



## Clinician Knowledge, Attitudes, and Practice Survey

Site information																
<b>1. Hospital code</b>	_ _ _ - _ _ _ _  (country code – hospital ID)															
Bacterial culture practices																
<b>2. Does this hospital have a guideline for culture specimen collection guideline (i.e. recommendation on when/from which patient to take a specimen)?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer																
<b>3. As part of the diagnostic work up in patients with suspected bacterial infections, in what proportion of patients do you request collection of specimens for microbiology testing?</b> <input type="radio"/> All patients (>95% of patients) <input type="radio"/> Most patients (50-95% of patients) <input type="radio"/> Some patients (5-50% of patients) <input type="radio"/> Few patients (<5% of patients) <input type="radio"/> None <input type="radio"/> Prefer not to answer																
<b>4. Do you take blood cultures in patients starting parenteral antibiotic treatment?</b> <input type="radio"/> Always (>95% of the times) <input type="radio"/> Often (50-95% of the times) <input type="radio"/> Sometimes (5-50% of the times) <input type="radio"/> Rarely (<5% of the time) <input type="radio"/> Never (None) <input type="radio"/> Prefer not to answer																
<b>5. Do you take blood cultures in patients with suspected sepsis/bloodstream infection?</b> <input type="radio"/> Always (>95% of the times) <input type="radio"/> Often (50-95% of the times) <input type="radio"/> Sometimes (5-50% of the times) <input type="radio"/> Rarely (<5% of the time) <input type="radio"/> Never (None) <input type="radio"/> Prefer not to answer																
<b>6. Do you take sputum cultures in patients with suspected bacterial pneumonia?</b> <input type="radio"/> Always (>95% of the times) <input type="radio"/> Often (50-95% of the times) <input type="radio"/> Sometimes (5-50% of the times) <input type="radio"/> Rarely (<5% of the time) <input type="radio"/> Never (None) <input type="radio"/> Prefer not to answer																
<b>7. Do you take urine cultures in patients with suspected urinary tract infection?</b> <input type="radio"/> Always (>95% of the times) <input type="radio"/> Often (50-95% of the times) <input type="radio"/> Sometimes (5-50% of the times) <input type="radio"/> Rarely (<5% of the time) <input type="radio"/> Never (None) <input type="radio"/> Prefer not to answer																
<b>8. What are reason(s) for you to order blood culture sampling? (you can select more than one answer)</b> <table border="0"><tbody><tr><td><input type="checkbox"/> Patients presenting with chills</td><td><input type="checkbox"/> Leucocytosis</td><td><input type="checkbox"/> Patients can afford the cost of blood culture</td></tr><tr><td><input type="checkbox"/> Patients presenting with sepsis or septic shock</td><td><input type="checkbox"/> Neutropenia</td><td><input type="checkbox"/> Health insurance requirement</td></tr><tr><td><input type="checkbox"/> Patients presenting with infection and having underlying diseases</td><td><input type="checkbox"/> Left shift in blood count</td><td><input type="checkbox"/> Follow hospital guideline</td></tr><tr><td><input type="checkbox"/> Patients starting parenteral antibiotic treatment</td><td><input type="checkbox"/> Elevated CRP or procalcitonin</td><td><input type="checkbox"/> Other: .....</td></tr><tr><td></td><td></td><td><input type="radio"/> Prefer not to answer</td></tr></tbody></table>		<input type="checkbox"/> Patients presenting with chills	<input type="checkbox"/> Leucocytosis	<input type="checkbox"/> Patients can afford the cost of blood culture	<input type="checkbox"/> Patients presenting with sepsis or septic shock	<input type="checkbox"/> Neutropenia	<input type="checkbox"/> Health insurance requirement	<input type="checkbox"/> Patients presenting with infection and having underlying diseases	<input type="checkbox"/> Left shift in blood count	<input type="checkbox"/> Follow hospital guideline	<input type="checkbox"/> Patients starting parenteral antibiotic treatment	<input type="checkbox"/> Elevated CRP or procalcitonin	<input type="checkbox"/> Other: .....			<input type="radio"/> Prefer not to answer
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**9. In this hospital, blood cultures are useless because results often arrive too late to be useful for making decisions about antibiotic treatment**

- ☐ Strongly Disagree      ☐ Disagree      ☐ Undecided/Neutral      ☐ Agree      ☐ Strongly Agree  
☐ Prefer not to answer

**10. In this hospital, blood cultures are useless because they only rarely give a causative organism and actionable antibiotic susceptibility results**

- ☐ Strongly Disagree      ☐ Disagree      ☐ Undecided/Neutral      ☐ Agree      ☐ Strongly Agree  
☐ Prefer not to answer

**11. In this hospital, blood cultures are useless because most patients have already received empirical antibiotics upon admission**

- ☐ Strongly Disagree      ☐ Disagree      ☐ Undecided/Neutral      ☐ Agree      ☐ Strongly Agree  
☐ Prefer not to answer

**12. In this hospital, culture results are efficiently communicated to the treating clinician**

- ☐ Strongly Disagree      ☐ Disagree      ☐ Undecided/Neutral      ☐ Agree      ☐ Strongly Agree  
☐ Prefer not to answer

**13. In this hospital, in general how long does it take to get a positive blood culture result from the microbiology laboratory?**

- ☐ 1-3 days      ☐ 4-7 days      ☐ >7 days      ☐ Often do not get the result  
☐ Prefer not to answer

**14. This hospital publishes a regular (e.g. yearly) AMR surveillance report summarising the resistance patterns for common pathogens**

- ☐ Yes      ☐ No      ☐ Don't know  
☐ Prefer not to answer

### Your views on antimicrobial resistance (AMR), diagnostic stewardship and AMR surveillance

**15. AMR is a problem in this country**

- ☐ Strongly Disagree      ☐ Disagree      ☐ Undecided/Neutral      ☐ Agree      ☐ Strongly Agree  
☐ Prefer not to answer

**16. AMR is a problem in this hospital**

- ☐ Strongly Disagree      ☐ Disagree      ☐ Undecided/Neutral      ☐ Agree      ☐ Strongly Agree  
☐ Prefer not to answer

**17. The optimal timing to collect patient specimens for blood culture is**

- ☐ Before starting antibiotics      ☐ After starting antibiotics      ☐ Does not matter when  
☐ Prefer not to answer



## Clinician Knowledge, Attitudes, and Practice Survey

**18. Blood cultures are useful in detecting antimicrobial-resistant bacterial infections**

- ☐ Strongly Disagree      ☐ Disagree      ☐ Undecided/Neutral      ☐ Agree      ☐ Strongly Agree  
☐ Prefer not to answer

**19. Blood cultures are helpful in targeting antibiotic therapy**

- ☐ Strongly Disagree      ☐ Disagree      ☐ Undecided/Neutral      ☐ Agree      ☐ Strongly Agree  
☐ Prefer not to answer

**20. Blood cultures can reduce unnecessary use of antibiotics**

- ☐ Strongly Disagree      ☐ Disagree      ☐ Undecided/Neutral      ☐ Agree      ☐ Strongly Agree  
☐ Prefer not to answer

**21. Blood cultures can improve patient management**

- ☐ Strongly Disagree      ☐ Disagree      ☐ Undecided/Neutral      ☐ Agree      ☐ Strongly Agree  
☐ Prefer not to answer

**22. Cumulative hospital antimicrobial resistance data (i.e. hospital antibiogram) can be used for developing local antibiotic treatment guidelines**

- ☐ Strongly Disagree      ☐ Disagree      ☐ Undecided/Neutral      ☐ Agree      ☐ Strongly Agree  
☐ Prefer not to answer

**23. Laboratory-based AMR surveillance is an important component of the efforts to tackle the AMR problem**

(Laboratory-based AMR surveillance means systematic collection of microbiology laboratory data to estimate the burden of AMR, detect trends, and inform treatment guidelines)

- ☐ Strongly Disagree      ☐ Disagree      ☐ Undecided/Neutral      ☐ Agree      ☐ Strongly Agree  
☐ Prefer not to answer

**24. Data from this hospital should be shared with the Ministry of Health for national AMR surveillance**

- ☐ Strongly Disagree      ☐ Disagree      ☐ Undecided/Neutral      ☐ Agree      ☐ Strongly Agree  
☐ Prefer not to answer

**Background information**

**25. What is your current grade or position?**

- ☐ Intern      ☐ Resident      ☐ Senior doctor / specialist / consultant      ☐ General practitioner      ☐ Other  
☐ Prefer not to answer

**26. How long have you worked as a medical doctor?**

- ☐ <1 year      ☐ 1-5 years      ☐ 6-10 years      ☐ >10 years  
☐ Prefer not to answer



## Clinician Knowledge, Attitudes, and Practice Survey

**27. What is your primary work unit / department in this hospital?**

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="radio"/> Internal medicine    | <input type="radio"/> Neonatology            | <input type="radio"/> Orthopaedics |
| <input type="radio"/> Surgery              | <input type="radio"/> Intensive Care         | <input type="radio"/> Other        |
| <input type="radio"/> Emergency Dept       | <input type="radio"/> Obstetrics/Gynaecology | <input type="radio"/> Mixed        |
| <input type="radio"/> Paediatrics          | <input type="radio"/> Pulmonology            |                                    |
| <input type="radio"/> Prefer not to answer |  |                                    |

**28. During the past year, have you received training/teaching or attended seminars/courses on antimicrobial prescribing, resistance and/or stewardship?**

- |  |                          |                                  |
|--|--------------------------|----------------------------------|
| <input type="radio"/> Yes                  | <input type="radio"/> No | <input type="radio"/> Don't know |
| <input type="radio"/> Prefer not to answer |                          |                                  |