



Clinician Knowledge, Attitudes, and Practice Survey

Site information	
1. Hospital code	__ __ - __ __ __ (country code – hospital ID)
Bacterial culture practices	
2. Does this hospital have a guideline for culture specimen collection guideline (i.e. recommendation on when/from which patient to take a specimen)?	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer	
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?	
<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	
4. Do you take blood cultures in patients starting parenteral antibiotic treatment?	
<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	
5. Do you take blood cultures in patients with suspected sepsis/bloodstream infection?	
<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	
6. Do you take sputum cultures in patients with suspected bacterial pneumonia?	
<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	
7. Do you take urine cultures in patients with suspected urinary tract infection?	
<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	
8. What are reason(s) for you to order blood culture sampling? (you can select more than one answer)	
<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



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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



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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 | | |