi-squared

Figures S1-S3: Whether participants were in favour, opposed, or neither in favour or opposed to use of delayed antibiotics for chest, urine ear and throat infections, by their awareness of the term or practice of delayed antibiotic prescription, comparing 2017 with 2014 survey findings

