

Please mark like this: Corrections:

1. Information on your own handling of antibiotics

There is currently a lot of talk in experts and in the public about the frequent prescription of antibiotics. We would like to know about your experience with antibiotics in everyday life.

- 1.1 I feel confident when dealing with antibiotics in general. I don't I totally agree at all. agree.
- 1.2 I feel confident to decide whether antibiotics are indicated for the treatment of common infectious diseases in the practice or not. I don't I totally agree at all. agree.
- 1.3 I feel confident in the choice of an antibiotic agent for the treatment of common infectious diseases. I don't I totally agree at all. agree.
- 1.4 I feel confident when determining the duration of therapy for an antibiotic for common infectious diseases. I don't I totally agree at all. agree.
- 1.5 I feel confident to dose an antibiotic when treating common infectious diseases. I don't I totally agree at all. agree.

2. How would you rate the following statements: are they right or wrong?

- 2.1 Purulent, yellow sputum when coughing indicates the bacterial genesis of an infection and is an indication for antibiotic treatment. Right Wrong
- 2.2 Cefuroxim (2nd generation cephalosporine) more often leads to the development of antibiotic resistances than Cefaclor (1st generation cephalosporine). Right Wrong
- 2.3 An erythema chronicum migrans should be treated with Doxycycline 200mg / 1 per day. Right Wrong
- 2.4 The likelihood of resistance development increases with the duration of antibiotic treatment. Right Wrong
- 2.5 In the treatment of infections, a longer therapy than recommended in the guidelines leads to better treatment results. Right Wrong
- 2.6 When treating wound infections, Clindamycin is preferable to other antibiotics because of its good tissue penetrance. Right Wrong
- 2.7 Aminopenicillins increase the likelihood of Clostridium difficile-associated diarrhea to the same extent as cephalosporins. Right Wrong
- 2.8 If Trimethoprim is used for the three-day therapy of uncomplicated cystitis, 2x200mg/day should be administered. Right Wrong
- 2.9 If an acute uncomplicated cystitis is to be treated with antibiotics, quinolones are **not** among the therapeutic agents of first choice. Right Wrong
- 2.10 For the antibiotic treatment of bacterial tonsillitis, a broad spectrum penicillin (e.g. AmoxiClav) should be selected in order to treat other potential pathogens in addition to *Streptococcus pyogenes*. Right Wrong

2. How would you rate the following statements: are they right or wrong? [Fortsetzung]

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|--|--------------------------------|--------------------------------|
| 2.11 When treating a community-acquired pneumonia without complications in an otherwise healthy adult, cephalosporins should be preferred to aminopenicillins for antibiotic therapy. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.12 The dose of antibiotics for children must be converted into ml of the corresponding liquid formula to be given based on their body weight. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.13 The dosage of Doxycycline must be adjusted to the glomerular filtration rate (GFR) in the presence of renal insufficiency. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.14 Amoxicillin is suitable for the treatment of an erythema chronicum migrans even in pregnant women and children under the age of 9. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.15 Otitis media in children under the age of 6 should primarily be treated with antibiotics to avoid complications. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.16 In the treatment of upper respiratory tract infections antibiotics should not usually be prescribed, as they are mostly viral infections. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.17 Female patients with asymptomatic bacteriuria should be treated with antibiotics to prevent the transition to a symptomatic urinary tract infection. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.18 If a tonsillitis is treated with oral Penicillin V, Penicillin V should be administered for a period of 7 days. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.19 If antibiotic therapy is indicated for sinusitis, Amoxicillin 2x500mg/day over the recommended treatment period is suitable. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |
| 2.20 In the case of mild to moderate pneumonia in a patient without comorbidities, a therapy duration of 5-7 days is usually sufficient and can be shortened when the condition of the patient improves rapidly. | <input type="checkbox"/> Right | <input type="checkbox"/> Wrong |

3. When treating infectious diseases, I follow...

- 3.1 ... the guideline recommendations of my specialist society. I don't I totally agree at all. agree.
- 3.2 ... my clinical experience. I don't I totally agree at all. agree.
- 3.3 ... the recommendations from colleagues. I don't I totally agree at all. agree.
- 3.4 ... the specialist information provided by the drug manufacturer. I don't I totally agree at all. agree.
- 3.5 ... the patients' wishes. I don't I totally agree at all. agree.

4. To what extent do the following situations influence your prescription behaviour for antibiotics?

- 4.1 When I find the patient to be very demanding during the consultation, I sometimes give in and prescribe an antibiotic without it being necessarily indicated. not at all very strongly
- 4.2 When I am concerned that the patient's symptoms might worsen, for example over the weekend, I sometimes prescribe an antibiotic without it being necessarily indicated. not at all very strongly
- 4.3 When the waiting room is full, I sometimes prescribe an antibiotic without it being necessarily indicated, in order to make the patient feel good despite the short consultation time. not at all very strongly

5. Information on training courses

- 5.1 Have you participated in one or more advanced training courses on (*rational*) antibiotic therapy within the last 3 years? Yes No
- 5.2 Would you like more training on (*rational*) antibiotic therapy? Yes No
- 5.3 How sufficient do you perceive the offer for advanced training courses on the subject of (*rational*) antibiotic therapy? not at all fully
- 5.4 What kind of training would you prefer and where? (**Please select 2 options.**)
- online course single short courses (about 1.5 hours) longer block course on the weekend (about 12 hours)
- near the place of residence distance to home up to 100km distance to home more than 100km
- 5.5 If your answer was not mentioned under 5.4, you have the opportunity to contribute your own ideas here:

6. Personal information

- 6.1 Your gender: male female other
- 6.2 Please indicate your age.
 20 to 29 years 30 to 39 years 40 to 49 years
 50 to 59 years 60 to 69 years 70 years or older
- 6.3 Location of the practice (count of inhabitants)
 rural (<5.000) small town (5.000-20.000) city (20.001-100.000)
 big city (>100.000)
- 6.4 How long have you been practicing as a doctor?
 less than 5 years 5 to 14 years 15 to 24 years
 25 to 34 years 35 to 44 years 45 to 54 years
 more than 55 years
- 6.5 How long have you been working as a general practitioner?
 less than 5 years 5 to 14 years 15 to 24 years
 25 to 34 years 35 to 44 years 45 to 54 years
 more than 55 years
- 6.6 What is your position in your practice?
 employed doctor doctor in further training in general practice self-employed practice owner in joint practice
 equal partner in joint practice
- 6.7 What is the structure of the practice you're working in?
 individual practice joint practice medical care center
- 6.8 What is the number of doctors in the practice you're working in? **(including yourself)**

