Antibiotic Stewardship Survey for Healthcare Workers

This survey assesses the knowledge, attitudes, and perceptions of various healthcare workers (e.g., physicians, pharmacists, nurses) regarding antibiotic use, antibiotic stewardship, and antibiotic resistance.				
Pl	Please select your healthcare profession: ☐ physician ☐ pharmacist ☐ nursing staff ☐ other, please specify:			
Aı	re you currently in training (e.g., residency, fell	owship)? \square yes \square no		
Ρl	ease enter the number of years of experience	that you have in the selected healthcare	profession.	
Ρl	ease enter the number of years that you have	worked at this healthcare facility.		
	o you prescribe antibiotics? yes no (If ye		ems	
		p, please rate your agreement with items		
FOR ALL HEALTHCARE WORKERS: Please rate your agreement with each of the following Notes/Comments statements below.				
		☐ strongly agree		
		□ agree		
		☐ neutral		
		□ disagree		
	Optimizing antibiotic use is a priority at my	☐ strongly disagree		
1	healthcare facility.	☐ not applicable		
		☐ strongly agree		
		\square agree		
		☐ neutral		
		☐ disagree		
	Antibiotic use is discussed at facility-wide	☐ strongly disagree		
2	multidisciplinary team meetings.	☐ not applicable		
		☐ strongly agree		
		☐ agree		
		☐ neutral		
		☐ disagree		
	I am familiar with the term antibiotic	☐ strongly disagree		
3	stewardship.	not applicable		
		strongly agree		
		☐ agree☐ neutral		
	The improvement of autilitatic atomorphis is	☐ disagree		
	The importance of antibiotic stewardship is communicated (e.g., via posters, emails) at	strongly disagree		
1	my healthcare facility.	☐ not applicable		
	, - 2	strongly agree		
		□ agree		
		□ neutral		
		☐ disagree		

☐ strongly disagree☐ not applicable

I trust the microbiology test results that I receive at my healthcare facility.

		☐ strongly agree	
		□ agree	
	My healthcare facility promptly alerts	☐ neutral	
	prescribers about relevant positive culture	□ disagree	
	results (e.g., organism identified in blood	☐ strongly disagree	
6	culture) to modify antibiotic therapy.	☐ not applicable	
		☐ strongly agree	
		□ agree	
		☐ neutral	
		□ disagree	
	I am able to access my healthcare facility's	☐ strongly disagree	
7	updated antibiogram.	☐ not applicable	
		☐ strongly agree	
		□ agree	
		☐ neutral	
	More guidance from the antibiotic	☐ disagree	
	stewardship team could improve antibiotic	☐ strongly disagree	
8	use at my healthcare facility.	☐ not applicable	
		☐ strongly agree	
		\square agree	
	Use of broad-spectrum antibiotics when	☐ neutral	
	equally effective narrower spectrum	☐ disagree	
	antibiotics are available increases antibiotic	☐ strongly disagree	
9	resistance.	☐ not applicable	
		☐ strongly agree	
		\square agree	
		☐ neutral	
		\square disagree	
	Inappropriate antibiotic use can harm	☐ strongly disagree	
10	patients.	☐ not applicable	
		☐ strongly agree	
		\square agree	
	The incidence of antibiotic-resistant	☐ neutral	
	organisms can be reduced by optimizing	☐ disagree	
	antibiotic prescribing patterns and infection	\square strongly disagree	
11	prevention and control practices.	☐ not applicable	
		\square strongly agree	
		\square agree	
		☐ neutral	
		☐ disagree	
	Appropriate use of antibiotics may reduce	\square strongly disagree	
12	antibiotic resistance.	☐ not applicable	
		\square strongly agree	
		\square agree	
		☐ neutral	
	Requiring clinicians to obtain approval prior	☐ disagree	
	to prescribing certain antibiotics is a way to	☐ strongly disagree	
13	improve antibiotic use.	☐ not applicable	1

		☐ strongly agree	
		□ agree	
		☐ neutral	
	Antibiotics are overused (e.g., antibiotics are	☐ disagree	
	used when not clinically indicated) at my	strongly disagree	
14	healthcare facility.	☐ not applicable	
		☐ strongly agree	
		□ agree	
		☐ neutral	
		☐ disagree	
	Antibiotic resistance is a problem at my	strongly disagree	
15	healthcare facility.	☐ not applicable	
	-	☐ strongly agree	
		□ agree	
		☐ neutral	
	There is multidisciplinary teamwork for	☐ disagree	
	antibiotic decision-making activities at my	strongly disagree	
16	healthcare facility.	☐ not applicable	
		☐ strongly agree	
		□ agree	
		☐ neutral	
		☐ disagree	
	I value recommendations from the antibiotic	☐ strongly disagree	
17	stewardship team at my healthcare facility.	☐ not applicable	
		☐ strongly agree	
		□ agree	
		☐ neutral	
	I have access to locally endorsed infectious	☐ disagree	
	diseases treatment guidelines used at my	☐ strongly disagree	
18	healthcare facility.	☐ not applicable	
		☐ strongly agree	
	I have adequate access to infectious diseases	□ agree	
	expertise (e.g., infectious diseases trained	☐ neutral	
	physician or clinician with experience	☐ disagree	
	practicing infectious diseases) at my	☐ strongly disagree	
19	healthcare facility.	☐ not applicable	
		☐ strongly agree	
		□ agree	
		☐ neutral	
	I feel comfortable recommending an	☐ disagree	
	intervention to my colleagues on antibiotic	☐ strongly disagree	
20	use.	☐ not applicable	
		☐ strongly agree	
	Healthcare workers (e.g., physicians,	□ agree	
	pharmacists, or nurses) educate patients	☐ neutral	
	and/or their families on the use of	☐ disagree	
	antibiotics at discharge at my healthcare	☐ strongly disagree	
21	facility.	☐ not applicable	

	PRESCRIBERS ONLY: Please rate your agreemen ments below.	Notes/Comments	
		☐ strongly agree	
		□ agree	
		☐ neutral	
	I have timely access to microbiology test	□ disagree	
	results and diagnostic information to guide	strongly disagree	
22	my use of antibiotics.	□ not applicable	
	,	☐ strongly agree	
	Receiving more education on appropriate	□ agree	
	selection of antibiotic agent, duration of	☐ neutral	
	therapy, and dose could improve my	□ disagree	
	antibiotic prescribing practices at my	strongly disagree	
23	healthcare facility.	□ not applicable	
	,	☐ strongly agree	
		□ agree	
	I receive education on how to select the	☐ neutral	
	most appropriate antibiotic for treatment	☐ disagree	
	based on microbiology test results at my	☐ strongly disagree	
24	healthcare facility.	☐ not applicable	
		☐ strongly agree	
		\square agree	
		\square neutral	
	The antibiotic stewardship team can impact	\square disagree	
	my decisions on antibiotic initiation and	\square strongly disagree	
25	continuation at my healthcare facility.	\square not applicable	
		\square strongly agree	
		\square agree	
		☐ neutral	
		\square disagree	
	I am pressured to prescribe antibiotics by	\square strongly disagree	
26	patients or their families.	\square not applicable	
		\square strongly agree	
		\square agree	
		\square neutral	
		\square disagree	
	I am pressured to prescribe antibiotics by my	\square strongly disagree	
27	colleagues.	\square not applicable	
		\square strongly agree	
		\square agree	
		\square neutral	
	Scientific literature (e.g., published research)	\square disagree	
	influences my decisions on antibiotic	\square strongly disagree	
28	prescribing at my healthcare facility.	\square not applicable	

		☐ strongly agree	
		\square agree	
		☐ neutral	
	Pharmaceutical companies influence some	☐ disagree	
	of my decisions on antibiotic prescribing at	☐ strongly disagree	
29	my healthcare facility.	☐ not applicable	
		☐ strongly agree	
		\square agree	
	I use locally endorsed infectious diseases	☐ neutral	
	treatment guidelines when I am making	☐ disagree	
	decisions about antibiotic prescribing at my	☐ strongly disagree	
30	healthcare facility.	☐ not applicable	
	I prescribe certain empiric antibiotics based	☐ strongly agree	
	on consultation with a clinician with	\square agree	
	experience practicing infectious diseases,	☐ neutral	
	infectious diseases trained physician, or the	☐ disagree	
	antibiotic stewardship team at my	☐ strongly disagree	
31	healthcare facility.	☐ not applicable	
		☐ strongly agree	
		\square agree	
		☐ neutral	
	I routinely obtain cultures before starting	☐ disagree	
	antibiotic therapy in patients with suspected	☐ strongly disagree	
32	infection at my healthcare facility.	☐ not applicable	
		☐ strongly agree	
		□ agree	
		□ neutral	
	I modify my patient's antibiotic treatment	☐ disagree	
	after receiving culture and antibiotic	☐ strongly disagree	
33	susceptibility results when appropriate.	☐ not applicable	
		☐ strongly agree	
		\square agree	
		☐ neutral	
	I consider adverse events when selecting an	☐ disagree	
	antibiotic regimen for patients at my	☐ strongly disagree	
34	healthcare facility.	☐ not applicable	
		☐ strongly agree	
		\square agree	
		☐ neutral	
	I consider drug interactions when selecting	☐ disagree	
	an antibiotic regimen for a defined patient	\square strongly disagree	
35	population at my healthcare facility.	☐ not applicable	
		\square strongly agree	
		☐ agree	
		☐ neutral	
		☐ disagree	
	I consider my patient's kidney function when	☐ strongly disagree	
36	dosing antibiotics at my healthcare facility.	☐ not applicable	

		☐ strongly agree	
		\square agree	
		☐ neutral	
	I consider the risk of development of	\square disagree	
	antibiotic resistance in my patients when I	☐ strongly disagree	
37	prescribe antibiotics.	\square not applicable	
		☐ strongly agree	
		\square agree	
		\square neutral	
	I consider the opinion of non-physician staff	\square disagree	
	(e.g., nursing, pharmacy) in antibiotic	\square strongly disagree	
38	decision-making at my healthcare facility.	\square not applicable	
		☐ strongly agree	
		\square agree	
		\square neutral	
	Receiving feedback about appropriateness of	\square disagree	
	antibiotics that I prescribe could improve my	\square strongly disagree	
39	antibiotic prescribing practices.	\square not applicable	
		☐ strongly agree	
		\square agree	
	Receiving feedback on how my antibiotic	\square neutral	
	prescribing practices compares to my peers	\square disagree	
	could improve my antibiotic prescribing	\square strongly disagree	
40	practices.	\square not applicable	
		\square strongly agree	
		\square agree	
	I am aware of changes that are needed to	\square neutral	
	my current antibiotic prescribing practices	\square disagree	
	based on feedback received at my	\square strongly disagree	
41	healthcare facility.	\square not applicable	