Supplementary Table 1. List of the included universities in the study.

Universities

- Cairo University
- Ain Shams University
- Al Azhar Cairo University
- Helwan University
- Minya University
- Al Azhar Assiut University
- Assiut University
- Sohag University
- South Valley University
- Aswan University
- Alexandria University
- Benha University
- Tanta University
- Al Azhar Damietta University
- Mansoura University
- Menofia University
- Suez Canal University
- Kafr El Sheikh University
- Zagazig University
- Fayoum University
- Port said University

Supplementary Table 2. Knowledge, attitude, and practice questionnaire

<u>**Knowledge Domain**</u> (Correct answers are <u>**underlined in Bold**</u>)

1- Pharyngitis

<u>**1] Etiology**</u>

1. **What contributes to pharyngitis more frequently?**
    Bacteria – <u>**Viral**</u> – Both contribute equally – I don't know.

2. **Which of the following is the most common cause of bacterial pharyngitis?**
    <u>**GAS**</u> – Pneumococci – Staph aureus – Neisseria meningitidis – Haemophiles influenzae – I don't know.

3. **What is the most common method by which bacterial pharyngitis is transmitted?**
    <u>**Droplets**</u> – Aerosol – Direct contact with skin lesions – All of them – I don't know.

4. **What is the most common age group affected with bacterial pharyngitis?**
    (<5) – (<u>**5 to 15**</u>) – (16 to 44) – (>44) – I don't know.

<u>**2] Diagnosis**</u>

5. **Does the presence of rhinorrhea more commonly suggest bacterial or viral pharyngitis?**
    Bacterial – <u>**Viral**</u> – Both equally – I don't know.

6. **Does the presence of tonsillitis more commonly suggest bacterial or viral pharyngitis?**
    Bacterial – <u>**Viral**</u> – Both equally – I don't know.

7. **Does the presence of conjunctivitis more commonly suggest bacterial or viral pharyngitis?**
    <u>**Bacterial**</u> – Viral – Both equally – I don't know.

8. **Does the presence of cough more commonly suggest bacterial or viral pharyngitis?**
    Bacterial – <u>**Viral**</u> – Both equally – I don't know.

9. **Does the presence of exudate with pharyngitis more commonly suggest bacterial or viral pharyngitis?**
    <u>**Bacterial**</u> – Viral – Both equally – I don't know.

10. **Do patients with bacterial pharyngitis most commonly present with fever?**
    <u>**Yes**</u> – No – Maybe or maybe not – I don't know.

11. **Do patients with bacterial pharyngitis most commonly present with cervical lymphadenopathy?**
    Yes – No – <u>**Maybe or maybe not**</u> – I don't know.

12. **Which technique is recommended initially for the diagnosis of clinically suspected bacterial pharyngitis?**
    <u>**Rapid antigen test**</u> – Throat culture – Gram stain – Bacterial anti-body titer – Antibiotic testing – PCR – I don't know.

13. **If the initial diagnostic test for suspected bacterial pharyngitis was negative in a child with pharyngitis, what is the next step in management?**
    Confirm by another test – Start antibiotics – Conservative management – I don't know.

14. **If the initial test for suspected bacterial pharyngitis was positive in a child with pharyngitis, what is the next step in management?**
    Confirm by another test – **Start antibiotics** – Conservative management – I don't know.

3] Management

15. **What is the drug of choice for the treatment of bacterial pharyngitis?**
    Penicillin – Cephalosporins – Azithromycin – Clindamycin – I don't know.

16. **What is the drug of choice for the treatment of allergic patients to first-line treatment?**
    Penicillin – **Cephalosporins** – Azithromycin – Clindamycin – I don't know.

17. **What is the recommended duration of antibiotic therapy for bacterial pharyngitis?**
    3 days – 5 days – 7 days – **10 days** – I don't know.

2- Acute rheumatic fever

1] Etiology

1. **What is the primary bacterial infection that led eventually to acute rheumatic fever?**
   Pharyngitis – Skin infection – Both can contribute – Neither of them contributes – I don't know.

2. **When does acute rheumatic fever usually develop following the primary infection?**
   (<1) week – **(1-5) weeks** – (6-12) weeks – (3-6) months – (6-12) months – (>1) year – I don't know.

3. **Which age group is most affected by acute rheumatic fever?**
   (<3) – **(3 to 14)** – (15 to 44) – (>44) – I don't know.

4. **Can acute rheumatic fever turn into a chronic disease?**
   Yes – No – I don't know.

2] Diagnosis

5. **Which of the following are considered major symptoms for diagnosing acute rheumatic fever? (CHECK-BOXES)**
   - **Polyarthritis**
   - Polyarthralgia
   - Monoarthritis
   - Monoarthralgia

   - **Pericarditis**
   - **Myocarditis**
   - **Endocarditis**
   - **Valve regurgitation**
   - Valve stenosis

   - **Subcutaneous nodules**
   - Bilateral painful shin (knee) nodules
   - **Annular non-pruritic transient rash**

- Diffuse maculopapular rash
- **Jerky involuntary movements of limbs**
- Ataxia

6. **Is the diagnosis of acute rheumatic fever supported by increased ESR/CRP?**
   Yes – No – I don't know

7. **Is the diagnosis of acute rheumatic fever supported by the presence of fever?**
   Yes – No – I don't know

8. **Is laboratory evidence of previous bacterial infection required for a diagnosis of acute rheumatic fever?**
   Yes – No – I don't know

9. **In evidence of previous bacterial infection, how many criteria (major or minor) should be present for the diagnosis of acute rheumatic fever?**
   - (1 major alone) or (2 minors alone)
   - (**2 majors alone) or (1 major + 2 minors)**
   - (3 majors alone) or (2 majors + 1 minor)
   - (1 major + 1 minor) or (3 minors alone)
   - I don't know.

3] Management

10. **Is acute rheumatic fever preventable by adequate antibiotic therapy for the primary bacterial infection?**
    Yes – No – I don't know.

11. **Should antibiotics be used during the management of acute rheumatic fever in the absence of active bacterial infection?**
    Always – Only in certain cases – No – I don't know.

Attitude Domain

Answer choices for all questions are: Strongly agree – Agree – Not sure – Disagree – Strongly disagree.

Questions with (R): reverse coding

1- Perception of neglect

1. **Sore throat is usually neglected by patients in Egypt.**
2. **Patients in Egypt with bacterial pharyngitis would complete the full course of antibiotics recommended by their primary healthcare physician. (R)**
3. **Acute rheumatic fever and rheumatic heart diseases are underreported in Egypt. (R)**
4. **Acute rheumatic fever is diagnosed early in Egypt.**

2- Perception of barriers

5. **Teaching about acute rheumatic fever and rheumatic heart disease in Egyptian medical schools is sufficient and actively contributes to decreasing the prevalence of the disease.**
6. **Low socioeconomic status is a risk factor for the development of acute rheumatic fever. (R)**

7. **Current guidelines are adequate for accurate diagnosis of pharyngitis. (R)**
8. **Current guidelines are adequate for accurate diagnosis of acute rheumatic fever. (R)**
9. **Current research on acute rheumatic fever/rheumatic heart disease in Egypt is satisfactory and actively eradicating the problem. (R)**
10. **Specialists' contribution to public health awareness about rheumatic fever/rheumatic heart disease in Egypt is satisfactory and actively eradicates the problem. (R)**
11. **Government funding for public health awareness about rheumatic fever/rheumatic heart disease in Egypt is satisfactory and actively eradicates the problem. (R)**
12. **Price is an important contributing barrier to patients' compliance with acute pharyngitis/acute rheumatic fever treatments.**
13. **Availability of medications is an important contributing barrier to patients' compliance with acute pharyngitis/acute rheumatic fever treatments.**
14. **Cultural misconceptions about the disease or treatment's importance are important contributing barriers to patients' compliance with acute pharyngitis/acute rheumatic fever treatments.**
15. **Lack of adequate education about the disease or treatment importance is an important contributing barrier to patients' compliance with acute pharyngitis/acute rheumatic fever treatments.**

Practice Domain

Answer choices for all questions are: Always – Often – Sometimes – Less likely to – Never.

Questions with (R): reverse coding
1. **Would you seek medical advice if you had an episode of a sore throat?**
2. **Would you ask anyone with a sore throat to visit a doctor?**
3. **Would you ask a patient with a sore throat to take a home prescription directly? (R)**
4. **Would you prescribe empiric antibiotics to a patient with pharyngitis before confirming it is of bacterial origin? (R)**
5. **Would you recommend Echocardiography with Doppler for all cases of suspected acute rheumatic fever before confirmation?**
6. **Would you recommend Echocardiography with Doppler for all cases of confirmed acute rheumatic fever even with no evidence of carditis?**
7. **How likely are you to admit a patient with suspected acute rheumatic fever to the hospital?**
8. **How often do you educate your patients about rheumatic fever and its complications?**
9. **How often do you educate your patients about the importance of home measures like self-hygiene in the prevention of sore throat?**
10. **Regarding antibiotic administration, how likely are you to administer antibiotics orally? (R)**
11. **Regarding antibiotic administration, how likely are you to administer antibiotics parenterally?**
12. **How likely are you to follow up with your patients until you make sure they complete their antibiotic course?**
13. **How likely are you to advocate for the establishment of a rheumatic heart disease registry in Egypt?**
14. **How likely are you to participate in a research project on acute rheumatic fever/rheumatic heart disease?**

Supplementary Table 3. Responses of the participants to the knowledge questions

Knowledge about pharyngitis	N (%) (N= 629)
1- What contributes to pharyngitis more frequently?	
o Bacteria	213 (33.9%)
o Viral	342 (54.4%)
o Both contribute equally.	64 (10.2%)
o I don't know.	10 (1.5%)
2- Which of the following is the most common cause of bacterial pharyngitis?	
o Group A streptococcus	466 (74.1%)
o Staph aureus	84 (13.4%)
o Streptococcus pneumonia	42 (6.7 %)
o Haemophiles influenzae	11 (1.7 %)
o I don't know.	26 (4.1%)
3- What is the most common method by which bacterial pharyngitis is transmitted?	
o Droplets	440 (70%)
o Aerosol	45 (7.2%)
o Direct contact with skin lesions	13 (2.1%)
o All of them	116 (18.4%)
o I don't know.	15 (2.3%)
4- What is the most common age group affected with bacterial pharyngitis?	
o <5	127 (20.2%)
o 5-15	444 (70.6%)
o 16-44	20 (3.2%)
o >44	3 (0.5%)
o I don't know.	35 (5.5%)
5- Does the presence of rhinorrhea more commonly suggest bacterial or viral pharyngitis?	
o Bacterial	29 (4.6%)
o Viral	508 (80.8%)
o Both equally	67 (10.7%)
o I don't know.	25 (3.9%)
6- Does the presence of tonsillitis more commonly suggest bacterial or viral pharyngitis?	
o Bacterial	420 (66.8%)

o Viral	87 (13.8%)
o Both equally	104 (16.5%)
o I don't know.	18 (2.9%)

7- Does the presence of conjunctivitis more commonly suggest bacterial or viral pharyngitis?	
	74 (11.8%)
o Bacterial	430 (68.4%)
o Viral	65 (10.3%)
o Both equally	60 (9.5%)
o I don't know.	

8- Does the presence of cough more commonly suggest bacterial or viral pharyngitis?	
	116 (18.4%)
o Bacterial	252 (40.1%)
o Viral	219 (34.8%)
o Both equally	42 (6.7%)
o I don't know.	

9- Does the presence of exudate with pharyngitis more commonly suggest bacterial or viral pharyngitis?	
o Bacterial	517 (82.2%)
o Viral	42 (6.7%)
o Both equally	61 (9.7%)
o I don't know.	9 (1.4%)

10- Do patients with bacterial pharyngitis most commonly present with fever?	
o Yes	490 (77.9%)
o No	15 (2.4%)
o Maybe or maybe not	109 (17.3%)
o I don't know.	15 (2.4%)

11- Do patients with bacterial pharyngitis most commonly present with cervical lymphadenopathy?	
o Yes	298 (47.4%)
o No	55 (8.7%)
o Maybe or maybe not	246 (39.1%)
o I don't know.	30 (4.8%)

12- Which diagnostic test is recommended initially for diagnosis of a clinically suspected bacterial pharyngitis?	
o Rapid antigen test	139 (22.1%)
o Throat culture	248 (39.4%)
	49 (7.8%)

○ Gram stain	79 (12.6%)
○ Bacterial anti-body titer	30 (4.8%)
○ Antibiotic testing	8 (1.3%)
○ PCR	76 (12%)
○ I don't know.	

13- If the initial diagnostic test for a suspected bacterial pharyngitis was negative in a child with pharyngitis, what is the next step in management?

○ Confirm by another test.	211 (33.5%)
○ Start antibiotics.	79 (12.6%)
○ Conservative management	298 (47.4%)
○ I don't know.	41 (6.5%)

14- If the initial test for a suspected bacterial pharyngitis was positive in a child with pharyngitis, what is the next step in management?

○ Confirm by another test.	43 (6.8%)
○ Start antibiotics.	547 (87%)
○ Conservative management	19 (3%)
○ I don't know.	20 (3.2%)

15- What is the drug of choice for the treatment of bacterial pharyngitis?

○ Penicillin	527 (83.8%)
○ Cephalosporins	49 (7.8%)
○ Azithromycin	23 (3.7%)
○ Clindamycin	7 (1.1%)
○ I don't know.	23 (3.6%)

16- What is the drug of choice for the treatment of allergic patients to first line treatment?

○ Penicillin	27 (4.3%)
○ Cephalosporins	153 (24.3%)
○ Azithromycin	325 (51.7%)
○ Clindamycin	68 (10.8%)
○ I don't know.	56 (8.9%)

17- What is the recommended duration of antibiotic therapy for bacterial pharyngitis?

○ 1-3 days	12 (1.9%)
○ 3-5 days	67 (10.7%)
○ 5-7 days	341 (54.2%)
○ 10 days	186 (29.6%)
○ I don't know.	23 (3.6%)

Knowledge about ARF	N (%) (N= 629)
1- What is the primary bacterial infection that led eventually to acute rheumatic fever?	
o Pharyngitis	396 (63%)
o Skin infection	10 (1.6%)
o Both can contribute.	198 (31.5%)
o Neither of them contributes	9 (1.4%)
o I don't know.	16 (2.5%)
2- When does acute rheumatic fever usually develop following the primary infection?	
o (<1) week	25 (4%)
o (1-5) weeks	339 (53.9%)
o (6-12) weeks	91 (14.5%)
o (3-6) months	32 (5.1%)
o (6-12) months	19 (3%)
o (>1) year	10 (1.6%)
o I don't know.	113 (17.9%)
3- Which age group is most affected by acute rheumatic fever?	
o (<3)	28 (4.5%)
o (3-14)	513 (81.5%)
o (15-44)	63 (10%)
o (>44)	3 (0.5%)
o I don't know.	22 (3.5%)
4- Can acute rheumatic fever turn into a chronic disease?	
o Yes	564 (89.7%)
o No	28 (4.5%)
o I don't know.	37 (5.8%)
5- Which of the following symptoms are considered major symptoms for the diagnosis of acute rheumatic fever? (CHECK-BOX)	
o Polyarthritis	511 (81.2%)
o Polyarthralgia	138 (21.9%)
o Monoarthritis	103 (16.4%)
o Monarthralgia	16 (2.5%)
o Pericarditis	355 (56.4%)
o Myocarditis	394 (62.6%)
o Endocarditis	443 (70.4%)

o Valve regurgitation		183 (29.1%)
o Valve stenosis		114 (18.1%)
o Subcutaneous nodules		424 (67.4%)
o Bilateral painful shin (knee) nodules		116 (18.4%)
o Annular non-pruritic transient rash		135 (21.5%)
o Diffuse maculopapular rash.		136 (21.6%)
o Jerky involuntary movements of limbs		301 (47.9%)
o Ataxia		127 (20.2%)
6- Is diagnosis of acute rheumatic fever supported by increased ESR/CRP?		
o Yes		558 (88.7%)
o no		49 (7.8%)
o I don't know.		22 (3.5%)
7- Is diagnosis of acute rheumatic fever supported by the presence of fever?		
o Yes		496 (78.9%)
o No		96 (15.3%)
o I don't know.		37 (5.8%)
8- Is laboratory evidence of previous bacterial infection required for a diagnosis of acute rheumatic fever?		
o Yes		419 (66.6%)
o No		140 (22.3%)
o I don't know.		70 (11.1%)
9- In evidence of previous bacterial infection, how many criteria (major or minor) should be present for diagnosis of acute rheumatic fever?		
o (1 major alone) or (2 minors alone)		72 (11.4%)
o (2 majors alone) or (1 major + 2 minors)		448 (71.2%)
o (3 majors alone) or (2 majors + 1 minor)		43 (6.8%)
o (1 major + 1 minor) or (3 minors alone)		35 (5.6%)
o I don't know.		31 (5%)
10- Is acute rheumatic fever preventable by adequate antibiotic therapy to the primary bacterial infection?		
o Yes		536 (85.2%)
o No		56 (8.9%)
o I don't know.		37 (5.9%)

11- Should antibiotics be used during the management of acute rheumatic fever in the absence of active bacterial infection?	
o Always	220 (35%)
o Only in certain cases	227 (36.1%)
o No	95 (15.1%)
o I don't know.	87 (13.8%)

Supplementary Table 4. Participants' responses to the attitude questions (N= 629)

1- **Sore throat is usually neglected by patients in Egypt.**	
o Strongly agree.	190 (30.2%)
o Agree	306 (48.7%)
o Not sure	44 (7%)
o Disagree	78 (12.4%)
o Strongly disagree.	11 (1.7%)
2- **Patients in Egypt with bacterial pharyngitis would complete the full course of antibiotics recommended by their primary health care physician.**	
o Strongly agree.	105 (16.7%)
o Agree	124 (19.7%)
o Not sure	143 (22.7%)
o Disagree	183 (29.1%)
o Strongly disagree.	74 (11.8%)
3- **Acute rheumatic fever is diagnosed early in Egypt.**	
o Strongly agree.	20 (3.2%)
o Agree	103 (16.4%)
o Not sure	212 (33.7%)
o Disagree	260 (41.3%)
o Strongly disagree.	34 (5.4%)
4- **Acute rheumatic fever and rheumatic heart diseases are underreported in Egypt.**	
o Strongly agree.	125 (19.9%)
o Agree	289 (45.9%)
o Not sure	149 (23.7%)
o Disagree	57 (9.1%)
o Strongly disagree.	9 (1.4%)
5- **Low socioeconomic status is a risk factor for the development of acute rheumatic fever.**	
o Strongly agree.	278 (44.2%)
o Agree	288 (45.8%)
o Not sure	50 (7.9%)
o Disagree	12 (1.9%)
o Strongly disagree.	1 (0.2%)
6- **Teaching about acute rheumatic fever and rheumatic heard disease in Egyptian medical schools is sufficient and actively contributing to decrease the prevalence of the disease.**	

○ Strongly agree.	95 (15.1%)
○ Agree	242 (38.5%)
○ Not sure	139 (22.1%)
○ Disagree	136 (21.6%)
○ Strongly disagree.	17 (2.7%)
7- Current guidelines are adequate for accurate diagnosis of pharyngitis.	
○ Strongly agree.	66 (10.5%)
○ Agree	304 (48.3%)
○ Not sure	185 (29.4%)
○ Disagree	58 (9.2%)
○ Strongly disagree.	16 (2.6%)
8- Current guidelines are adequate for accurate diagnosis of acute rheumatic fever.	
○ Strongly agree.	77 (12.2%)
○ Agree	329 (52.3%)
○ Not sure	169 (26.9%)
○ Disagree	43 (6.8%)
○ Strongly disagree.	11 (1.8%)
9- Current research on acute rheumatic fever/rheumatic heart disease in Egypt is satisfactory and actively eradicating the problem.	
○ Strongly agree.	36 (5.7%)
○ Agree	162 (25.8%)
○ Not sure	272 (43.2%)
○ Disagree	140 (22.3%)
○ Strongly disagree.	19 (3%)
10- Specialists' contribution to public health awareness about rheumatic fever/rheumatic heart disease in Egypt is satisfactory and actively eradicating the problem.	
○ Strongly agree.	35 (5.6%)
○ Agree	196 (31.2%)
○ Not sure	226 (35.9%)
○ Disagree	151 (24%)
○ Strongly disagree.	21 (3.3%)
11- Government funding for public health awareness about rheumatic fever/rheumatic heart disease in Egypt is satisfactory and actively eradicating the problem.	

○ Strongly agree.	36 (5.7%)
○ Agree	141 (22.4%)
○ Not sure	220 (35%)
○ Disagree	185 (29.4%)
○ Strongly disagree.	47 (7.5%)
12- Price is an important contributing barrier to patients' compliance with acute pharyngitis/acute rheumatic fever treatments.	
○ Strongly agree.	168 (26.7%)
○ Agree	330 (52.5%)
○ Not sure	89 (14.1%)
○ Disagree	35 (5.6%)
○ Strongly disagree.	7 (1.1%)
13- Availability of medications is an important contributing barrier to patients' compliance with acute pharyngitis/acute rheumatic fever treatments.	
○ Strongly agree.	145 (23%)
○ Agree	319 (50.7%)
○ Not sure	88 (14%)
○ Disagree	69 (11%)
○ Strongly disagree.	8 (1.3%)
14- Cultural misconceptions about the disease or treatment importance are important contributing barriers to patients' compliance with acute pharyngitis/acute rheumatic fever treatments.	
○ Strongly agree.	151 (24%)
○ Agree	349 (55.5%)
○ Not sure	109 (17.3%)
○ Disagree	17 (2.7%)
○ Strongly disagree.	3 (0.5%)
15- Lack of adequate education about the disease or treatment importance is an important contributing barrier to patients' compliance with acute pharyngitis/acute rheumatic fever treatments.	
○ Strongly agree.	194 (30.9%)
○ Agree	343 (54.5%)
○ Not sure	76 (12.1%)
○ Disagree	14 (2.2%)
○ Strongly disagree.	2 (0.3%)

Supplementary Table 5. Participants' responses to the practice questions (N= 629)

1- Would you seek medical advice if you had an episode of sore throat?	
○ Always	89 (14.2%)
○ Often	178 (28.3%)
○ Sometimes	182 (28.9%)
○ Less likely to	143 (22.7%)
○ Never.	37 (5.9%)
2- Would you ask anyone with a sore throat to visit a doctor?	
○ Always	137 (21.8%)
○ Often	214 (34%)
○ Sometimes	171 (27.2%)
○ Less likely to	96 (15.3%)
○ Never.	11 (1.7%)
3- Would you ask a patient with a sore throat to take a home prescription directly?	
○ Always	82 (13%)
○ Often	208 (33.1%)
○ Sometimes	200 (31.8%)
○ Less likely to	93 (14.8%)
○ Never.	46 (7.3%)
4- Would you prescribe empiric antibiotics to a patient with pharyngitis before confirming it is of bacterial origin?	
○ Always	56 (8.9%)
○ Often	162 (25.8%)
○ Sometimes	169 (26.9%)
○ Less likely to	126 (20%)
○ Never.	116 (18.4%)
5- Would you recommend Echocardiography with Doppler for all cases of suspected acute rheumatic fever before confirmation?	
○ Always	121 (19.2%)
○ Often	181 (28.8%)
○ Sometimes	138 (21.9%)

○ Less likely to	144 (22.9%)
○ Never.	45 (7.2%)
6- Would you recommend Echocardiography with Doppler for all cases of confirmed acute rheumatic fever even with no evidence of carditis?	
○ Always	221 (35.1%)
○ Often	197 (31.3%)
○ Sometimes	111 (17.7%)
○ Less likely to	77 (12.2%)
○ Never.	23 (3.7%)
7- How likely are you to admit a patient with suspected acute rheumatic fever to the hospital?	
○ Always	113 (18%)
○ Often	190 (30.2%)
○ Sometimes	198 (31.5%)
○ Less likely to	94 (14.9%)
○ Never	34 (5.4%)
8- How often do you educate your patients about rheumatic fever and its complications?	
○ Always	160 (25.4%)
○ Often	215 (34.2%)
○ Sometimes	179 (28.4%)
○ Less likely to	57 (9.1%)
○ Never.	18 (2.9%)
9- How often do you educate your patients about the importance of home measures like self-hygiene in the prevention of sore throat?	
○ Always	206 (32.8%)
○ Often	222 (35.3%)
○ Sometimes	143 (22.7%)
○ Less likely to	42 (6.7%)
○ Never.	16 (2.5%)
10- Regarding antibiotic administration, how likely are you to administer antibiotics orally?	
○ Always	115 (18.3%)
○ Often	285 (45.3%)
○ Sometimes	178 (28.3%)

○ Less likely to	40 (6.4%)
○ Never.	11 (1.7%)
11- Regarding antibiotic administration, how likely are you to administer antibiotics parenteral?	
○ Always	48 (7.6%)
○ Often	146 (23.2%)
○ Sometimes	243 (38.6%)
○ Less likely to	164 (26.1%)
○ Never.	28 (4.5%)
12- How likely are you to follow up with your patients until you make sure they completed their antibiotic course?	
○ Always	111 (17.6%)
○ Often	211 (33.5%)
○ Sometimes	182 (28.9%)
○ Less likely to	101 (16.2%)
○ Never.	24 (3.8%)
13- How likely are you to advocate for the establishment of a rheumatic heart disease registry in Egypt?	
○ Always	111 (17.6%)
○ Often	193 (30.7%)
○ Sometimes	213 (33.9%)
○ Less likely to	82 (13%)
○ Never.	30 (4.8%)
14- How likely are you to participate in a research project on acute rheumatic fever/rheumatic heart disease?	
○ Always	70 (11.1%)
○ Often	145 (23.1%)
○ Sometimes	187 (29.7%)
○ Less likely to	140 (22.3%)
○ Never.	87 (13.8%)