

Annex 1: questionnaire for study assessing antibiotic use in pediatric pre (a)te patients			
Demographic data			
1.	Date of birth; MM/YYYY		
2.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
3.	Residence <input type="checkbox"/> Urban <input type="checkbox"/> Rural		
4.	Weight; ____kg Height; ____cm		
5.	Level of education <input type="checkbox"/> Pre-school <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
6.	Health/medical insurance status <input type="checkbox"/> Insured NHIF/NSSF/jubilee/strategies/TPDF/other _____ <input type="checkbox"/> Not insured		
Parents information			
7.	Marital status <input type="checkbox"/> Single parenthood <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single		
8.	Highest level of education <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Father <input type="checkbox"/> Pre-school <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> No-formal education </td> <td style="width: 50%;"> Mother <input type="checkbox"/> Pre-school <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> No-formal education </td> </tr> </table>	Father <input type="checkbox"/> Pre-school <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> No-formal education	Mother <input type="checkbox"/> Pre-school <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> No-formal education
Father <input type="checkbox"/> Pre-school <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> No-formal education	Mother <input type="checkbox"/> Pre-school <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> No-formal education		
9.	Employment status <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Father <input type="checkbox"/> Employed by parastatal/private/government <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed i.e enterprenuer/bodaboda/tailor/saloon </td> <td style="width: 50%;"> Mother <input type="checkbox"/> Employed by parastatal/private/government <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed i.e enterprenuer/bodaboda/tailor/saloon </td> </tr> </table>	Father <input type="checkbox"/> Employed by parastatal/private/government <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed i.e enterprenuer/bodaboda/tailor/saloon	Mother <input type="checkbox"/> Employed by parastatal/private/government <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed i.e enterprenuer/bodaboda/tailor/saloon
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10.	Scheduled surgery <input type="checkbox"/> Tonsillectomy <input type="checkbox"/> Adenotonsillectomy		
11.	Indication for tonsillectomy/adenotonsillectomy <input type="checkbox"/> Recurrent chronic tonsilitis <input type="checkbox"/> Obstructive sleep apnoea (OSA) <input type="checkbox"/> Other, specify if any.....		
12.	Size of tonsils (grade) <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4		
13.	Number of throat infections / URTI in the previous year		

14.	<p>Were antibiotics prescribed during <u>each/some</u> of the attacks?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	<p>If yes (if they remember)</p> <p>Type/name _____</p> <p>dosage of antibiotic ____mg</p> <p>frequency ____per day</p> <p>duration ____ days</p>
16.	<p>Antibiotic usage, regarding the previous infection</p> <input type="checkbox"/> Prescribed by doctor/clinician <input type="checkbox"/> Bought over the counter <input type="checkbox"/> Borrowed/shared from friend/colleague/family member <input type="checkbox"/> Used the previous "left over"
17.	<p>Previous ENT surgery</p> <input type="checkbox"/> No <input type="checkbox"/> Yes specify.....
General knowledge of parents about antibiotic	
18.	<p>When do you think you should you stop antibiotic once you've begun treatment'?</p> <input type="checkbox"/> When you feel better <input type="checkbox"/> when you finish the dose as directed
19.	<p>Is it okay to use antibiotic given to someone else-for example a friend or a family member-as long they were used for treating the same illness?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes
20.	<p>If you are sick, is it okay to buy, or to request the same antibiotic from a doctor, if they helped you get better when you had same symptoms previously?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes
<p>ENT: ear, nose and throat; NHIF: National Health Insurance Fund; NSSF: National Social Security Fund; TPDF: Tanzania People's Defence Force; URTI: upper respiratory tract infections</p>	