

## Supplementary file 1

**Monthly questionnaire for participants of the Approach study**

1. Did you consult a physician for your child because of a respiratory tract infection in the past month?

- Yes, the paediatrician of our own hospital
- Yes, the general practitioner
- Yes, the otolaryngologist
- Yes, another physician
- No

1b. If yes, how many times did your child visit a physician because of a respiratory tract infection in the past month?

2. Did you consult a physician for your child because of a stomach infection or gastro-enteritis in the past month?

- Yes, the paediatrician of our own hospital
- Yes, the general practitioner
- Yes, another physician
- No

2b. If yes, how many times did your child visit a physician because of a stomach infection or gastro-enteritis in the past month?

3. Did your child take any antibiotics in the past month?

- Yes, prescribed by the paediatrician of our own hospital
- Yes, prescribed by the general practitioner
- Yes, prescribed by the otolaryngologist
- Yes, prescribed by another physician
- No

*Question 4 and 5 are only applicable if question 3 is answered 'Yes'.*

4. How many antibiotic regimens did your child use in the past month?

*The (sub)questions of question 5 are asked for every antibiotic regimen separately.*

5a. For what infection was your child treated with antibiotics? (multiple choice)

- Rhinitis
- Otitis
- Tonsillitis
- Bronchitis or pulmonary infection
- Stomach infection or gastroenteritis
- Other infection (other than respiratory or gastro-intestinal infection)

5b. Which date did your child start with the antibiotic treatment?

DD/MM/YYYY

5c. Which date did your child stop with the antibiotic treatment?

DD/MM/YYYY

5d. What is the name of the antibiotic regimen?

6. Did your child get any vaccines in the past month? (multiple choice)

- No
- DKTP-Hib-HepB
- Pneumococcal
- MMR
- Meningococcal C
- Other vaccine

7. Has your child been admitted to the hospital because of an (suspected) infection in the past month?

- Yes
- No

7b. If yes, for what infection was your child admitted to the hospital? (multiple choice)

- Rhinitis
- Otitis
- Throat infection / tonsillitis
- Bronchitis or pulmonary infection
- Stomach infection or gastroenteritis
- Other infection (other than respiratory or gastro-intestinal infection)

7c. If yes, how many days has your child been admitted to the hospital in the past month?

8. Did your child visit any form of day-care or school in the past month?

- Yes
- No

8b. If yes, how many half days\* did your child visit day-care / school in the past month?

8c. If yes, how many half days\* did your child miss from day-care / school because of an infection in the past month?

\* A half day is a morning or an afternoon.

9. Did you or your partner miss work due to your child having an infection during the past three months?

- Yes
- No

9b. If yes, how many half days\* did you and your partner miss combined?

\* A half day is a morning or an afternoon.

10. Do you have any additional comments about the past month?