Appendix 1: Schedules for qualitative interviews after initial screening questions to check that individuals have had at least one of RTI symptoms listed in pre-selection questionnaire

1. Current episode of illness
   a. Tell me about the symptoms that led you (*If looking after someone*, that led the person you are looking after) to visit the pharmacy/ GP?
   b. How long have/had you/ they had these symptoms?
   c. What do you think caused your/their symptoms? (*e.g. bacteria, virus, other; what label do they give to their illness*)
   d. What triggered you/their relative to visit the pharmacy /GP?
      - why did you do this instead of leaving to resolve/visiting a GP or GP practice nurse? (*Related to duration of symptoms/type of symptoms/what think caused them*)?
   e. *For those who hadn’t visited GP*: Did you seek advice from any other health professional e.g. NHS direct or pharmacist? If yes, how did this affect what you did (i.e. visiting GP etc/leaving to resolve/buying OTC remedy)? (*did this change their understanding about symptoms/their cause/most appropriate management*)?

2. Treatment/ help seeking
   a. *For those visiting pharmacy*. Have you bought or are you buying an OTC remedy for this illness?
   b. *For those visiting pharmacy*. What effects do/ did you expect this/these things to have?
c. For those visiting pharmacy. What do you think would happen / would have happened if you did not take this OTC remedy?
   - how long do you think this would have lasted?

d. For Those visiting GP: What were your expectations of the GP appointment?
   e.g. advice, whether they would get a prescription

e. For Those visiting GP: Were you given a prescription? If so, for what?

f. For Those visiting GP and caring for someone. Would you mind telling me if they were given a prescription by the GP/GP practice nurse? (identify whether antibiotics)

g. For Those visiting GP: What effects do/ did you expect this prescription to have?

h. For Those visiting GP: What do you think would happen / would have happened if you did not take this prescription?
   - how long do you think this would have lasted?

i. Before coming here, (seeing your GP) did you consider seeing a GP/GP practice nurse (taking an OTC remedy) or another course of action?
   - if yes, what was this?
   - did you do this? Why/why not?

j. All: How would your illness have to be different for you to do something else?
   - what would make you more likely to go to a GP or GP practice nurse/ less likely to try an alternative? (prompt- duration of symptoms/ or severity/ nature of symptoms/belief about the cause of illness and most appropriate treatment)

3. Previous similar episodes and help seeking

a. Can you remember another time before the swine flu outbreak last summer when you had a fever, cough, cold, sore throat or other flu-like symptoms?
b. What did you do then?

c. (If went to GP/GP practice nurse on that occasion) Why did you do that instead of what you did today? (duration of symptoms/ or severity/ nature of symptoms/belief about the cause of illness and most appropriate treatment?)

d. What were the advantages of doing that instead of taking an OTC remedy (what you did today)?

e. For those visiting pharmacy. What were the disadvantages of doing that instead of taking on OTC remedy?

f. All: Do you think the swine flu outbreak last year has changed your decisions about your care for this current illness?

   Probe – about whether to visit GP/GP practice nurse or use OTC remedy

4. Medication expectation -All

   a. What sorts of medication can you think of that might help with fever, cough, cold, sore throat or other flu-like symptoms?
      - how do you think they might help?
      - how do you think they work?

   b. (anything else?) - if necessary repeat, follow up prompts as before

   c. Do you think there are any benefits/advantages of taking antibiotics for this illness?

   d. Do you think there any drawbacks/ disadvantages of taking antibiotics?

   e. Have you heard of Tamiflu©/ oseltamivir?
      (if yes) - can you remember where?
      - how do you think this might help?
      - how do you think this works? (probe: is antiviral, a vaccine, antibiotic?)
      - if you wanted it, how would you get hold of it?
5. **Swine flu**
   
a. Has your thinking about taking medications for these kinds of symptoms that you had recently changed over the past year or so? *ONLY IF NOT COVERED ABOVE*
   
i. (if yes) how?
   
b. What sort of medications do you think would be helpful/ unhelpful for swine flu?
   
c. What are your views on how the swine flu was handled by the Department of Health?
   
d. Do you think the message “Antibiotics don’t help when you have coughs or colds” should still be used following the swine flu?
   
6. **Other help seeking**
   
a. Had you used NHS Direct before the swine flu outbreak?
   
b. Have you or anyone you know phoned NHS direct or the National Pandemic Flu Service in the past year?
   
c. We are trying to encourage people not to seek antibiotics for coughs, colds, sore throats and flu - what sort of health campaigns would persuade you/ other people not to do this?
   
d. How do you think we can improve the use of antibiotics?
Appendix 2: Ipsos MORI (Capibus) Questionnaire 21st – 27th January 2011 in England

Sample: All adults in England aged 15+

Highlighted questions also asked in 2008 and 2009 surveys

The following questions are sponsored by the Health Protection Agency and concern antibiotics prescribed by a doctor, dentist or nurse, in this country or abroad. Antibiotics can be in the form of pills or tablets, liquids, creams, ointments, powders, drops or sprays.

Antibiotics are prescribed for infections, such as those for the throat, skin, chest, ear, and urinary tract (e.g. cystitis / water infection). Antifungals, which are prescribed for things like athlete’s foot, thrush or ringworm, are not included.

1. **Would you expect your GP/nurse to prescribe antibiotics if you went to see him/her with…….?**
   A. Sore throat
   B. Cold
   C. Cough
   D. Flu
   E. Runny nose

Code: Yes; No; I wouldn’t go to a GP/nurse for this
2. In the past year, have you asked your GP or nurse for antibiotics either for yourself or for someone else?  
Code: Yes; No; Don’t know

3. If ‘YES’ at 2 - What happened the last time you asked?  
   A. They prescribed antibiotics without discussion about my/their illness  
   B. They prescribed antibiotics after some discussion about my/their illness  
   C. They refused to prescribe me/them antibiotics  
   D. Other please specify

4. Have YOU YOURSELF been PRESCRIBED any kind of antibiotic in the past year?  
   IF NECESSARY: Include any form of antibiotic e.g. pills, creams liquids, but do not include antifungals.  
   A. Yes, prescribed within UK  
   B. Yes, prescribed outside of UK  
   C. No  
   D. Can’t remember  
   E. Don’t know?

5a. If ‘YES’ at 4A or 4B - Did you keep any left-over antibiotics? By left-over we mean if you didn’t finish all the antibiotics given to you by the doctor or pharmacy.  
   1. Yes, there were some left over and I kept them  
   2. No, there were some left over but I didn’t keep them  
   3. I was prescribed for standby use/ to use or take later
4. I finished the antibiotics/there were none left over.

5. I have not yet completed the course

6. Can’t remember

5b. If ‘YES’ at 4a.1 - Why did you keep them?

Please give the original reason for keeping them when you stopped taking them.

1. For possible future use

2. Intended to dispose of or return sometime in the future

3. No particular reason

4. Other (please specify)

6. Please tell me which, if any, of the following apply to you. In the past year…….? 

1. Have you been offered by a doctor, nurse or dentist an antibiotic prescription to be cashed in at the pharmacy ONLY if you felt no better, or felt worse after several days

2. Have you been offered by a doctor, nurse or dentist the opportunity to return to the surgery to pick up an antibiotic prescription ONLY if you felt no better, or felt worse after several days.

3. Have you been advised by a doctor, nurse or dentist about other remedies for cough and cold symptoms instead of being given an antibiotic prescription.

6a. If ‘YES’ at 5.1 - When you were offered by a doctor, nurse or dentist an antibiotic prescription to be cashed in or collected at the pharmacy did you actually collect the antibiotics from the pharmacy?

Code: Yes; No; Don’t know
6b. If ‘YES’ at 5a Did you take at least some of the antibiotics prescribed?  
Code: Yes; No; Don’t know

6c. If ‘Yes’ at 5.2 - When you were offered by a doctor, nurse or dentist the opportunity to return to the surgery to pick up an antibiotic prescription did you return to the surgery AND then collect the antibiotics from the pharmacy?  
Code: Yes; No; Don’t know

6d. If ‘Yes’ at 5.2 - Did you take at least some of the antibiotics?  
Code: Yes; No; Don’t know

7. The following are statements some people have made regarding antibiotics.  
Taking your answer from this card please tell me if you agree or disagree with the following?  
Code: Strongly agree; Agree; Disagree; Strongly disagree

STATEMENTS
A. Antibiotics work on most coughs and colds
B. Antibiotics can kill bacteria
C. Antibiotics can kill viruses
D. Resistance to antibiotics is a problem in British hospitals
E. Antibiotic resistant bacteria could infect me or my family
F. Resistance to antibiotics could be a problem in the community
G. Most coughs and colds get better on their own without antibiotics.

8. Based on what you know about antibiotics, how much of a problem, if at all, do you think the side-effects of antibiotics are?
A. Not a problem at all
B. A bit of a problem
C. A moderate problem
D. A major problem

9. SHOW CARD - Of the symptoms shown on this card which, if any, do you believe will get better more quickly with antibiotics?
   1. Cough with clear phlegm
   2. Cough with yellow phlegm
   3. Cough with green phlegm
   4. Runny nose with clear mucus
   5. Runny nose with yellow mucus
   6. Runny nose with green mucus
   7. A fever
   8. None of these
   9. DK

There was then a gap in the interview and participants were asked questions about an unrelated topic before being asked the following:

The next set of questions is about what you do when you have a possible infection and the medicines which are prescribed for treating these infections.

We want to find out how you take care of a cough, cold, flu or sore throat.

10. Have you had a sore throat, cold, cough or flu symptoms in the last 6 months?
1. Yes – Sore Throat
2. Yes – Cold
3. Yes – Cough
4. Yes – Flu
5. No

10a. If ‘YES’ at 10:1-4 - Thinking of your most recent illness with sore throat, cold, cough or flu symptoms in the last 6 months which of these symptoms did you have at that time?
   1. Sore Throat
   2. Cold
   3. Cough
   4. Flu

11. If ‘YES’ at 10:1-4 - Thinking about this most recent illness with <put in what they replied in 10A> how did these symptoms affect your general health?
   1. I was severely affected
   2. I was moderately affected
   3. I was mildly affected
   4. I was not affected at all

12. If ‘YES’ at 10:1-4 - Thinking of this most recent illness with < put in what they replied in 10A>, which of the following actions, if any, did you take as a result?
   A. I contacted or visited my local doctor’s surgery to talk to a GP or nurse
B. I took left-over antibiotics I had at home which were prescribed for a previous illness
C. I took extra rest
D. I took treatment to relieve my symptoms which didn't need a prescription e.g. paracetamol or other pain relief
E. I used alternative medicines e.g. honey and lemon tea or herbal remedies
F. I asked for advice at the pharmacy
G. I Telephoned NHS Direct or used their website
H. I Visited a NHS walk–in centre
I. I don't remember
J. Other (please specify)

13. If ‘YES’ at 12:A - Why did you visit or contact your doctor’s surgery for this most recent illness with <put in what they replied in 10A>? 
   A. The symptoms were severe
   B. After several days the symptoms hadn’t improved
   C. My friend and family suggested I went
   D. Because I already have another medical condition
   E. I was worried about infecting other people I know who may get very ill (eg children, elderly, sick)
   F. I needed a sick/fit note
   G. I usually go to my GP with these symptoms
   H. I don’t remember
   I. Other (please specify)
14. If ‘YES’ at 12:A - What did you expect from your contact/visit to the doctor’s surgery for this most recent illness with <put in what they replied in 10A>?

   A. To be prescribed antibiotics
   B. To be prescribed Tamiflu© (Oseltamivir)
   C. To be prescribed other treatment to relieve/reduce the symptoms
   D. Advice about how to look after the symptoms
   E. To rule out a more serious illness
   F. Information about the how long the illness was likely to last
   G. A referral to hospital/specialist
   H. A sick/ fit note for work
   I. Something else
   J. I don’t remember

15a. If ‘YES’ at 10:1-4 - Which of these statements on this card best describes, how if at all, the swine flu outbreak or the media coverage of it affected what you did when you had your recent illness with <as in 10A>

   1. Affected my actions a lot?
   2. Affected my actions a little
   3. Did not affect my actions at all

15b. If ‘YES’ at 15a:1-2 - What did you do that you otherwise would not have done before the swine flu outbreak?

   A. I Contacted/visited a GP or nurse at the doctors surgery
   B. I Asked for antibiotics at the doctors surgery
   C. I Asked for Tamiflu© at the doctors surgery
   D. I Took care of myself without contacting the GP
K. I Telephoned NHS Direct or used their website
L. I Visited a NHS walk –in centre
E. I Contacted/ visited pharmacy.
F. I Stayed at home
G. I Washed my hands more often
H. None of these
I. Other (please specify)

16. ASK ALL ADULTS WITH CHILDREN AGED 0-4

Has your child or children under the age of 5 had a sore throat, cold, cough or flu symptoms in the last six months?

1. Yes – Sore Throat
2. Yes – Cold
3. Yes – Cough
4. Yes – Flu
5. No

16a. If ‘YES’ at 16:1-4 - Thinking of their MOST RECENT illness with sore throat, cold, cough or flu symptoms in the last 6 months which of these symptoms did they have?

1. Sore Throat
2. Cold
3. Cough
4. Flu
17a. If ‘YES’ at 16:1-4 - Thinking of that child’s most recent illness with *put answer in* 16A response sore throat, cold, cough or flu* symptoms which of the following actions did you take as a result.

A. I Contacted or visited my local doctor’s surgery to talk to a GP or nurse
B. I Gave them left-over antibiotics I had at home which were prescribed for a previous illness
C. I Encouraged extra rest
D. I Gave them treatment to relieve the symptoms which didn’t need a prescription e.g. paracetamol or other pain relief
E. I used alternative medicines eg honey and lemon tea or herbal remedies
F. I Asked for advice at the pharmacy
G. I Telephoned NHS Direct or used their website
H. I Visited a NHS walk –in centre
I. Other (please specify)
J. None of these

17b. If ‘YES’ at 16:1-4 - Which of these statements on this card best describes, how if at all, the swine flu outbreak or the media coverage of it affected what you did when your child had this most recent illness with *as in 16A*

1. Affected my actions a lot
2. Affected my actions a little
3. Did not affect my actions at all

17c. If ‘YES’ at 17b:1-2 - What did you do that you otherwise would not have done *before* the swine flu outbreak?
A. Gave them left-over antibiotics I already had at home from a previous illness

B. Contacted/visited a GP or nurse at the doctors surgery

C. Asked for antibiotics at the doctors surgery

D. Asked for Tamiflu© at the doctors surgery

E. Took care of them without contacting the GP surgery

F. Telephoned NHS or used their website

G. Visited a NHS walk-in centre

H. Contacted/visited the pharmacy.

I. Kept them at home

J. Washed their hands more often

K. None of these

L. Other (please specify)

The following set of questions is about Swine Flu.

18. If you were to become infected with swine flu, how do you think the symptoms would affect your general health, if at all?

   1. I would be severely affected
   2. I would be moderately affected
   3. I would be mildly affected
   4. I would not be affected at all

19. Have you or anyone in your household had suspected or confirmed swine flu?

   1. Yes myself
2. Yes someone else in the household
3. No

20. How likely do you think you are to catch swine flu this year?

If respondent has already had swine flu still ask respondent how likely they are to get it again this year.

A. Very likely
B. quite likely
C. neither likely or unlikely
D. quite unlikely
E. Very unlikely

21. Tamiflu© is the antiviral given for the treatment of influenza and swine flu. Have YOU YOURSELF been PRESCRIBED Tamiflu© in the last two years?

1. Yes
2. No

A week later (28th January – 3rd February 2011) a separate group of respondents were asked if they had heard of Tamiflu© and what they thought it was.

1. Have you heard of Tamiflu©?
   A. YES
   B. NO
   C. DK

1a. If yes at 1 - What do you think it is?
A. Tamiflu® is an antibiotic
B. Tamiflu® is an antiviral
C. Tamiflu® is a vaccine
D. Tamiflu® helps if you have a cough or cold.
E. Tamiflu® helps if you have swine flu or influenza / flu.
F. Tamiflu® is a flu-like illness
G. Other (please specify)

1b. On this card are things some people have said about Tamiflu®. Please tell me which of these do think is true? Allow Don’t know

A. Tamiflu® is an antibiotic
B. Tamiflu® is an antiviral
C. Tamiflu® is a vaccine
D. Tamiflu® helps if you have a cough or cold.
E. Tamiflu® helps if you have swine flu or influenza / flu.
F. Tamiflu® is a flu-like illness