

PART I: DEMOGRAPHICS

1. What is your gender? [male, female, prefer not to disclose]
2. What is your age?
3. What is your role relating to antimicrobial use? [medical doctor, nurse practitioner, dentist, veterinarian, pharmacist]
4. How long have you been practicing / working in your field?
5. Where do you mainly practice/work? [urban (within the city of Regina), rural (outside the city of Regina), both]
6. What best describes your level of education? Select all that apply. (Different options made available depending on the group being surveyed). [Master's Degree (field), Doctorate (field), MD (specialization), DVM, DDS/DMD, BSP/BScPharm, PharmD, NP, BSN]

PART II: KNOWLEDGE AND ATTITUDES

Please rate your response to the following statements (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Not Applicable):

1. I was familiar with the concept of antimicrobial stewardship before this survey.
2. I believe antimicrobial resistance is an issue of concern in humans/animals.
3. I believe inappropriate use of antimicrobials in humans/animals leads to antimicrobial resistance.
4. I believe inappropriate use of antimicrobials contributes to patient/animal harm (e.g. side effects, toxicity, antimicrobial resistant organisms).
5. Based on this continuum, I believe inappropriate antimicrobial use in health care is mainly driven by...

[Health Care Professionals -----both equally-----Patients]

(an option for “neither” included)

6. Based on this continuum, I believe the majority of inappropriate antimicrobial use occurs in...

[Humans (Health Care) -----both equally-----Animals (Agriculture)]

(an option for “neither” included)

7. Tailored for:

Physician/Dentist/Veterinarian/NP – I feel comfortable consulting other health care professionals about an antimicrobial prescription (e.g., indication, dose, route, duration).

Pharmacists/Nurses – I feel comfortable discussing an antimicrobial prescription with other health care professionals when I suspect a misuse (e.g., dose, duration).

8. I believe inappropriate use of antimicrobials in human/animal health care can be significantly reduced through antimicrobial stewardship.

9. I believe decreasing inappropriate antimicrobial use will improve patient care.

10. Omit for Pharmacists/Nurses: I believe an antimicrobial stewardship program may interfere with my practicing autonomy.

11. I believe the public needs more education on the correct use of antimicrobials (through school curriculums, public advertisement campaigns, public health seminars, etc.)

12. I possess or have access to the necessary tools or resources to educate my patients/clients about antimicrobial drugs.

13. What kinds of tools or resources would you find beneficial in educating your patients/clients about antimicrobial drugs? [posters/brochures, viral prescription pads – prescription pads containing non-antibiotic management options for patients who have viral infections (omit for pharmacists), antimicrobial stewardship website, video/audio tools, other]

14. Omit for Pharmacists/Nurses: What kinds of tools would you find beneficial to aid you in making evidence-based decisions about antimicrobials? [antibiogram, lab expertise for consults, pharmacy expertise for consults, infectious disease expertise for consults, other]
15. Omit for Pharmacists/Nurses: I have been pressured to prescribe antimicrobials by a patient/patient's family/client, even after I advise that the condition does not require antimicrobials.
16. I would attend an educational session (e.g., seminar, workshop, online education) that provides further information about antimicrobial stewardship.
17. I believe research for new antimicrobial agents should be publically funded (e.g., government grants).
18. I am willing to promote antimicrobial stewardship initiatives among my colleagues.