



Knowledge and understanding of antimicrobial use and antimicrobial resistance

Thank you for agreeing to complete this questionnaire.

I am a researcher at the Department of Veterinary Public Health and Pharmacology at the University of Peradeniya. This survey is part of an international, collaborative project undertaken by the University of Peradeniya and the Royal Veterinary College, University of London.

The aim of this survey is to explore how much you know about antibiotics and antibiotic resistance. Your participation will enable us to understand more clearly the general public's understanding and perceptions on this topic.

The survey forms part of a larger study investigating the potential role of wildlife in antimicrobial resistance and ecosystem contamination in Sri Lanka. Information collected from this survey will be used for this project only and will not be shared with anyone for any other purpose; your identity will remain anonymous.

If you would like further information about the study, please do not hesitate to contact me:
yadeegunasekara@gmail.com

Thank you

Please click or mark the boxes below with your answers.

Your thoughts on antibiotics

1. How would you rate your knowledge about the medicine group called antibiotics?	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>
	Poor	<input type="checkbox"/>	Very poor	<input type="checkbox"/>
2. From this list, please identify which medicines you think are antibiotics (Please select only 5 answers):	Paracetamol	<input type="checkbox"/>	Penicillin	<input type="checkbox"/>
	Ampicillin	<input type="checkbox"/>	Folic acid	<input type="checkbox"/>
	Piriton	<input type="checkbox"/>	Tetracycline	<input type="checkbox"/>
	Amoxycillin	<input type="checkbox"/>	Aspirin	<input type="checkbox"/>
	Streptomycin	<input type="checkbox"/>	Panadol	<input type="checkbox"/>
3. List any other antibiotics that you know:				

Personal antibiotic usage

4. Have you ever taken antibiotics?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	I cannot remember	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>
5. If you have taken antibiotics, where did you obtain them? (Please tick all that apply)	From a doctor	<input type="checkbox"/>	From a family friend	<input type="checkbox"/>
	From a pharmacist	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>
6. When did you last take antibiotics?	Within last month?	<input type="checkbox"/>	Within past 6 months?	<input type="checkbox"/>
	Within last year?	<input type="checkbox"/>	More than one year ago?	<input type="checkbox"/>
	I cannot remember	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>
7. On the last occasion you took antibiotics, did you receive advice from a doctor on how to take them? (e.g. how many days, time etc.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	I cannot remember	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>
8. On the last occasion you took antibiotics, did you receive advice from a pharmacist on how to take them? (e.g. how many days, time etc.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	I cannot remember	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>

<p>9. How do you normally decide on the appropriate period for taking antibiotics?</p> <p>(Please select only ONE answer).</p>	<p>Period indicated by your doctor or pharmacist <input type="checkbox"/></p> <p>Period indicated by a family member or friend <input type="checkbox"/></p> <p>Antibiotics should be used until symptoms disappear <input type="checkbox"/></p> <p>Antibiotics should be used until I get relief from symptoms <input type="checkbox"/></p>	
<p>10. Whose advice do you take on using and purchasing antibiotics?</p> <p>(You may select more than one answer)</p>	<p>Doctor <input type="checkbox"/></p> <p>Friends or family <input type="checkbox"/></p>	<p>Pharmacist <input type="checkbox"/></p> <p>I purchase antibiotics without any advice <input type="checkbox"/></p> <p>Prefer not to answer <input type="checkbox"/></p>
<p>11. Indicate whether the following statements are true or false:</p>		
	True	False
It is acceptable to use antibiotics that were given to another person if the antibiotics are used to treat the same symptoms or illness	<input type="checkbox"/>	<input type="checkbox"/>
It is acceptable to buy the same antibiotics, without consulting a doctor or pharmacist, if you are sick and they helped you to fight the same symptoms in the past	<input type="checkbox"/>	<input type="checkbox"/>
It is good to keep leftover antibiotics at home in case of future need	<input type="checkbox"/>	<input type="checkbox"/>
A prescription from a doctor is needed to purchase antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
A pharmacist is capable of prescribing antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
It is acceptable to buy antibiotics for animals without advice from a veterinary doctor	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. Please indicate which of the following can be effectively treated with antibiotics:</p>	<p>Bacteria <input type="checkbox"/></p> <p>Bacteria and virus <input type="checkbox"/></p>	<p>Virus <input type="checkbox"/></p> <p>Do not know <input type="checkbox"/></p>
<p>13. Do you think people can be allergic to antibiotics?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>14. Which of the following diseases or disorders do you think can be treated with antibiotics?</p>		
HIV/AIDS <input type="checkbox"/>	Diarrhoea <input type="checkbox"/>	Cold <input type="checkbox"/>
Sore throat <input type="checkbox"/>	Fever <input type="checkbox"/>	Malaria <input type="checkbox"/>
Skin rash <input type="checkbox"/>	Flu <input type="checkbox"/>	Wound <input type="checkbox"/>
Body aches <input type="checkbox"/>	Headaches <input type="checkbox"/>	I do not know <input type="checkbox"/>

Your thoughts on antibiotic resistance

15. Do you think that there are any health dangers to yourself or other people associated with taking antibiotics?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. How would you rate your knowledge about the term antibiotic resistance? (If you rate your understanding of antibiotic resistance as poor or very poor, do not worry, please continue, and try to answer the questions below)		
Very good <input type="checkbox"/>	Good <input type="checkbox"/>	
Poor <input type="checkbox"/>	Very poor <input type="checkbox"/>	
17. Which sources do you think would be useful in acquiring knowledge about antibiotic resistance? (You may select more than one answer)		
Doctor <input type="checkbox"/>	Pharmacist <input type="checkbox"/>	Family member or friend <input type="checkbox"/>
Newspaper <input type="checkbox"/>	Broadcast <input type="checkbox"/>	Internet <input type="checkbox"/>
None <input type="checkbox"/>	Other <input type="checkbox"/>	
18. Indicate whether the following statements are true or false:	True	False
Antibiotic resistance occurs when your body becomes resistant to antibiotics and they no longer work	<input type="checkbox"/>	<input type="checkbox"/>
Many infections are becoming increasingly resistant to treatment by antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
If bacteria are resistant to an antibiotic, it can be difficult or impossible to treat the infection	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotic resistance is an issue that could affect my family and me	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotic resistance is an issue in other countries but not in Sri Lanka	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotic resistance is only a problem for people who take antibiotics regularly	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotic resistance could make medical procedures such as surgery and organ transplant very risky	<input type="checkbox"/>	<input type="checkbox"/>
Bacteria that are resistant to antibiotics can spread from person to person	<input type="checkbox"/>	<input type="checkbox"/>

19. In your opinion, are there enough rules and regulations in Sri Lanka to minimize the occurrence and development of antibiotic resistance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know <input type="checkbox"/>		
20. Do you agree or disagree with the following statements?					
	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly
Antibiotic resistance is one of the biggest problems the world faces today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about the impact that antibacterial resistance will have on my life and that of my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not at risk of developing antibacterial resistance to infection, if I take my antibiotics correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People should use antibiotics only when they are prescribed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People should not use leftover antibiotics from a previous treatment to cure other diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People like me can do little to combat resistance to antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyone needs to use antibiotics responsibly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Demographic characteristics

21. Gender:

Female ☐ Male ☐ Other ☐ Prefer not to answer ☐

22. Age:

Under 18 ☐ 18 – 40 ☐ 41 – 60 ☐ More than 60 ☐
Prefer not to answer ☐

23. Marital status:

Married ☐ Single ☐ Divorced / Widowed ☐ Prefer not to answer ☐

24. Please indicate which racial group you belong to:

Sinhalese ☐ Tamil ☐ Muslim ☐ Other ☐
Prefer not to answer ☐

25. Please indicate the highest level of education achieved:

Primary school ☐ Up to O/L ☐ University ☐ Diploma / trade / technical training ☐
Never been to school ☐ Prefer not to answer ☐ Upto A/L 6

TO BE COMPLETED BY RESEARCH ASSISTANT

Survey completed with help of research assistant? Yes ☐ No ☐

Date: Click or tap to enter a date.