

Please mark like this: ☐ ☒ ☐ ☐ ☐Corrections: ☐ ☒ ☐ ☒ ☐**1. Information on your own handling of antibiotics**

There is currently a lot of talk in experts and in the public about the frequent prescription of antibiotics. We would like to know about your experience with antibiotics in everyday life.

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|-----|--|---|
| 1.1 | I feel confident when dealing with antibiotics in general. | I don't <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I totally agree. |
| 1.2 | I feel confident to decide whether antibiotics are indicated for the treatment of common infectious diseases in the practice or not. | I don't <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I totally agree. |
| 1.3 | I feel confident in the choice of an antibiotic agent for the treatment of common infectious diseases. | I don't <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I totally agree. |
| 1.4 | I feel confident when determining the duration of therapy for an antibiotic for common infectious diseases. | I don't <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I totally agree. |
| 1.5 | I feel confident to dose an antibiotic when treating common infectious diseases. | I don't <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I totally agree. |

2. How would you rate the following statements: are they right or wrong?

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| 2.1 | Purulent, yellow sputum when coughing indicates the bacterial genesis of an infection and is an indication for antibiotic treatment. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.2 | Cefuroxim (2nd generation cephalosporine) more often leads to the development of antibiotic resistances than Cefaclor (1st generation cephalosporine). | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.3 | An erythema chronicum migrans should be treated with Doxycycline 200mg / 1 per day. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.4 | The likelihood of resistance development increases with the duration of antibiotic treatment. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.5 | In the treatment of infections, a longer therapy than recommended in the guidelines leads to better treatment results. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.6 | When treating wound infections, Clindamycin is preferable to other antibiotics because of its good tissue penetrance. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.7 | Aminopenicillins increase the likelihood of Clostridium difficile-associated diarrhea to the same extent as cephalosporins. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.8 | If Trimethoprim is used for the three-day therapy of uncomplicated cystitis, 2x200mg/day should be administered. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.9 | If an acute uncomplicated cystitis is to be treated with antibiotics, quinolones are not among the therapeutic agents of first choice. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.10 | For the antibiotic treatment of bacterial tonsillitis, a broad spectrum penicillin (e.g. AmoxiClav) should be selected in order to treat other potential pathogens in addition to <i>Streptococcus pyogenes</i> . | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |

2. How would you rate the following statements: are they right or wrong? [Fortsetzung]

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|--|--------------------------------|--------------------------------|
| 2.11 When treating a community-acquired pneumonia without complications in an otherwise healthy adult, cephalosporins should be preferred to aminopenicillins for antibiotic therapy. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.12 The dose of antibiotics for children must be converted into ml of the corresponding liquid formula to be given based on their body weight. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.13 The dosage of Doxycycline must be adjusted to the glomerular filtration rate (GFR) in the presence of renal insufficiency. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.14 Amoxicillin is suitable for the treatment of an erythema chronicum migrans even in pregnant women and children under the age of 9. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.15 Otitis media in children under the age of 6 should primarily be treated with antibiotics to avoid complications. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.16 In the treatment of upper respiratory tract infections antibiotics should not usually be prescribed, as they are mostly viral infections. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.17 Female patients with asymptomatic bacteriuria should be treated with antibiotics to prevent the transition to a symptomatic urinary tract infection. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.18 If a tonsillitis is treated with oral Penicillin V, Penicillin V should be administered for a period of 7 days. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.19 If antibiotic therapy is indicated for sinusitis, Amoxicillin 2x500mg/day over the recommended treatment period is suitable. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.20 In the case of mild to moderate pneumonia in a patient without comorbidities, a therapy duration of 5-7 days is usually sufficient and can be shortened when the condition of the patient improves rapidly. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |

3. When treating infectious diseases, I follow...

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|---|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------|
| 3.1 ... the guideline recommendations of my specialist society. | I don't agree at all. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I totally agree. |
| 3.2 ... my clinical experience. | I don't agree at all. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I totally agree. |
| 3.3 ... the recommendations from colleagues. | I don't agree at all. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I totally agree. |
| 3.4 ... the specialist information provided by the drug manufacturer. | I don't agree at all. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I totally agree. |
| 3.5 ... the patients' wishes. | I don't agree at all. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I totally agree. |

4. To what extent do the following situations influence your prescription behaviour for antibiotics?

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|--|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|
| 4.1 When I find the patient to be very demanding during the consultation, I sometimes give in and prescribe an antibiotic without it being necessarily indicated. | not at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | very strongly |
| 4.2 When I am concerned that the patient's symptoms might worsen, for example over the weekend, I sometimes prescribe an antibiotic without it being necessarily indicated. | not at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | very strongly |
| 4.3 When the waiting room is full, I sometimes prescribe an antibiotic without it being necessarily indicated, in order to make the patient feel good despite the short consultation time. | not at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | very strongly |

5. Information on training courses

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|---|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| 5.1 Have you participated in one or more advanced training courses on (<i>rational</i>) antibiotic therapy within the last 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| 5.2 Would you like more training on (<i>rational</i>) antibiotic therapy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| 5.3 How sufficient do you perceive the offer for advanced training courses on the subject of (<i>rational</i>) antibiotic therapy? | not at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | fully |
| 5.4 What kind of training would you prefer and where? (Please select 2 options.) | | | | | | | | |
| <input type="checkbox"/> online course | <input type="checkbox"/> single short courses (about 1.5 hours) | <input type="checkbox"/> longer block course on the weekend (about 12 hours) | | | | | | |
| <input type="checkbox"/> near the place of residence | <input type="checkbox"/> distance to home up to 100km | <input type="checkbox"/> distance to home more than 100km | | | | | | |
| 5.5 If your answer was not mentioned under 5.4, you have the opportunity to contribute your own ideas here: | | | | | | | | |

6. Personal information

- 6.1 Your gender: ☐ male ☐ female ☐ other
- 6.2 Please indicate your age.
- | | | |
|---|---|--|
| <input type="checkbox"/> 20 to 29 years | <input type="checkbox"/> 30 to 39 years | <input type="checkbox"/> 40 to 49 years |
| <input type="checkbox"/> 50 to 59 years | <input type="checkbox"/> 60 to 69 years | <input type="checkbox"/> 70 years or older |
- 6.3 Location of the practice (count of inhabitants)
- | | | |
|--|--|--|
| <input type="checkbox"/> rural (<5.000) | <input type="checkbox"/> small town (5.000-20.000) | <input type="checkbox"/> city (20.001-100.000) |
| <input type="checkbox"/> big city (>100.000) | | |
- 6.4 How long have you been practicing as a doctor?
- | | | |
|---|---|---|
| <input type="checkbox"/> less than 5 years | <input type="checkbox"/> 5 to 14 years | <input type="checkbox"/> 15 to 24 years |
| <input type="checkbox"/> 25 to 34 years | <input type="checkbox"/> 35 to 44 years | <input type="checkbox"/> 45 to 54 years |
| <input type="checkbox"/> more than 55 years | | |
- 6.5 How long have you been working as a general practitioner?
- | | | |
|---|---|---|
| <input type="checkbox"/> less than 5 years | <input type="checkbox"/> 5 to 14 years | <input type="checkbox"/> 15 to 24 years |
| <input type="checkbox"/> 25 to 34 years | <input type="checkbox"/> 35 to 44 years | <input type="checkbox"/> 45 to 54 years |
| <input type="checkbox"/> more than 55 years | | |
- 6.6 What is your position in your practice?
- | | | |
|--|---|---|
| <input type="checkbox"/> employed doctor | <input type="checkbox"/> doctor in further training in general practice | <input type="checkbox"/> self-employed practice owner in joint practice |
| <input type="checkbox"/> equal partner in joint practice | | |
- 6.7 What is the structure of the practice you're working in?
- | | | |
|--|---|--|
| <input type="checkbox"/> individual practice | <input type="checkbox"/> joint practice | <input type="checkbox"/> medical care center |
|--|---|--|
- 6.8 What is the number of doctors in the practice you're working in? **(including yourself)**

