

Survey title: A survey of knowledge, attitudes and practices surrounding antibiotics and vaccines in Singapore

Section 1 - Knowledge and attitudes regarding antibiotics

<i>First, I'd like to ask you some questions about antibiotic medications</i>		
1.1	<p>Have you ever heard of a type of medication called 'antibiotics'?</p> <p><i>If necessary, prompt: "Antibiotics are a type of medication used to treat certain types of infections. Some examples of antibiotics are Augmentin, Zithromax, amoxicillin, clarithromycin, streptomycin"</i></p>	<input type="checkbox"/> Yes (go to 1.2) <input type="checkbox"/> No (go to Section 2)
<i>Now I will tell you a few statements regarding antibiotics. For each statement, please let me know if you agree, disagree or not sure</i>		
1.2	Antibiotics can help you recover from bacterial infections	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
1.3	Antibiotics can help you recover from viral infections	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
1.4	Antibiotics can help you recover from the common cold and flu	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
1.5	Antibiotics can help you recover from serious symptoms of cold and flu	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
1.6	Antibiotics can speed up your recovery from the common cold and flu	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
1.7	It is okay to share my antibiotics with family and friends when they are sick with the same symptoms	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
1.8	It is okay to share my antibiotics with family and friends when they are sick with different symptoms	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
1.9	It is okay to share my antibiotics with my pets when they are sick	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
1.10	It is okay to keep leftover antibiotics and use them again when I fall sick in the future	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure

1.11	It is okay for me to use my leftover antibiotics when I have the same symptoms as before	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
1.12	It is important to always finish the course of antibiotics prescribed to me	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
1.13	It is okay not to finish the course of antibiotics prescribed to me when I feel better	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
1.14	It is okay not to finish the course of antibiotics prescribed to me when I have an alternative remedy	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
1.15	It is okay to miss a dose during the course of antibiotics prescribed to me	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure

Section 2 - Knowledge and attitude regarding antibiotic resistance

<i>Thanks a lot. We will now move on to questions about antibiotic resistance.</i>		
2.1	Have you ever heard of the term 'antibiotic resistance'?	<input type="checkbox"/> Yes (go to 2.2) <input type="checkbox"/> No (go to Section 3)
<i>I will now state a few statements regarding antibiotic resistance. Please tell me if you agree, disagree or not sure</i>		
2.2	Antibiotic resistance occurs when antibiotics become less powerful so they don't work as well	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
2.3	Antibiotic resistance occurs when your body becomes resistant to the antibiotics and they no longer work as well	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
2.4	Antibiotic resistance occurs when bacteria become resistant to the antibiotics so they are more difficult to kill	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
2.5	If I use antibiotics appropriately, I don't have to worry about getting antibiotic resistant infections	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
2.6	How other people use antibiotics doesn't affect my chance of getting antibiotic resistant infections.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure
2.7	How I use antibiotic doesn't affect other people's chance of getting antibiotic resistant infections	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not sure

<i>Which of the following do you think can reduce the spread of antibiotic resistance? For each option, please answer yes, no or not sure</i>		
2.8	Using fewer antibiotics	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
2.9	Vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
2.10	Handwashing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
2.11	Better hygiene and infection control measures in hospitals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

Section 3 – Experiences in using health care services

<i>I will now ask you some questions about the last time you had symptoms of cold and flu, like sore throat, coughing, runny nose and fever.</i>		
3.1	When was the last time you had symptoms of cold and flu?	_____ months ago
3.2	How long did your symptoms last?	<input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-6 days <input type="checkbox"/> ≥ 1 week <input type="checkbox"/> Not sure
3.3	On a scale of 1 to 10, where 1 is not at all severe and 10 is extremely severe, how severe were your symptoms at that time?	___ (fill a number from 1 to 10)
3.4	Did you see a doctor for these symptoms?	<input type="checkbox"/> Yes (go to 3.6) <input type="checkbox"/> No (go to 3.5)
3.5	If no, what did you do to relieve the symptoms?	<input type="checkbox"/> Took extra rest <input type="checkbox"/> Took left-over antibiotics <input type="checkbox"/> Other: ___ <input type="checkbox"/> Took traditional medicine <input type="checkbox"/> Took over-the-counter medicine
3.6	If yes, did you feel your doctor took the time to explain your illness to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.7	On a scale of 1 to 10, where 1 is not at all satisfied and 10 is extremely satisfied, how satisfied were you with how your doctor answered your questions about your illness?	___ (fill a number from 1 to 10)

3.8	When you went to see the doctor, what did you expect?	<input type="checkbox"/> Advice for self-care <input type="checkbox"/> Information about the illnesses such as duration <input type="checkbox"/> Rule out more serious illnesses <input type="checkbox"/> For referral to hospital or specialists <input type="checkbox"/> Medical leave for work <input type="checkbox"/> Antibiotics <input type="checkbox"/> Other (please specify: _____)
3.9	Did you ask your doctor for antibiotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.10	Did your doctor prescribe you antibiotics?	<input type="checkbox"/> Yes (go to 3.11) <input type="checkbox"/> No (go to 3.14) <input type="checkbox"/> Not sure (go to Section 4)
3.11	Did your doctor explain to you why you needed antibiotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.12	Did your doctor talk to you about antibiotic resistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.13	Did your doctor talk to you about possible side-effects of antibiotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.14	Did your doctor explain to you why you did not need antibiotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 – Vaccination behaviors for different age groups

<i>For all participants (all ages): I will now ask you some questions about your use of different vaccines to protect against infections</i>		
4.1	Have you ever received an influenza vaccine? <i>(prompt: Also known as flu shot, flu vaccine, flu jab)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
4.2	Have you received an influenza vaccine in the past year?	<input type="checkbox"/> Yes (go to 4.3) <input type="checkbox"/> No (go to next section) <input type="checkbox"/> Not sure
4.3	When was the last time you received it?	<input type="checkbox"/> In the past month <input type="checkbox"/> 1-3 months ago <input type="checkbox"/> 4-6 months ago <input type="checkbox"/> 6-12 months ago
4.4	What was the reason that you received the influenza vaccine?	<input type="checkbox"/> Recommended by my doctor because I am/was traveling <input type="checkbox"/> Recommended by my doctor because I am/was pregnant <input type="checkbox"/> My job requires it <input type="checkbox"/> It was offered at no cost by my employer

		<input type="checkbox"/> I usually get annual flu vaccinations <input type="checkbox"/> Other (please specify: _____)
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<i>For participants aged 65 and above</i>		
5.1	Have you ever received the pneumococcal vaccine? <i>(Prompt: This is a vaccination against pneumonia)</i>	<input type="checkbox"/> Yes (go to 5.2) <input type="checkbox"/> No (go to 5.4) <input type="checkbox"/> Not sure
5.2	How many doses of the vaccine did you receive? <i>(Prompt: Pneumococcal vaccines in the NAIs include 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (PPSV23)—one dose each is recommended for persons aged 65 and above)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Not sure
5.3	When did you receive the last dose ?	_____ <input type="checkbox"/> Not sure
5.4	Have you ever received the varicella vaccine? <i>(Prompt: The varicella vaccine protects against chickenpox and shingles)</i>	<input type="checkbox"/> Yes (go to 5.5) <input type="checkbox"/> No (go to next section) <input type="checkbox"/> Not sure
5.5	How many doses of the vaccine did you receive?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Not sure
5.6	When did you receive the last dose?	_____ <input type="checkbox"/> Not sure

<i>For female participants (18-26 years old) and parents with daughters from the ages of 9-18 years old</i>		
6.1	Have you/has your daughter ever received the HPV vaccine? <i>(Prompt: HPV stands for Human Papillomavirus; two vaccines, Gardasil and Cervavix, are currently approved for use in Singapore; the HPV vaccine protects against cervical cancer and is claimable under Medisave)</i>	<input type="checkbox"/> Yes (go to 6.2) <input type="checkbox"/> No (go to next section) <input type="checkbox"/> Not sure
6.2	How old were you/was your daughter when you/she received the HPV vaccine?	Age: _____

		<input type="checkbox"/> Not sure
6.3	How many doses of the vaccine did you/your daughter receive? <i>(Prompt: This is recommended for females 9-26 years, this vaccine can be given in either 2 or 3 doses)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Not sure
6.4	When did you/your daughter receive the last dose of the HPV vaccine?	_____ <input type="checkbox"/> Not sure

<i>For parents with <u>young children under the age of 5</u></i>		
7.1	Do you have any children under the age of 5? <i>(Prompt: Your child has not had his/her 5th birthday yet)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2	How many children do you have under the age of 5?	_____
<i>If you have more than one child under the age of 5, please first answer questions about the child <u>whose birthday is next</u>:</i>		
7.3	What is your child's birth month and year?	Month: ____ Year: ____
7.4	Has your child received an influenza vaccination in the past year? <i>(Prompt: This is also known as flu vaccine, flu shot, flu jab)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
7.5	Has your child ever received the pneumococcal vaccine? <i>(Prompt: Also known as PCV13 or Prevnar. This vaccine is given in 3 doses usually at 3, 5 and 12 months of age. PCV13 is claimable under Medisave)</i>	<input type="checkbox"/> Yes (go to 7.6) <input type="checkbox"/> No (go to 7.9) <input type="checkbox"/> Not sure
7.6	How many doses of the pneumococcal vaccine did your child receive?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Not sure
7.7	When did your child receive the last dose of pneumococcal vaccine?	_____ <input type="checkbox"/> Not sure
7.8	Has your child ever received the rotavirus vaccine? <i>(prompt: This vaccine protects against childhood diarrhoea and is given as drops in the mouth. Usually 2 or 3 doses are given before 8 months of age).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

	<i>there are two types licenced in Singapore, Rotarix (RV5, 2 doses) and RotaTeq (RV1, 3 doses) usually given before 8 months of age. This vaccine is not currently claimable under Medisave)</i>	
7.9	How old was your child when he/she received the rotavirus vaccine?	Age: ____ months <input type="checkbox"/> Not sure
7.10	Which type of rotavirus vaccination did your child receive?	<input type="checkbox"/> RotaTeq™ (given in 3 doses) <input type="checkbox"/> Rotarix™ (given in 2 doses) <input type="checkbox"/> Not sure
7.11	How many doses of the vaccine did your child receive?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Not sure