File S1: Questionnaire for self-medication with antibiotics

Part A: Self-medication behaviors

	Have you ever taken antibiotics?			
1	A. Yes			
	B. No			
	If NO , please go to Part B Question 1			
2	Have you ever treated yourself (self-medicated) with antibiotics? A. Yes			
	B. No			
	If NO , please go to Part B Question 1			
3	How many times did you treat yourself with antibiotics in the past one year?			
	What was (ware) ware and a self-mediantian with antihiaties? (sheek many then are if smalleshle)			
4	What was (were) your reason(s) of self-medication with antibiotics? (check more than one if applicable)			
	A. Cost saving			
	B. Convenience			
	C. Lack of trust in prescribing doctor			
	D. Others (specify)			
5	For which of the following complaint(s) did you use antibiotics? (check more than one if applicable)			
	A. Runny nose			
	B. Nasal congestion			
	C. Cough			
	D. Sore throat			
	E. Fever			
	F. Aches and pains			
	G. Vomiting			
	H. Diarrhea			
	I. Skin wounds			
	J. Others (specify)			
6	Your selection of antibiotics was based on (check more than one if applicable)			
6	A. Recommendation by community pharmacists			
	B. Opinion of family members			
	C. Opinion of friends			
	D. My own experience			
	E. Recommendation by net citizens			
	F. Previous doctor's prescription			
	G. The advertisement			
7	What did you consider when selecting antibiotics? (check more than one if applicable)			
7	A. Type of antibiotics			
	B. Brand of antibiotics			
	C. Price of antibiotics			
	D. Indications for use			
	E. Adverse reactions			
	F. Others (specify)			
	Where did you usually obtain antibiotics from for self-medication? (check more than one if applicable)			
8	A. Community pharmacies			
	B. TCM practitioners			
<u> </u>	z e p. dedicioners			

	C. Leftover from previous prescription
	D. Online shopping/E-pharmacies
	E. Others (specify)
9	Did you ever check the instructions come with the package insert of antibiotics for self-treatment?
9	A. Yes, always
	B. Yes, sometimes
	C. Never
	If Never , please go to Question 11
10	How much did you understand the instructions?
10	A. Fully understood
	B. Partly understood (percentage:)
	C. Did not understand at all
4.4	How did you know the dosage of antibiotics? (check more than one if applicable)
11	A. By checking the package insert
	B. By consulting a doctor
	C. By consulting a pharmacist
	D. By consulting family members/friends
	E. From the newspapers, magazines, books, or TV programs
	F. From the Internet
	G. From my previous experience
	H. By guessing the dosage by myself
	Did you ever change the dosage of antibiotics deliberately during the course of self-treatment?
12	A. Yes, always
	B. Yes, sometimes
	C. Never
	If Never , please go to Question 14
	Why did you change the dosage of antibiotics during the course of self-treatment? (check more than one if
13	applicable)
	A. Improving conditions
	B. Worsening conditions
	C. To reduce adverse reactions
	D. Drug insufficient for complete treatment E. Others (specify)
	Did you ever switch antibiotics during the course of self-treatment?
14	
	A. Yes, always
	B. Yes, sometimes C. Never
	If Never , please go to Question 16
15	Why did you switch antibiotics during the course of self-treatment? (check more than one if applicable)
	A. The former antibiotics did not work
	B. The former antibiotics ran out
	C. The latter one was cheaper
	D. To reduce adverse reactions
	E. Others (specify)
16	How many different antibiotics did you take maximally during a single illness?
17	Are you concerned that you might have taken counterfeit antibiotics?
	A. Yes, very much
	B. Yes, somewhat

	C. No
18	Have you ever found out that you had taken the same antibiotics with different names at the same time?
	A. Yes
	B. No
19	When did you normally stop taking antibiotics? (check more than one if applicable)
	A. After a few days regardless of the outcome
	B. After symptoms disappeared
	C. A few days after the recovery
	D. After antibiotics ran out
	E. At the completion of the course
	F. After consulting a doctor/pharmacist
	G. Others (specify)
20	Have you ever had any adverse reaction when you took antibiotics for self-medication?
20	A. Yes (specify)
	B. No
	If NO , please go to Question 22
21	What did you do for the adverse reactions? (check more than one if applicable)
21	A. Stopped taking antibiotics
	B. Switched to another antibiotic
	C. Consulted pharmacy staff
	D. Consulted a doctor
	E. Consulted family members/friends
	F. Nothing
	G. Others (specify)
22	Please write down the names of antibiotics you have ever taken for SELF-MEDICATION:
22	A B C
	A B C D E
22	What do you think about self-medication with antibiotics for self health care?
23	A. Good practice
	B. Acceptable practice
	C. Not acceptable practice
- 1	Do you think you can treat common infectious diseases with antibiotics successfully by yourself?
24	A. Yes, I can
	B. Not sure
	C. No, I cannot
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Part B: Knowledge

1	Do you know what are antibiotics?	
	A. Yes	
	B. No	
2	What are antibiotics used for? (check more than one if applicable)	
	A. Virus infection	
	B. Bacterial infection	
	C. Others (specify)	
3	Which of the following statement(s) about antibiotics is (are) correct? (True/False)	
	A. Broad-spectrum antibiotics are better than narrow-spectrum ones	
	B. Higher doses result in faster recovery	

	C. Lower doses result in less adverse re	eactions		
	D. Switching antibiotics enhances drug	geffects		
	E. Switching antibiotics reduces advers	se reactions		
	F. Intravenous is better than oral medi	ication		
4	What is (are) the common adverse reac	tion(s) of antibiotics? (check more than one if applicable)		
4	A. Nausea			
	B. Vomiting			
	C. Diarrhea			
	D. Rash			
	E. Vaginal thrush			
	F. Drug resistance			
Background				
	ckground (years):	Gender: A. Male B. Female		
Age		Gender: A. Male B. Female		
Age	(years):	Gender: A. Male B. Female		
Age Sch	(years):	Gender: A. Male B. Female		
Age Sch A.	ool/college: College of Science	Gender: A. Male B. Female		
Age Sch A. B.	cool/college: College of Science Medical College	Gender: A. Male B. Female		
Age Sch A. B.	cool/college: College of Science Medical College College of Liberal Arts	Gender: A. Male B. Female		
Age Sch A. B. C. D.	cool/college: College of Science Medical College College of Liberal Arts College of Engineering	Gender: A. Male B. Female		
Age Sch A. B. C. D. E. F.	cool/college: College of Science Medical College College of Liberal Arts College of Engineering Law School Business School Cheung Kong School of Art and Design			
Age Sch A. B. C. D. E. F.	cool/college: College of Science Medical College College of Liberal Arts College of Engineering Law School Business School			
Age Sch A. B. C. D. E. F. G.	cool/college: College of Science Medical College College of Liberal Arts College of Engineering Law School Business School Cheung Kong School of Art and Design			
Age Sch A. B. C. D. E. F. G. H.	cool/college: College of Science Medical College College of Liberal Arts College of Engineering Law School Business School Cheung Kong School of Art and Design Cheung Kong School of Journalism and Co			
Age Sch A. B. C. D. E. F. G. H.	cool/college: College of Science Medical College College of Liberal Arts College of Engineering Law School Business School Cheung Kong School of Art and Design Cheung Kong School of Journalism and Co			
Age Sch A. B. C. D. E. F. G. H. Pro	cool/college: College of Science Medical College College of Liberal Arts College of Engineering Law School Business School Cheung Kong School of Art and Design Cheung Kong School of Journalism and Co			

Your monthly allowance:

- A. ≤500 RMB
- B. 500 to 1,000 RMB
- C. 1,001 to 2,000 RMB
- D. >2,000 RMB

What kind(s) of health insurance(s) do you have this year? (check more than one if applicable)

- A. Free medical care
- B. College insurance
- C. Basic medical insurance for town staff
- D. Medical insurance for urban and town residents
- E. Commercial health insurance
- F. New rural co-operative medical insurance
- G. None
- H. Others_

Hometown:	Province	Citv