

## Appendix: Survey questionnaire

We kindly request you to indicate your agreement with the following 40 statements using a five-point scale:						
① Strongly Disagree ② Disagree ③ Neutral or Don't Know ④ Agree ⑤ Strongly Agree						
<b>ANTIMICROBIAL RESISTANCE: SCOPE OF THE PROBLEM AND KEY CONTRIBUTORS</b>						
1.	Antimicrobial resistance is a significant problem in this hospital	①	②	③	④	⑤
2.	Antimicrobial resistance is a significant problem in Indonesia	①	②	③	④	⑤
3.	A cause of antimicrobial resistance is using too many antimicrobial drugs	①	②	③	④	⑤
4.	Lack of hand disinfection by healthcare workers causes spread of antimicrobial resistance	①	②	③	④	⑤
5.	Use of broad-spectrum antibiotics can increase antimicrobial resistance when narrower-spectrum antibiotics are available that are equally effective	①	②	③	④	⑤
6.	Antibiotic resistance is also a problem outside of the hospital, in communities	①	②	③	④	⑤
7.	In this hospital, patient rooms are cleaned according to hospital cleaning protocol once a patient with a multidrug-resistant organism (MDRO) has been discharged	①	②	③	④	⑤
8.	Adherence to hand-hygiene protocols is excellent at this hospital	①	②	③	④	⑤
9.	This hospital does NOT provide adequate staff education regarding multidrug-resistant organisms	①	②	③	④	⑤
10.	A patient is likely to develop an infection with a multidrug-resistant organism during their stay at this hospital	①	②	③	④	⑤
<b>ANTIBIOTIC PRESCRIBING PRACTICES</b>						
11.	Antibiotics are overused in Indonesia	①	②	③	④	⑤
12.	Antibiotics are overused in this hospital	①	②	③	④	⑤
13.	Microbiology laboratory results are efficiently communicated to the treating physician	①	②	③	④	⑤
14.	I regularly refer to/consider the antibiotic susceptibility patterns at this hospital/institution (i.e. the institutional antibiogram) when empirically prescribing antibiotics	①	②	③	④	⑤
15.	If medically appropriate, intravenous antibiotics should be stepped down to an oral alternative after three days	①	②	③	④	⑤
16.	Restrictions on antibiotics impair my ability to provide good patient care	①	②	③	④	⑤
17.	More judicious use of antibiotics would decrease antimicrobial resistance	①	②	③	④	⑤
18.	Following evidence-based antibiotic guidelines will help optimize treatment outcomes	①	②	③	④	⑤
19.	In general, rational antibiotic prescribing for my patients is high on my list of priorities	①	②	③	④	⑤
20.	Developing hospital antibiotic guidelines is more useful than applying international guidelines	①	②	③	④	⑤
21.	I am often unsure if a patient needs an antibiotic or not	①	②	③	④	⑤

22.	I am often unsure which antibiotic to prescribe	①	②	③	④	⑤
23.	I will stop antibiotics that others have prescribed in the absence of an appropriate indication	①	②	③	④	⑤
24.	Patients with high fever ( $\geq 39^{\circ}\text{C}$ ) must be treated with antibiotics	①	②	③	④	⑤
25.	If I am uncertain about the diagnosis of infection, but think it is possible, I feel safer prescribing an antibiotic	①	②	③	④	⑤
26.	Fear of patient deterioration or complications leads me to prescribe antibiotics more freely	①	②	③	④	⑤
27.	I frequently prescribe antibiotics because patients or their relatives insist on it	①	②	③	④	⑤
<b>ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP)</b>						
<i>A formal program formal that monitors and manages the appropriate use of antibiotics</i>						
28.	I am aware that my hospital has an antimicrobial stewardship program (ASP)	①	②	③	④	⑤
29.	I understand what the purpose of ASP is	①	②	③	④	⑤
30.	ASP improve patient care	①	②	③	④	⑤
31.	ASP reduces the problem of antimicrobial resistance	①	②	③	④	⑤
32.	ASP reduces this hospital's infection rates	①	②	③	④	⑤
33.	Additional staff education on antimicrobial prescribing is needed	①	②	③	④	⑤
34.	Regular audit and feedback encourage me to prescribe antibiotics prudently	①	②	③	④	⑤
35.	Rapid and accurate diagnostic tests are useful for diagnosis of infectious diseases and guidance on antibiotic therapy	①	②	③	④	⑤
36.	To reduce antibiotic overuse in hospitals, implementation of antibiotic restriction (e.g., antibiotic tiers) is a useful measure	①	②	③	④	⑤
37.	To curb antimicrobial resistance, regular consultations or ward rounds with a clinical microbiologist or infectious disease physician are useful	①	②	③	④	⑤
38.	To curb antimicrobial resistance, doctors need to have timely access to microbiological test results to guide antibiotic therapy	①	②	③	④	⑤
39.	Up-to-date information on hospital antimicrobial resistance patterns is important for developing hospital antibiotic guidelines	①	②	③	④	⑤
40.	Effective infection prevention and control in the hospital reduces antimicrobial resistance	①	②	③	④	⑤
<b>BACKGROUND INFORMATION</b>						
41.	What is your primary work unit in this hospital? <b>Tick ONE</b>					
	<input type="radio"/> Many different unit/not specific <input type="radio"/> Emergency department <input type="radio"/> Surgery <input type="radio"/> Anaesthesiology <input type="radio"/> Intensive Care Unit (ALL)	<input type="radio"/> OBGYN (Obstetrics/ Gynaecology) <input type="radio"/> Internal Medicine <input type="radio"/> Neurology <input type="radio"/> Paediatrics <input type="radio"/> Psychiatrics <input type="radio"/> ENT (Ear Nose Throat)	<input type="radio"/> Eye <input type="radio"/> Dermato-venerology <input type="radio"/> Pulmonology <input type="radio"/> Cardiology <input type="radio"/> Orthopaedics <input type="radio"/> Radiology	<input type="radio"/> Rehabilitation <input type="radio"/> Pharmacy <input type="radio"/> Microbiology <input type="radio"/> Laboratory <input type="radio"/> Other <hr/>		

<b>42.</b>	How long have you worked in this hospital? <b>Tick ONE</b>		
	<input type="radio"/> Less than 1 year	<input type="radio"/> 6 – 10 years	<input type="radio"/> 16 - 20 years
	<input type="radio"/> 1 – 5 years	<input type="radio"/> 11 – 15 years	<input type="radio"/> More than 20 years
<b>43.</b>	What is your position in this hospital? <b>Tick ONE</b>		
	<input type="radio"/> Internship doctor	<input type="radio"/> Resident	<input type="radio"/> Other
	<input type="radio"/> General Practitioner	<input type="radio"/> Specialist	_____
<b>44.</b>	How long have you worked in your current specialty or profession? <b>Tick ONE</b>		
	<input type="radio"/> Less than 1 year	<input type="radio"/> 6 – 10 years	<input type="radio"/> 16 - 20 years
	<input type="radio"/> 1 – 5 years	<input type="radio"/> 11 – 15 years	<input type="radio"/> More than 20 years
<b>45.</b>	Which of the following resources do you use to guide your antibiotic prescribing? <b>Tick ALL that apply</b>		
	<input type="radio"/> Consultation with senior colleague(s)	<input type="checkbox"/> Guideline	<input type="radio"/> Medical journal
	<input type="radio"/> Consultation with specialist in microbiology/infectious disease	<input type="checkbox"/> Internacional	<input type="radio"/> Phamaceutical representative
	<input type="radio"/> Textbooks	<input type="checkbox"/> Nasional	_____
		<input type="checkbox"/> Hospital	<input type="radio"/> Internet _____
		<input type="checkbox"/> Departement/division	<input type="radio"/> Other _____
<b>46.</b>	During the past year, how many times have you received training/teaching or attended seminars/courses on antimicrobial prescribing, resistance and/or stewardship? _____ times		
<b>47.</b>	What is your sex: <input type="radio"/> Male <input type="radio"/> Female		
<b>48.</b>	I would like to take part in the raffle: <input type="radio"/> yes <input type="radio"/> no If yes, my email is: _____		
<b>Thank you for completing this survey!</b>			