This form should be completed for identified health professionals. (Doctors, Nurses, Pharmacists, dispensers, CHOs)

We are interested in knowing more about antibiotic use and antibiotic resistance in this health facility; your knowledge and how you manage it.

We are also interested in any problems or concerns you might have about antibiotics use; and in the treatment of Urinary Tract Infections (UTIs).

We would appreciate it if you could spend about 30 minutes with us discussing the topic.
I hope this is okay with you.
Please do you have any questions?

**BASIC INFORMATION**

**SECTION A BASIC INFORMATION**

1. District Name.....

2. District Code

3. Facility Name

4. Facility code

5. Date of visit (DD/MM/YYYY)

6. Staff code

7. Profession/Type of Respondent...
   1. Doctor
   2. Physician Assistant
   3. Medical Assistant
   4. Nurse
   5. CHOs

8. Sex
   1. Male
   2. Female

9. Length of service(write 00 if less than a year)

10. Number of years working at present health facility

**SECTION B GENERAL KNOWLEDGE**

11. It is possible for the Antibiotics we are using today to stop working properly in the future

12. Antibiotics are effective in managing bacterial infections

13. Antibiotics are effective in managing viral infections

14. Antibiotics are effective in managing protozoal Infections

15. Antibiotics are effective in managing fungal infections

16. Antibiotics are effective in managing sore throat to prevent patients from getting worse

17. Antibiotics are effective in managing common cold to prevent
patients from getting worse.

18. Antibiotics are effective in managing very ill patients to prevent patients from getting worse.

19. Antibiotics are effective in managing cough.

20. Antibiotics are effective in managing nasal congestion.

21. Antibiotics are effective in managing stomach ache.

22. Antibiotics are to be given to **all patients** with a fever.

23. Antibiotics should be prescribed before lab tests are done.

24. Antibiotics help patients to recover faster when added to Malaria treatment.

25. Antibiotics are good for **all** patients who have diarrhea.

26. Very expensive antibiotics should be stopped as soon as the patient is better.

**SECTION D. ANTIBIOTIC SAFETY**

27. Use of antibiotics might lead to dangerous Allergies which could lead to death.

28. Antibiotics are safe in pregnancy.

29. Antibiotics are safe in breastfeeding mothers.

30. Antibiotics are safe in infants.

31. Antibiotics are safe in children under 5 years.

**SECTION E. ANTIBIOTIC RESISTANCE**

32. An antibiotic will always be effective in the treatment of the same infection in the future.

33. Antibiotic resistance is due to the normal correct use of antibiotics.

34. Antibiotic resistance is due to using antibiotics when they are not indicated.

35. In a case of UTI due to Staph. Aureus in a 25 year old, is it appropriate to prescribe ciprofloxacin?

**SECTION F. HEALTH FACILITY INFECTIONS CONTROL**

36. Does your Facility have an infections control committee?

If answer to Q. 35 is no cross out Q. 36 and Q. 37

37. Does your facility have a functional Drug Therapeutic Committee (DTC)?

38. Do you do Drug Therapeutic Committee (DTCs) activities in this health facility?
Form checked by…………………………………….. CHEK

KINTAMPO HEALTH RESEARCH CENTER. ANTIBIOTIC RESISTANCE KAPP STUDY (PATIENT’S FORM) DATE: 13/01/2014 VERSION 3

This form should be completed for identified patients and caregivers.
We are interested in knowing more about antibiotic use and antibiotic resistance among patients and caregivers.
We are also interested in any problems or concerns you might have about antibiotic use.
I hope this is okay with you.
Please do you have any questions?

A. BASIC INFORMATION

1. Study ID……. STUDYID
2. Name of District……. DIST
3. District Code……. DISTCD
4. Facility type FTYP
   1. Regional Hospital
   2. District/Municipal Hospital
   3. Health Center
   4. Private Hospital/Clinic
   5. CHIPS Compound
   6. Other sp………..
5. Date of Birth (dd/mm/yyyy)…. DOB
6. Age (approximately)……. AGE
7. Sex…………. SEX
   1. Male
   2. Female
8. Highest academic qualification MEDLEV
   1. None
   2. Primary School
   3. Middle/JHS
   4. Technical/Commercial/SHS
   5. Post-middle training-Teachers, Secretarial, etc.
   6. Post training –Nursing, Teachers, Polytechnic, etc.
   7. University
9. Date visit (dd/mm/yyyy)……. DATVST
10. Staff Code…………….. CODE
11. Do you have a valid NHIS card?………………. NHIS
   1. Yes
   2. No
12. If yes, did you use it for this visit?(NA if 11 is 2. No) USNHIS
   1. Yes
   2. No
   9. NA

SECTION B. PATIENT KNOWLEDGE

13. What is the main complaint for which you have come to seek treatment?

| Complaint     | 1. Yes | 2. No |
|---------------|--------|-------|
| Headache      |        |       |
| Stomachache   |        |       |
| Diarrhea      |        |       |
| Fever         |        |       |
| Cough         |        |       |
| Symptom                        | Yes | No |
|-------------------------------|-----|----|
| Lower abdominal pain          |     |    |
| Chest pains                   |     |    |
| Waist Pain                    |     |    |
| Common cold                   |     |    |
| Eye infection                 |     |    |
| Ear infection                 |     |    |
| Bodily pains                  |     |    |
| Other                         |     |    |
| Other (sp).                   |     |    |
| 14. Did you use any medication for this complaint(s) before coming to the health facility? | Yes | No |
| 15. If yes, what is/are the name(s) of the medication(s) used? (Please cross out if 3.1 is No) | Paracetamol | Yes | No |
|                               | Diclofenac | Yes | No |
|                               | Brufen     | Yes | No |
|                               | Tricilicate | Yes | No |
|                               | Tetracycline | Yes | No |
|                               | Procold    | Yes | No |
|                               | Ciprofloxacin | Yes | No |
|                               | Flagyl     | Yes | No |
|                               | Amoksiklav | Yes | No |
|                               | Cotrimazole | Yes | No |
|                               | Artesunate Amodiaquine | Yes | No |
|                               | Artemether Lumefantrine | Yes | No |
|                               | Coartem    | Yes | No |
|                               | Other      | Yes | No |
|                               | Otherspecify…. | Yes | No |
|                               | Other 1    | Yes | No |
|                               | Otherspecify…. | Yes | No |
| 16. Did the Doctor ask you to do any lab tests at this visit? | Yes | No |
| 17. If yes, which one(s)?     | Blood | Yes | No |
|                               | Urine     | Yes | No |
|                               | Stool     | Yes | No |
|                               | Sputum    | Yes | No |
|                               | Other     | Yes | No |
|                               | Otherspe  | Yes | No |
|                               | NA        | Yes | No |
| 18. Did the doctor tell you the name of your disease after seeing him? | Yes | No |
| 19. If yes, what is/are the name(s)? | Disease Name1 | Dis1 |
|                               | Disease Name2 | Dis2 |
|                               | Disease Name3 | Dis3 |
| 20. Did the doctor tell you the names of the drugs he is preaching for you? | Yes | No |
21. If yes, what is/are the name(s) of the drug(s) (Please cross out 3.4.1 and 3.4.2 if 3.4 is No)

| Drug                        | Yes | No | Code |
|-----------------------------|-----|----|------|
| Paracetamol                 | 1. Yes | 2. No | DOC1 |
| Diclofenac                  | 1. Yes | 2. No | DOC2 |
| Brufen                      | 1. Yes | 2. No | DOC3 |
| Ciprofloxacin               | 1. Yes | 2. No | DOC4 |
| Fluconazole                 | 1. Yes | 2. No | DOC5 |
| Fluoxaclin                  | 1. Yes | 2. No | DOC6 |
| Amoksiklav                  | 1. Yes | 2. No | DOC7 |
| Flagyl                      | 1. Yes | 2. No | DOC8 |
| Amoxicline                  | 1. Yes | 2. No | DOC9 |
| Cotrimazole                 | 1. Yes | 2. No | DOC10|
| Artesunate Amodiaquine      | 1. Yes | 2. No | DOC11|
| Artesunate Lumefantrine     | 1. Yes | 2. No | DOC12|
| Coaterm                     | 1. Yes | 2. No | DOC13|
| Other3                      | 1. Yes | 2. No | DOC14|
| Other3 (specify)            | 1. Yes | 2. No | DOC14S|
| Other4                      | 1. Yes | 2. No | DOC15|
| Other4 (specify)            | 1. Yes | 2. No | DOC15S|

22. Kindly ask to observe and circle all drugs that were given to patient.

| Drug                        | Yes | No | Code |
|-----------------------------|-----|----|------|
| Paracetamol                 | 1. Yes | 2. No | OBS1 |
| Diclofenac                  | 1. Yes | 2. No | OBS2 |
| Brufen                      | 1. Yes | 2. No | OBS3 |
| Ciprofloxacin               | 1. Yes | 2. No | OBS4 |
| Fluconazole                 | 1. Yes | 2. No | OBS5 |
| Fluoxaclin                  | 1. Yes | 2. No | OBS6 |
| Amoksiklav                  | 1. Yes | 2. No | OBS7 |
| Flagyl                      | 1. Yes | 2. No | OBS8 |
| Amoxicline                  | 1. Yes | 2. No | OBS9 |
| Cotrimazole                 | 1. Yes | 2. No | OBS10|
| Artesunate Amodiaquine      | 1. Yes | 2. No | OBS11|
| Artesunate Lumefantrine     | 1. Yes | 2. No | OBS12|
| Coaterm                     | 1. Yes | 2. No | OBS13|
| Other1                      | 1. Yes | 2. No | OBS14|
| Other1 (specify)            | 1. Yes | 2. No | OBS15|
| Other2                      | 1. Yes | 2. No | OBS16|
| Other2 (specify)            | 1. Yes | 2. No | OBS17|

23. Did the Doctor prescribe any drug that you have to buy outside this facility? 1. Yes | 2. No | OUTS

24. If yes, what is/is the names of the drug(s)

| Drug                        | Yes | No | Code |
|-----------------------------|-----|----|------|
| Paracetamol                 | 1. Yes | 2. No | PARA2 |
| Diclofenac                  | 1. Yes | 2. No | DICLO2|
| Brufen                      | 1. Yes | 2. No | BRUF2|
| Ciprofloxacin               | 1. Yes | 2. No | CIPRO2|
| Fluconazole                 | 1. Yes | 2. No | FLUCN2|
| Fluoxaclin                  | 1. Yes | 2. No | FLUCX2|
| Amoksiklav                  | 1. Yes | 2. No | AMXCL2|
| Flagyl                      | 1. Yes | 2. No | FLGY2|
| Amoxicline                  | 1. Yes | 2. No | AMOX2|
| Cotrimazole                 | 1. Yes | 2. No | COTR2|
| Artesunate Amodiaquine      | 1. Yes | 2. No | AA2|
| Artemether Lumefantrine     | 1. Yes | 2. No | AL2|
| Coaterm                     | 1. Yes | 2. No | COT2|
| Other2                      | 1. Yes | 2. No | OTI2|
25. Do you know what an antibiotic is? *(eg flagyl, amoxicillin, amoksiklav)*
   
   |   | Yes | No |
   |---|-----|----|
   |   | 1   | 2  |

26. Have you ever bought antibiotics without prescription?
   
   |   | Yes | No |
   |---|-----|----|
   |   | 1   | 2  |

27. If yes, what did you use it for? *(Please cross out if patient has not bought an antibiotic without pres)*

   | Symptom                  | Yes | No |
   |--------------------------|-----|----|
   | Headache                 | 1   | 2  |
   | Stomachache              | 1   | 2  |
   | Diarrhea                 | 1   | 2  |
   | Fever                    | 1   | 2  |
   | Cough                    | 1   | 2  |
   | Lower abdominal pain     | 1   | 2  |
   | Chest pains              | 1   | 2  |
   | Waist pains              | 1   | 2  |
   | Common Cold              | 1   | 2  |
   | Eye infection            | 1   | 2  |
   | Ear infection            | 1   | 2  |
   | Bodily pains             | 1   | 2  |
   | Other1                   | 1   | 2  |
   | Other1 (specify)         | 1   | 2  |

28. Did the doctor prescribe an antibiotic for you during this episode of illness?
   
   |   | Yes | No |
   |---|-----|----|
   |   | 1   | 2  |

29. How many types of antibiotics were prescribed for you? *(enter 99 if no antibiotic)*

   |   |   |
   |---|---|

30. Did you ask the doctor to prescribe any of these antibiotics for you?
   
   |   | Yes | No |
   |---|-----|----|
   |   | 1   | 2  |

31. Have you ever asked a doctor/prescriber to prescribe an antibiotic for you?
   
   |   | Yes | No |
   |---|-----|----|
   |   | 1   | 2  |

32. For what sickness did you ask for this antibiotic to be prescribed for you?

   | Symptom                  | Yes | No |
   |--------------------------|-----|----|
   | Headache                 | 1   | 2  |
   | Stomachache              | 1   | 2  |
   | Diarrhea                 | 1   | 2  |
   | Fever                    | 1   | 2  |
   | Cough                    | 1   | 2  |
   | Lower abdominal pain     | 1   | 2  |
   | Chest pains              | 1   | 2  |
   | Waist pains              | 1   | 2  |
   | Common Cold              | 1   | 2  |
   | Eye infection            | 1   | 2  |
   | Ear infection            | 1   | 2  |
   | Bodily pains             | 1   | 2  |
   | Other2                   | 1   | 2  |
   | Other2 (specify)         | 1   | 2  |

33. Did you obtain all the antibiotics prescribed for you at the dispensary?
   
   |   | Yes | No |
   |---|-----|----|
   |   | 1   | 2  |

34. If no, which ones did you not obtain?

   | Antibiotic |   |
   |-------------|---|
   | 1           |   |
   | 2           |   |
   | 3           |   |

35. Will you accept an alternative medication from the dispenser for any prescribed antibiotics not available at the dispensary?
   
   |   | Yes | No |
   |---|-----|----|
   |   | 1   | 2  |
36. If No, why? (if yes, NA) | 9.NA
---|---

37. Did the doctor here also give you a prescription for an antibiotic that you must buy outside of this facility? (please observe from prescription) | 1.Yes 2.No
---|---

38. If yes, how many? | BUY
---|---

39. Did the dispenser here explain to you why you have to take this antibiotic? | 1.Yes 2.No
---|---

40. Did the dispenser tell you how to take the antibiotics? | 1.Yes 2.No
---|---

41. Would you please tell me how to take the antibiotics? (Look at the prescription, box, and sachet, if appropriately labeled and compare patient’s answer. (Cross out if 3.13 is No)

| Antibiotic | Correctly stated | Not correctly stated |
|------------|------------------|----------------------|
| 1st Antibiotic | 1. Correctly stated | 2. Not correctly stated |
| 2nd Antibiotic | 1. Correctly stated | 2. Not correctly stated |
| 3rd Antibiotic | 1. Correctly stated | 2. Not correctly stated |

**SECTION D: PATIENT SATISFACTION**

42. Are you satisfied with the services provided to you today? (From OPD to Dispensary)?

| Option | 1. Very satisfied | 2. Fairly satisfied | 3. Dissatisfied | 4. Highly Dissatisfied |
|--------|------------------|------------------|---------------|-----------------------|

43. What are the main reasons for your option in question 4.0 above?

| Reason | 1. Attitude of service providers | 2. Waiting time | 3. Medication | 4. Logistics, | 5. Other specify |
|--------|---------------------------------|----------------|-------------|-------------|----------------|

44. Ask and record any other comments the client has about visit to this facility today.

| Comment | OHTCM |
|---------|-------|

45. Form checked by……………………

| Check | CHECK |
|-------|-------|
KINTAMPO HEALTH RESEARCH CENTRE
ANTIBIOTIC RESISTANCE KAPP STUDY 14AUG13
FOLDER REVIEW FORM version 1.

(Form should be filled for the last three hospital visits)

| DEMOGRAPHIC CHARACTERISTICS |  |  |  |
|-----------------------------|---|---|---|
| 1. District Name…. | DNAM |  |  |
| 2. District Code | DCOD |  |  |
| 3. Facility Name | FNAM |  |  |
| 4. Facility code…………………………………………………………… | FCOD |  |  |
| 5. Folder number………….. | FLDN |  |  |
| 6. Age in years…………… | AGE |  |  |
| 7. Sex………………….. | 1. Male | 2. Female |  |
| 8. Profession of consultant | 1. Doctor | 2. Physician Assistant | 3. Medical Assistant | RETYP |
| 9. Is the client registered with NHIS | 1. Yes | 2. No | HIREG |
| 10. Staff code………………………………………. | CODE |  |  |

Visit one

| 11. Date of first visit | VISIT1 |
|-------------------------|-------|

12. What was the final diagnosis for the patients’ visit to the health facility.

|  | 1. Yes | 2. No |
|---|---|---|
| 1. Malaria | DGNS1 |  |
| 2. Diarrhoea | DGNS2 |  |
| 3. Upper Respiratory Tract Infection | DGNS3 |  |
| 4. Skin diseases | DGNS4 |  |
| 5. Hypertension | DGNS5 |  |
| 6. Pneumonia | DGNS6 |  |
| 7. Anaemia | DGNS7 |  |
| 8. Intestinal worms | DGNS8 |  |
| 9. Rheumatism | DGNS9 |  |
| 10. Ear infection | DGNS10 |  |
| 11. Other specify……………… | DGNS11 |  |

13. Was laboratory test(s) requested?.........................

|  | 1. Yes | 2. No |
|---|---|---|
|  | LABT1 |  |

If answer to Q 2.2 is No, cross out 2.3, 2.4

14. Was lab test done?.................................

|  | 1. Yes | 2. No |
|---|---|---|
|  | LABD1 |  |

15. If yes, what was the result?……

|  |  |  |
|---|---|---|
|  | LABR1 |  |
|  | LABR2 |  |
|  | LABR3 |  |

16. Which drugs were prescribed for

|  | 1. Yes | 2. No | 9. NA |
|---|---|---|---|
| 1. Ciproflaxacin | DRG1 |  |
| 2. Flagll | DRG2 |  |
| 3. Penicillin | DRG3 |  |
### Visit two

| 17. Date of first visit | VISIT1 |
|-------------------------|--------|

18. What was the final diagnosis for the patients’ visit to the health facility.

| 12. Malaria | 1. Yes | 2. No |
|-------------|--------|-------|
| 13. Diarrhoea | 1. Yes | 2. No |
| 14. Upper Respiratory Tract Infection | 1. Yes | 2. No |
| 15. Skin diseases | 1. Yes | 2. No |
| 16. Hypertension | 1. Yes | 2. No |
| 17. Pneumonia | 1. Yes | 2. No |
| 18. Anaemia | 1. Yes | 2. No |
| 19. Intestinal worms | 1. Yes | 2. No |
| 20. Rheumatism | 1. Yes | 2. No |
| 21. Ear infection | 1. Yes | 2. No |
| 22. Other specify………………… | 1. Yes | 2. No |

19. Was laboratory test(s) requested?.........................

| 1. Yes | 2. No |
| LABT2 |

If answer to Q. 3.2 is No, cross out 3.3, 3.4

20. Was lab test done?.................................

| 1. Yes | 2. No |
| LABD2 |

21. If yes, what was the result?……

| LABR4 |
| LABR5 |
| LABR6 |

22. Which drugs were prescribed for patient? (List all drugs in folder)

| 1. Ciproflaxacin | 1. Yes | 2. No | 9. NA |
|------------------|--------|-------|-------|
| 2. Flagll | 1. Yes | 2. No | 9. NA |
| 3. Penicillin | 1. Yes | 2. No | 9. NA |
| 4. Amoxicillin | 1. Yes | 2. No | 9. NA |
| 5. Amoxiclave | 1. Yes | 2. No | 9. NA |
| 6. Other (specify)………………… | 1. Yes | 2. No | 9. NA |

### Visit three

| 23. Date of first visit | VISIT1 |
|-------------------------|--------|

24. What was the final diagnosis for the patients’ visit to the health.

| 1. Malaria | 1. Yes | 2. No |
|------------|--------|-------|
| 2. Diarrhoea | 1. Yes | 2. No |
| 3. Upper Respiratory Tract Infections | 1. Yes | 2. No |
| 4. Hypertension | 1. Yes | 2. No |
| 5. Pneumonia | 1. Yes | 2. No |
| 6. Anaemia | 1. Yes | 2. No |
| 7. Intestinal worms | 1. Yes | 2. No |
| Condition                        | Yes | No |       |
|---------------------------------|-----|----|-------|
| Rheumatism                      | 1   | 2  | DGNS30|
| Ear Infection                   | 1   | 2  | DGNS31|
| Skin diseases and ulcer         | 1   | 2  | DGNS32|

25. Was laboratory test(s) requested?.................

If answer to Q. 3.2 is No, cross out 3.3, 3.4

26. Was lab test done?..............................

27. If yes, what was the result?……

28. Which drugs were prescribed for patient? (List all drugs in folder)

| Drug                | Yes | No | NA |
|---------------------|-----|----|----|
| Ciproflaxacin       | 1   | 2  | 9   |
| Flagll              | 1   | 2  | 9   |
| Penicillin          | 1   | 2  | 9   |
| Amoxicillin         | 1   | 2  | 9   |
| Amoxiclave          | 1   | 2  | 9   |
| Other (spec)        | 1   | 2  | 9   |

Form Checked by........................................

KINTAMPO HEALTH RESEARCH CENTER, POST OFFICE BOX 200, KINTAMPO BRONG AHAFO REGION, GHANA.
Contact: enquiries@kintampo-hrc.org.
INDEPTH INTERVIEWS

Knowledge about infectious diseases in the community:
1. What are the most common infections reported by patients in this health facility?
   a. Probe: How about Urinary Tract Infections (UTI) and Upper Respiratory Tract Infections (URTI)? (If not mentioned)
   b. How common are these in relation to other common diseases or infections?

Diagnosis of UTIs
2. How do URTI and UTIs cases usually present here?
   c. Probe: What kinds of symptoms do patients usually have?
   d. How do you decide that patients presenting this way have UTIs? (Probe questions asked in history, physical examination, Labs)

3. Nature Of UTIs cases
   a. Can you describe to me the characteristics of patients who usually suffer from UTIs?
   b. Probe: Age, socio-economic status

4. Knowledge about community perception of UTIs.
   c. What do people in the community think about UTIs when they or their relative gets an attack?
   d. Probes: What are their anxieties?
   e. Do they use any medications including home medications before seeking treatment?

5. UTIs Case Management
   f. How do you usually treat UTIs?
   g. Probe: What are the common medications that you prescribe for UTIs?
   h. Are there any factors that influence your choice of antibiotics when treating UTIs?
   i. How much does a typical treatment episode cost?
   j. Are patients able to afford this cost?
   k. Are patients able to get the antibiotics they need here most of the time?

6. Prescribing
   l. Probe: Are the antibiotics you frequently prescribe for UTIs usually antibiotic or brand?
   m. What are the reasons for your common preference?
   n. Does patient expectation play a role in the type of antibiotics that are prescribed?
   o. How and why do you feel this way?
   p. When you prescribe a brand name that is not available, what do you do? Evidence suggests that antibiotic prescribing is very low among prescribers. What is your opinion about this?

Diagnosis of URTIs
8. How do URTI cases usually present here?
   e. Probe: What kinds of symptoms do patients usually have?
   f. How do you decide that patients presenting this way have URTIs? (Probe questions asked in history, physical examination, Labs)

9. Nature of URTI cases
   q. Can you describe to me the characteristics of patients who usually suffer from URTIs?
   r. Probe: Age, socio-economic status

10. Knowledge about community perception of URTIs.
s. What do people in the community think about URTIs when they or their relative gets an attack?
t. Probes: What are their anxieties?
u. Do they use any medications including home medications before seeking treatment?

11. URTIs Case Management
   v. How do you usually treat URTIs?
w. Probe: What are the common medications that you prescribe for URTIs?
x. Are there any factors that influence your choice of antibiotics when treating URTIs?
y. How much does a typical treatment episode cost?
z. Are patients able to afford this cost?
   aa. Are patients able to get the antibiotics they need here most of the time?

12. Prescribing
   bb. What is your opinion about antibiotics resistance?
   cc. Probe: Are the antibiotics you frequently prescribe for URTIs usually antibiotic or brand?
   dd. What are the reasons for your common preference?
   ee. Does patient expectation play a rule in the type of antibiotics that are prescribed?
   ff. How and why do you feel this way?
   gg. When you prescribe a brand name that is not available, what do you do? Evidence suggests that antibiotic prescribing is very low among prescribers. What is your opinion about this?

13. Therapeutics and Education
   Finally, I would like to hear about how you get information about antibiotics resistance.
   a. First, what do you know about the rational use of antibiotics?
   b. Probe: What are some of the ways that you learn about antibiotics prescribing antibiotics?
   c. Do you have difficulties in learning about new information about antibiotics?
   d. Are there any suggestions you could make to remedy this situation?
   e. Do you think you need further education in antibiotic prescribing?
   f. What type of education do you need?
   g. How would you benefit from such education?

Comments
14. Is there anything else important you can think of about treating UTIs that we have not talked about?

CLOSE: Thank health worker for his/her comments.