## Antibiotics and mobile device questionnaire PLUS a chance to win £30 Amazon voucher\*

Have you or your child used any antibiotics\*\* in the last SIX months or about to start on an antibiotic?

Are you the carer of someone who is using or used any antibiotics\*\* in the last SIX months?

If your answer is yes to either of the above, then please complete this questionnaire.

This survey is being carried by Imperial College Healthcare NHS Trust and Imperial College. The findings will help the trust develop improvements to the provision of infection and antibiotics information to patients, such as via mobile devices. Participation is voluntary. Your responses will be kept confidential; it will only be used in combination with other participants' responses and will not be identifiable to any individual.

Who was most recently on an antibiotic in the last six months and when?  Me When?							
Q3. What information (if any) did you want to know about the <a href="INFECTION / ILLNESS">INFECTION / ILLNESS</a> and were you able to get the information you would have liked to	ation?	Yes, I got the information	Partially	No, I did not receive the information	No, I did not ask		
(i)							
(ii)							
(iii)							
Q4. What information (if any) did you want to know about the ANTIBIOTICS and were you able to get the information?  (i) The best time of day to take the antibiotics (ii) If the antibiotics should be taken with food (iii) If alcohol can be consumed (iv) If the antibiotics could be taken at the same time as other medicines (v) What to do if a dose was missed (vi) Possible side effects (vii) Other. Please specify:	Not applicable	Yes, I got the information	Partially	No, I did not receive the information	No, I did not ask		
Q5. Where/from whom did you find any of the information in and how satisfied were you? (please select all that apply  (i) Hospital doctor  (ii) Hospital nurse  (iii) Hospital pharmacist  (iv) Family and friends  (v) I searched the inter  (vi) GP  (vii) Other. Please specify:	t net	applicable	Completely satisfied	Partially satisfied	Not satisfied		

\*Closing date for the prize draw is 26<sup>th</sup> September 2014. Only eligible participants who are 18 years or over, have fully completed the questionnaire, and provided their contact details will be entered into the prize draw to win the £30 Amazon voucher. The winner will be drawn randomly and contacted via the email address provided by 14<sup>th</sup> October 2014. \*\*Antibiotic use includes any medicines used for an infection, by any route of administration (including eye drops, tablets, and injections), and obtained by any method (e.g. prescription, internet, over the counter).

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<ul> <li>Q6. Which of the following do you have and what do you use it for? (Skip to Q9 if you do not have a computer, smartphone or tablet computer).</li> <li>(i) Desktop or laptop computer</li> <li>(ii) Android smartphone e.g. Samsung Galaxy</li> <li>(iii) Android tablet e.g. Kindle Fire</li> <li>(iv) Apple smartphone e.g. iPhone</li> <li>(v) Apple tablet e.g. iPad</li> <li>(vi) Windows-based smartphone e.g. Nokia Lumia</li> <li>(vii) Windows-based tablet e.g. Microsoft Surface</li> <li>(viii) Blackberry smartphone</li> <li>(ix) Other computing device. Please specify:</li> </ul>	I don't have one	Make/ receive Internet calls access	Playing games	Download 'apps'	Access medical or health information
Q7. Do you use any apps about health, health care, medic computer)?  Yes No If yes, can you tell us the name of the apps?					
Q8. Thinking about infections and antibiotics, for which of (please select all that apply)  Find information about usual length of illness care.  Find information about how I can treat my symptom information about whether or not antibiotics.  Find out about the side effects of antibiotics.  Find out if I need to see my doctor.  Find out about the signs of bacterial versus viral.  Find tips on how to reduce the risk of getting co	oused by contoms ics are new chest info mmon inf y you or y	common infections eded ections fections our doctor			
Q9. How would you feel if a doctor used a smartphone or  Fine, no problem  Not fine, they should not be using it  Depends on the situation  Other. Please describe:					n front of you?
Q10. Please provide any further feedback that you would experience, or about the survey itself:	like to giv	e about the topic o	of the surv	ey e.g. rece	ent antibiotic
Q11. (a) About you. Are you: Male Female  (b) What is your age?	l above	hosp ', que rec	e return to tall pharm to tall	nacy staff or s and mobi	nnaire to the place in the le device pharmacy formation,
I would like to receive a summary of the results I would like to be invited for future research in this  Please provide your contact details if you selected one or  Name:	both of t	the above in Q12.			
Please provide your contact details if you would like to book Name: Email:		l into the prize dra			
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