

Enhanced assessment of knowledge, attitudes and practices; and, intervention (KAP+) on antimicrobial resistance and antimicrobial use

INTERVIEWEE IDENTIFICATION			
INTERVIEWEE NUMBER:	HOUSEHOLD NUMBER:	DATE OF VISIT:	
INTERVIEWER'S NAME:		TIME OF VISIT:	
RECORD TIME AT THE BEGINNING OF INTERVIEW:		RECORD TIME AT THE END OF THE INTERVIEW:	
RESULTS	RESULTS CODE: 1 = completed 2 = not at home 3 = postponed	4 = refused 5 = partially completed 6 = no eligible person	7 = dropped out 8 = other (specify)

SOCIO-DEMOGRAPHIC QUESTIONS

#	Question	Answer Choices	Code
FARMER PROFILE			
SD1	What is your highest education level attained?	<input type="checkbox"/> Finished Post-Graduate Studies <input type="checkbox"/> Finished Graduate Studies <input type="checkbox"/> Finished College/Bachelor <input type="checkbox"/> Finished Certificate/Polytechnic/Technical <input type="checkbox"/> Finished High School <input type="checkbox"/> Finished Elementary <input type="checkbox"/> Some schooling but did not finish elementary <input type="checkbox"/> Did not go to school	_post-graduate ...7 _graduate ...6 _college ...5 _technical ...4 _high school ...3 _elementary ...2 _some schooling ...1 -none ...0
SD2	Age		*input age*
SD3	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others (please specify): _____	_male ...0 _female ...1 *_input* ...2
SD4	How many years of experience do you have in farming?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year to 2 years <input type="checkbox"/> More than 2 years to 5 years <input type="checkbox"/> Over 5 years	_less than 1 yr ...0 _1-2 yrs ...1 _2-5 yrs ...2 _5+ yrs ...3
SD5	Do you consider farming your main occupation?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If not, what is your other occupation other than in farming? _____	*_input* ...0 _yes ...1 *_input*

Tenurial Status of Farmer				
SD6	If farming is your main occupation, do you own the farm?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> _no <input type="checkbox"/> _yes	...0 ...1
SD7	If not an owner of the farm, what is your work arrangement in the farm?	<input type="checkbox"/> Farm manager <input type="checkbox"/> Farm caretaker <input type="checkbox"/> Hired farm helper <input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> _manager <input type="checkbox"/> _caretaker <input type="checkbox"/> _hired helper <input type="checkbox"/> _*input*	...0 ...0 ...1 ...2
Farm Type and Scale				
SD8	How would you classify your farm?	<input type="checkbox"/> Subsistence <input type="checkbox"/> Backyard <input type="checkbox"/> Integrated farm <input type="checkbox"/> Small-scale commercial farm <input type="checkbox"/> Medium-scale commercial farm <input type="checkbox"/> Large-scale commercial farm <input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> _subsistence <input type="checkbox"/> _backyard <input type="checkbox"/> _integrated <input type="checkbox"/> _small-scale <input type="checkbox"/> _medium_scale <input type="checkbox"/> _large_scale <input type="checkbox"/> _*input*	...0 ...1 ...2 ...3 ...4 ...5 ...6
SD9	If large-scale farming, are you a contract grower of a food company?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> _no <input type="checkbox"/> _yes	...0 ...1
SD10	If contract grower, how much is your quota?	_____	*input quota per year*	
SD11	Where is your farm located?	<input type="checkbox"/> Upland <input type="checkbox"/> Lowland <input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> _upland <input type="checkbox"/> _lowland <input type="checkbox"/> _*input*	...0 ...1 ...2
SD12 (a-f)	Where is your farm erected? (Please select all that apply) erected?	<input type="checkbox"/> In a flatland (SD12a) <input type="checkbox"/> In a sloping area (SD12b) <input type="checkbox"/> Near a body of water (i.e., pond, creek, river, lake, or sea) (SD12c) <input type="checkbox"/> Near a farm irrigation system (SD12d) <input type="checkbox"/> Near community houses (SD12e) <input type="checkbox"/> Others (please specify): (SD12f) _____	<input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no <input type="checkbox"/> _*input*/no	1/0 1/0 1/0 1/0 1/0 1/0
SD13 (a-h)	How do you use the surrounding area of your farm? (Please select all that apply)	<input type="checkbox"/> Vegetable farming (SD13a) <input type="checkbox"/> Rice farming (SD13b) <input type="checkbox"/> Housing (SD13c) <input type="checkbox"/> Flower gardening (SD13d) <input type="checkbox"/> Solar drying (SD13e) <input type="checkbox"/> Seedling nursery (SD13f)	<input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no	1/0 1/0 1/0 1/0 1/0 1/0

		<input type="checkbox"/> I leave the surrounding area unused (SD13g) <input type="checkbox"/> Others (please specify) (SD13h)	<input type="checkbox"/> _yes/no <input type="checkbox"/> _*input*/no	1/0 1/0
Stock Density				
SD14 (a-i)	What animals do you raise in your farm?	Animal Types (Select all that apply)	Input number of heads	
		<input type="checkbox"/> Cattle (SD14a) <input type="checkbox"/> Buffalo (SD14b) <input type="checkbox"/> Goat (SD14c) <input type="checkbox"/> Pig (SD14d) <input type="checkbox"/> Chicken (SD14e) <input type="checkbox"/> Fish (SD14f) <input type="checkbox"/> Prawn (SD14g) <input type="checkbox"/> Others (SD14h) <input type="checkbox"/> Others name (SD14i)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *input name*	
SD15	How do you keep your animals in the farm?	<input type="checkbox"/> Free-range <input type="checkbox"/> Organic <input type="checkbox"/> Yarding <input type="checkbox"/> In captivity <input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> _free-range <input type="checkbox"/> _organic <input type="checkbox"/> _yarding <input type="checkbox"/> _in captivity <input type="checkbox"/> _*input*	...0 ...1 ...2 ...3 ...4
SD16 (a-c)	If raised in captivity, what type of cage/pen do you use for your animals? (Please select all that apply) <input type="checkbox"/> _yes/no			
	Swine (SD16aa-ac)		Poultry (SD16ba-be)	Aquaculture (SD16ca-ce)
	<input type="checkbox"/> _Free-range	<input type="checkbox"/> _Free-range	<input type="checkbox"/> _Fresh water pond:	1/0
	<input type="checkbox"/> _In pens	<input type="checkbox"/> _Battery cage	<input type="checkbox"/> _Brackish water	1/0
	<input type="checkbox"/> _Others:(input) _____	<input type="checkbox"/> _Furnished Cage	<input type="checkbox"/> _Fish pen	1/0
	<input type="checkbox"/> _____	<input type="checkbox"/> _Grow out houses	<input type="checkbox"/> _Integrated fish farming	1/0
		<input type="checkbox"/> _Others: (input)_____	<input type="checkbox"/> _Others: (input)_____	1/0
SD17	In your estimation, what size is your pen/cage/pond	_____ *sketch if necessary*		*input estimated area in meters squared*
SD18	In your estimation, how many are raised in each pen/cage/pond?	_____ *tally if necessary*		*input estimated number*
SD19	What kind of animal breeds do you raise in the farm	<input type="checkbox"/> Native	<input type="checkbox"/> _native	...0
		<input type="checkbox"/> Exotic	<input type="checkbox"/> _exotic	...1
		<input type="checkbox"/> Crossbreed	<input type="checkbox"/> _crossbreed	...2
		<input type="checkbox"/> Hybrid	<input type="checkbox"/> _hybrid	...2
		<input type="checkbox"/> A mix of native and exotic breeds	<input type="checkbox"/> _mix	...3
SD20	If a mix of native and exotic breeds, how do you keep your native and hybrid animals	<input type="checkbox"/> Strictly separated	<input type="checkbox"/> _strictly separated	...0
		<input type="checkbox"/> Separated but may come in close contact with each other	<input type="checkbox"/> _separated w/ contact	...1
		<input type="checkbox"/> Mixed (co-mingled)	<input type="checkbox"/> _mixed	...2
		<input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> _*input*	...3

Animal Nutrition and Biosecurity				
SD21	What kind of feeds do you use in the farm?	<input type="checkbox"/> Non-commercial feeds <input type="checkbox"/> Commercial feeds	<input type="checkbox"/> non-commercial <input type="checkbox"/> commercial	...0 ...1
SD22	What special types of commercial feeds do you use in the farm? (Please select all that apply) (_yes/no)			
Swine (SD22aa-af)		Poultry (SD22ba-bf)	Aquaculture (SD22ba-bd)	
<input type="checkbox"/> Starter		<input type="checkbox"/> Starter	<input type="checkbox"/> Natural feed	1/0
<input type="checkbox"/> Grower		<input type="checkbox"/> Grower	<input type="checkbox"/> Supplementary feed	1/0
<input type="checkbox"/> Finisher		<input type="checkbox"/> Finisher	<input type="checkbox"/> Complete feed	1/0
<input type="checkbox"/> Booster and vitamin-enriched feeds		<input type="checkbox"/> Booster and vitamin-enriched feeds		1/0
<input type="checkbox"/> Feeds with antimicrobials		<input type="checkbox"/> Feeds with antimicrobials		1/0
<input type="checkbox"/> Others: (input) _____		<input type="checkbox"/> Others:(input) _____	<input type="checkbox"/> Others: (input) _____	1/0
SD23 (a-e)	What kind of animal products does your farm produce?	<input type="checkbox"/> For Breeding (SD23a) <input type="checkbox"/> Live (SD23b) <input type="checkbox"/> For slaughter (SD23c) <input type="checkbox"/> Animal by-products (i.e., eggs, meat, etc.) (SD23d) <input type="checkbox"/> Others (please specify): _____ (SD23e)	<input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no <input type="checkbox"/> *_input*/no	1/0 1/0 1/0 1/0 1/0
SD24	How often do you clean the cages/pens?	<input type="checkbox"/> Everyday <input type="checkbox"/> Every other day <input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <input type="checkbox"/> After harvest <input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> _everyday <input type="checkbox"/> _every other day <input type="checkbox"/> _once a week <input type="checkbox"/> _once a month <input type="checkbox"/> _after harvest <input type="checkbox"/> _others	...5 ...4 ...3 ...2 ...1 ...0
SD25 (a-e)	What is the method you use for cleaning your animals' cages/pens? (select all that apply)	<input type="checkbox"/> Dry cleaning (SD23a) <input type="checkbox"/> Wet cleaning (SD23b) <input type="checkbox"/> Wet cleaning (with chemical disinfectants) (SD23c) <input type="checkbox"/> Wet cleaning (with biocides) (SD23d) <input type="checkbox"/> Others (please specify): _____ (SD23e)	<input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no <input type="checkbox"/> _yes/no <input type="checkbox"/> *_input*/no	1/0 1/0 1/0 1/0 1/0
SD26	How do you dispose animal manure and other farm wastes?	<input type="checkbox"/> Composting <input type="checkbox"/> Sell as fertilizer <input type="checkbox"/> Throw in landfill <input type="checkbox"/> Septic tank <input type="checkbox"/> Water runoff <input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> _composting <input type="checkbox"/> _sell <input type="checkbox"/> _throw in landfill <input type="checkbox"/> _septic tank <input type="checkbox"/> _water runoff <input type="checkbox"/> *_input*	...0 ...1 ...2 ...3 ...4 ...5
SD27	Have you encountered or experienced animal disease	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember	<input type="checkbox"/> _yes <input type="checkbox"/> _no <input type="checkbox"/> _can't remember	...1 ...0 ...0

	outbreaks in the last 12 months?			
SD28 (a-f)	If yes, what types of disease outbreaks did you encounter? (Please check those that apply)	<input type="checkbox"/> Highly Pathogenic Avian Influenza/Bird flu (SD28a)	<input type="checkbox"/> _yes/no	1/0
		<input type="checkbox"/> Foot and Mouth Disease (FMD) (SD28b)	<input type="checkbox"/> _yes/no	1/0
		<input type="checkbox"/> Classical swine fever/Swine Cholera (SD28c)	<input type="checkbox"/> _yes/no	1/0
		<input type="checkbox"/> Swine Flu (SD28d)	<input type="checkbox"/> _yes/no	1/0
		<input type="checkbox"/> Newcastle Disease (SD28e)	<input type="checkbox"/> _yes/no	1/0
		<input type="checkbox"/> Others (please specify): _____ (SD28f)	<input type="checkbox"/> _*input*/no	1/0
SD29	Is there a veterinarian in your place?	<input type="checkbox"/> Yes and I consult him/her regularly	<input type="checkbox"/> _yes, regular	...3
		<input type="checkbox"/> Yes and I consult him/her less often	<input type="checkbox"/> _yes, less often	...2
		<input type="checkbox"/> Yes but I do not consult him/her	<input type="checkbox"/> _yes, no consultation	...1
		<input type="checkbox"/> There is no veterinarian in my locality	<input type="checkbox"/> _no	...0

KNOWLEDGE-RELATED QUESTIONS

#	Question	Answer choices	Code	
K1	Can you describe what antibiotics are?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to K4) <input type="checkbox"/> Don't know (go to K4)	_yes _no _don't know	...1 ...0 ...0
K2	If yes, what do you think antibiotics are intended for? (Please select all that apply.)	<input type="checkbox"/> As treatment of all types of diseases <input type="checkbox"/> As treatment of specific types of diseases <input type="checkbox"/> As prevention of all types of diseases <input type="checkbox"/> As prevention of specific types of diseases <input type="checkbox"/> As growth booster <input type="checkbox"/> Don't know <input type="checkbox"/> Others (please specify): _____	_treatment all _treatment spec _prevention all _prevention spec _growth booster _don't know _*input*	...0 ...1 ...0 ...0 ...0 ...0 ...0
K3	Please list three antibiotics that you know.	_____ _____ _____ Can't remember (Don't read out until the respondent cannot provide answer)	_*input name* _*input name* _*input name* _can't remember	...1 ...1 ...1 ...0
K4	Can you describe what antimicrobials are	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to K8) <input type="checkbox"/> Don't know (go to K8)	_yes _no _don't know	...1 ...0 ...0
K5	If yes, what do you think antimicrobials are intended for? (Please select all that apply.)	<input type="checkbox"/> As treatment of all types of diseases <input type="checkbox"/> As treatment of specific types of diseases <input type="checkbox"/> As prevention of all types of diseases <input type="checkbox"/> As prevention of specific types of diseases <input type="checkbox"/> As growth booster <input type="checkbox"/> Don't know <input type="checkbox"/> Others (please specify): _____	_treatment all _treatment spec _prevention all _prevention spec _growth booster _don't know _*input*	...0 ...1 ...0 ...0 ...0 ...0 ...0
K6	Please list three antimicrobials that you know.	_____ _____ _____ Can't remember (Don't read out until the respondent cannot provide answer)	_*input name* _*input name* _*input name* _can't remember	...1 ...1 ...1 ...0
K7	Do you think there is a difference between antibiotics and antimicrobials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	_yes _no _don't know	...1 ...0 ...0
Prior Exposure to AMU/AMR Information				
K8	Have you heard of antibiotic resistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to K11)	_yes _no	...1 ...0

K9	Where did you hear about antibiotic resistance?	__ From TV, please specify channel or program: _____ (K9_tv) __ From radio, please specify station or program: _____ (K9_radio) __ From my friends (K9_friends) __ From a village seminar (K9_seminar) __ Social media such as Facebook, Twitter or Instagram (K9_socmed) __ Others: _____ (K9_others)	*_input*/no *_input/no _yes/no _yes/no _yes/no *_input*/no	1/0 1/0 1/0 1/0 1/0 1/0
K10	Select in the list below, what best describes <u>antibiotic resistance</u> . (please select all that apply)	__ Antibiotic resistance is dangerous but don't know how to describe __ When an infection cannot be treated because the medicine is ineffective __ When bacteria develop resistance to one or more antibiotics __ I'm not sure or don't know (Don't read out until the respondent cannot provide answer)	_wrong _wrong _correct _wrong	...0 ...0 ...1 ...0
K11	Have you heard of antimicrobial resistance?	__ Yes __ No (Go to K14)	_yes _no	...1 ...0
K12	Where did you hear about antimicrobial resistance?	__ From TV, please specify channel or program: _____ (K12_tv) __ From radio, please specify station or program: _____ (K12_radio) __ From my friends (K12_friends) __ From a village seminar (K12_seminar) __ Social media such as Facebook, Twitter or Instagram (K12_socmed) __ Others: _____ (K12_others)	*_input*/no *_input/no _yes/no _yes/no _yes/no *_input*/no	1/0 1/0 1/0 1/0 1/0 1/0
K13	Select in the list below, what best describes <u>antimicrobial resistance</u> . (please select all that apply)	__ Antimicrobial resistance is the same as antibiotic resistance __ Antimicrobial resistance is dangerous but I don't know how to describe __ Antimicrobial resistance is when infections cannot be treated because medicine lose their potency or effectiveness. __ Antimicrobial resistance is when bacteria develop resistance to antimicrobials such as antibiotics __ I'm not sure or don't know (Don't read out until the respondent cannot provide answer)	_wrong _wrong _wrong _correct _wrong	...0 ...0 ...0 ...1 ...0
K14	From the list below, please select what you think is the	__ For treatment of infection in your animals (pig, chicken or fish) __ To promote growth in my animals/fish __ To prevent infection in my animals/fish	_yes/no _yes/no _yes/no	1/0 0/1 1/0

	best time to use antibiotics	<input type="checkbox"/> Whenever I feel like using it <input type="checkbox"/> Don't know	<input type="checkbox"/> yes/no <input type="checkbox"/> don't know	0/1 ...0
K15	From the list below, how do you assess the risk of antibiotics in animals/fish (please select all that apply)	<input type="checkbox"/> Antibiotics fight bacteria, so it is safe to use <input type="checkbox"/> Antibiotics promote growth, so it is safe to use <input type="checkbox"/> Animals/fish develop resistance to bacteria, which can be passed on to people <input type="checkbox"/> Diseases can be hard to treat because animals/fish might develop resistance to bacteria <input type="checkbox"/> There is no risk in using antibiotics in animals <input type="checkbox"/> Don't know	<input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no	0/1 0/1 1/0 1/0 0/1 0/1
K16	Please describe how the use of antibiotics in farm animals could affect you and your family	(answer) _____ <input type="checkbox"/> Don't know/No comment	<input type="checkbox"/> *input answer* <input type="checkbox"/> don't know*	...1 ...0

K17. The following statements are what other people think when they are asked about antibiotics. What are your thoughts about them? Please indicate your answer using the scale of 1 to 5 where 1 = strongly disagree, 2 = disagree, 3 = don't know, 4 = agree, and 5 = strongly agree.

Knowledge Statements ¹	1	2	3	4	5
(K17a) Anti-biotics have the same effect as anti-inflammatory drugs					
(K17b) Different antibiotics are needed to cure different animal diseases					
(K17c) Antibiotics speed up the recovery from most animal diseases					
(K17d) Antibiotics are effective against bacteria					
(K17e) Antibiotics are effective against viral diseases					
(K17f) If the animals get side effects during a course of antibiotics treatment you should stop giving them as soon as possible.					
(K17g) If the animals get some kind of skin reaction when using an antibiotic, you should not give the same antibiotic again.					
(K17h) The unnecessary use of antibiotics would lessen its efficacy					

¹ Modified from Jifar and Ayele (2018)

ATTITUDE-RELATED QUESTIONS

	Perceived Severity			
A1	From a scale of 1 to 5 (1 being the least serious and 5 being very serious) how would you rate your situation if one of your family members has an infection that cannot be treated with medicine?	Very Serious Serious Moderately Serious Slightly Serious Least Serious	_very serious _serious _moderately serious _slightly serious _least serious	...5 ...4 ...3 ...2 ...1
A2	From a scale of 1 to 5 (1 being the least serious and 5 being very serious) how would you rate your situation if one or some of your animals have an infection that cannot be treated with medicine?	Very Serious Serious Moderately Serious Slightly Serious Least Serious	_very serious _serious _moderately serious _slightly serious _least serious	...5 ...4 ...3 ...2 ...1

A3. The following statements are what other people feel about antibiotics and antimicrobials. Please rate your opinion on the following statements whether you: **1, Strongly disagree; 2, Disagree; 3, Neutral; 4, Agree; or, 5, Strongly Agree:**

Attitude Statements ²		1	2	3	4	5
A3a	Antimicrobials such as antibiotics protect both humans and animals from diseases					
A3b	Antibiotics are important to improve animal production					
A3c	If I feel or see that the animals are healed after a few days, I stop giving antibiotics before completing the course of treatment. ²					
A3d	I prefer to keep antibiotics at home in case there may be a need for the animals later. ²					
A3e	It is good to be able to get antibiotics from relatives or friends without having to see a veterinarian. ²					
A3f	I always complete the course of treatment with antibiotics even if I see that the animal is healed. ²					
A3g	I prefer to be able to buy antibiotics from the Agrivet-dealers without a prescription. ²					
A3h	If the animals get side effects during a course of antibiotics treatment you should stop giving them as soon as possible. ²					

² Modified from Jifar and Ayele (2018)

PRACTICE/BEHAVIOUR-RELATED QUESTIONS

#	Questions	Answers with choices	Code	
P1	When your animals are sick, what do you first do?	__ Assess animal's condition __ Consult with vet __ Assess animal's living space __ Treat with over-the-counter veterinary drugs __ Treat with traditional methods (e.g., use of natural remedies) __ Treat with antibiotics __ Others (please specify): _____	_ assess condition _ consult vet _ assess living space _ treat w/ otc _ treat w/ traditional medicine _ treat w/ ab _ *input	...0 ...1 ...2 ...3 ...4 ...5 ...6
P2	Do you use antibiotics in your farm?	__ Yes __ No __ Don't know	_ yes _ no _ don't know	...1 ...0 ...0
P3 (a-d)	What are your reasons for using antibiotics in your farm? (Select all that apply)	__ prevent sickness (P3a) __ treat sick animals (P3b) __ growth promotion (P3c) __ Others (please specify): _____ (P3d)	_ yes/no _ yes/no _ yes/no _ *input*/no	1/0 1/0 0/1 0/1
P4 (a-f)	Have you used antibiotics to treat any of the following diseases? (Select all that apply)	__ Highly Pathogenic Avian Influenza/Avian flu (P4a) __ Foot and mouth disease (P4b) __ Classical swine fever (P4c) __ Swine flu (P4d) __ Newcastle disease (P4e) __ Others: _____ (P4f)	_ yes/no _ yes/no _ yes/no _ yes/no _ yes/no _ *input*/no	1/0 1/0 1/0 1/0 1/0 1/0
Administration: Prophylaxis, Metaphylaxis, Treatment, Biocidal)				
P5	When your animals are sick, you make sure to give antibiotics to:	__ Just the animals that are sick __ Both sick animals and all of the animals in close proximity to them __ All animals in the farm __ Others (please specify): _____	_ sick _ sick and near _ all _ *input*	...1 ...0 ...0 ...0
P6 (a-d)	How do you use antibiotics in your farm?	__ Mixed with feeds (P6a) __ Liquid mix (P6b) __ Injected (P6c) __ Others (please specify): _____ (P6d)	_ yes/no _ yes/no _ yes/no _ *input*/no	1/0 1/0 1/0 1/0
P7 (a-b)	Usually, who administers the antibiotics to animals?	A. _____ (P7a) B. _____ (P7b)	*input name* *input name*	...1 ...1
P8	How often do you use antimicrobials such as antibiotics in your farm?	__ Everyday __ At least once a week __ At least once every two weeks __ At least once a month	_ everyday _ once a week _ every two weeks _ once a month	...0 ...1 ...2 ...3

		<input type="checkbox"/> At least once every six months <input type="checkbox"/> At least once a year <input type="checkbox"/> Only when needed	<input type="checkbox"/> every six months <input type="checkbox"/> once a year <input type="checkbox"/> only when needed	...4 ...5 ...6
Access Points				
P9 (a-g)	From whom did you learn about the use of antibiotics in farms? (Select all that apply)	<input type="checkbox"/> Neighbors/Other farmers (P9a) <input type="checkbox"/> Leaders in the community (P9b) <input type="checkbox"/> Agri-supply agents/suppliers (P9c) <input type="checkbox"/> Agricultural technicians/Government authorities (P9d) <input type="checkbox"/> Veterinarian (P9e) <input type="checkbox"/> Self-taught/Own research (P9f) <input type="checkbox"/> Others (please specify): _____ (P9g)	<input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> *input*/no	1/0 1/0 1/0 1/0 1/0 1/0 1/0
P10 (a-f)	Where do you get the antibiotics that you use in your farm? (Select all that apply)	<input type="checkbox"/> From friends (P10a) <input type="checkbox"/> Neighborhood store (P10b) <input type="checkbox"/> Animal feed store (P10c) <input type="checkbox"/> Animal pharmaceutical store (P10d) <input type="checkbox"/> Human pharmacy (P10e) <input type="checkbox"/> Others: (please specify) _____ (P10f)	<input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> *input*/no	1/0 1/0 1/0 1/0 1/0 1/0
Consultation with Veterinarian or other Animal Health Professionals				
P11	Do you usually get a professional advice before buying antibiotics for use in your farm?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> sometimes <input type="checkbox"/> no	...1 ...1 ...0
P12	Do you usually ask a veterinarian's prescription when you buy antibiotics for your farm?	<input type="checkbox"/> Yes (Go to 16) <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> sometimes <input type="checkbox"/> no	...1 ...0 ...0
Non-use of Prescription				
P13 (a-e)	Why do you not seek professional advice in buying antibiotics? (Select all that apply)	<input type="checkbox"/> It is easy to buy directly from the store (P13a) <input type="checkbox"/> There is no veterinarian/para-veterinarian in my village (P13b) <input type="checkbox"/> There are veterinarians/para-veterinarians but are hard to seek advice (P13c) <input type="checkbox"/> I don't see the need for seeking advice (P13d) <input type="checkbox"/> Others: (Please specify) _____ (P13e)	<input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> yes/no <input type="checkbox"/> *input*/no	1/0 1/0 1/0 1/0 1/0
P14 (a-c)	When you decide to buy antibiotics without a veterinarian's	A. _____ (P14a) B. _____ (P14b) C. _____ (P14c) D. Can't remember	<input type="checkbox"/> *input name* <input type="checkbox"/> *input name* <input type="checkbox"/> *input name* <input type="checkbox"/> can't remember	...1 ...1 ...1 ...0

	prescription, which ones do you use?			
P15 (a-e)	How do you ensure the quality of antimicrobials such as antibiotics that you bought? (Select all that apply)	<input type="checkbox"/> Check expiry date (P15a) <input type="checkbox"/> Make sure I got it from the pharmacy (P15b) <input type="checkbox"/> I go for certain brands (P15c) <input type="checkbox"/> I go for the seller's recommendations (P15d) <input type="checkbox"/> I go for other's recommendations (family members, friends, neighbors, etc.) (P15e) <input type="checkbox"/> None of the above (P15f)	_yes/no _yes/no _yes/no _yes/no _yes/no _yes/no	1/0 1/0 1/0 1/0 1/0 0/1
Length of Administration				
P16	When using antibiotics, how long do you use it in your farm?	<input type="checkbox"/> As prescribed or as per manufacturer's recommendations <input type="checkbox"/> More than what was prescribed or manufacturer's recommendations <input type="checkbox"/> Before the end of the prescribed course or manufacturer's recommendations <input type="checkbox"/> For as long as I feel suitable <input type="checkbox"/> Others: _____	_as presc _more presc _before end _as feel *_input*	...1 ...0 ...0 ...0 ...0
P17 (a-f)	What records do you keep in managing your farm? (Please select all that apply)	<input type="checkbox"/> Vaccination record (P17a) <input type="checkbox"/> Animal population (P17b) <input type="checkbox"/> Antibiotics administered/used (P17c) <input type="checkbox"/> Disinfectant records (P17d) <input type="checkbox"/> Sales records (P17e) <input type="checkbox"/> Others: _____ (P17f)	_yes/no _yes/no _yes/no _yes/no _yes/no *_input*/no	1/0 1/0 1/0 1/0 1/0 1/0
Storage and Disposal				
P18	Do you keep the excess antibiotics?	<input type="checkbox"/> Yes (Go to Q20) <input type="checkbox"/> No (Go to Q21)	_yes _no	...1 ...0
P19 (a-g)	Please describe what you do with excess antibiotics (Select all that apply)	<input type="checkbox"/> Throw in the garbage (P19a) <input type="checkbox"/> Flush in the toilet (P19b) <input type="checkbox"/> Bury in the ground (P19c) <input type="checkbox"/> Burn them (P19d) <input type="checkbox"/> Give to my neighbors/other farmers (P19e) <input type="checkbox"/> Keep them for future use (P19f) <input type="checkbox"/> Others (please specify) : _____ (P19g)	_yes/no _yes/no _yes/no _yes/no _yes/no _yes/no *_input*/no	1/0 1/0 1/0 1/0 0/1 0/1 1/0
P20	How long do you keep excess antibiotics?	<input type="checkbox"/> 1-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> I don't keep excess antibiotics	_1-3 months _4-6 months _7-12 months _12+ months _don't keep	...0 ...0 ...0 ...0 ...1
P21	Where do you usually keep your antibiotics?	<input type="checkbox"/> Cool dry place <input type="checkbox"/> In the animal's living space <input type="checkbox"/> Under direct sunlight	_cool _animal space _under sun	...1 ...0 ...0

		__ Moist area __ Others (please specify): _____	_moist _*input*	...0 ...0
Withdrawal Period for Antibiotics				
P22	How long do you stop using antibiotics before selling your animal or animal by-product?	__ 1-15 days __ 16-28 days __ 29-60 days __ Others (please specify): _____	_ 1-15 days _ 16-28 days _ 29-60 days _*input*	...0 ...1 ...2 ...3
P23	What do you do with the meat of slaughtered sick animal?	__ Bury properly __ Burn the dead body __ Sell the meat __ Others (please specify): _____	_ bury properly _ burn dead body _ sell meat _*input*	...1 ...0 ...0 ...0
Intention to use antibiotic alternatives and learn about antibiotics				
I1	If you're using antibiotics in your farm, would you be willing to use an alternative instead of antibiotics?	__ Yes __ No __ Not sure	_yes _no _not sure	...1 ...0 ...0
I2	If you're NOT using antibiotics in your farm, would you be willing to use antibiotics in the future to protect the health of your animals?	__ Yes __ No __ Not sure	_yes _no _not sure	...1 ...0 ...0
I3	Please rate your interest in learning more about antibiotics.	__ Interested __ Neutral __ Not interested	_interested _neutral _not interested	...1 ...0 ...0

POLICY, INFORMATION, AND SOCIO-CULTURAL ENVIRONMENT

#	Questions	Answers with choices	Code	
E1	Is there a national policy that specifies the operation of agricultural farms in your country?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I don't know	...1 ...0 ...0
E2	Is there a local ordinance that regulates the operation of agricultural farms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I don't know	...1 ...0 ...0
E3	Is there a national policy governing sanitary practices of agricultural farms in your country?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I don't know	...1 ...0 ...0
E4	Is there a local ordinance governing sanitary practices of agricultural farms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I don't know	...1 ...0 ...0
E5	Is there sanitary officer/inspector in your area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I don't know	...1 ...0 ...0
E6	Does the sanitary inspector visit your farm?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I don't know	...1 ...0 ...0
E7	How often does s/he visit your farm?	<input type="checkbox"/> Weekly <input type="checkbox"/> Once a month <input type="checkbox"/> Once every three months <input type="checkbox"/> Twice a month <input type="checkbox"/> Twice a year <input type="checkbox"/> Once a year <input type="checkbox"/> Never at all <input type="checkbox"/> Can't remember	<input type="checkbox"/> weekly <input type="checkbox"/> once a month <input type="checkbox"/> every three months <input type="checkbox"/> twice a month <input type="checkbox"/> twice a year <input type="checkbox"/> once a year <input type="checkbox"/> never at all <input type="checkbox"/> can't remember	...2 ...2 ...2 ...2 ...2 ...1 ...0 ...0
E8	Can you describe your country's laws on using prescription veterinary drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to E10) <input type="checkbox"/> I don't know (Go to E10)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I don't know	...1 ...0 ...0
E9	If yes, please list down the laws you know or are familiar with:	a. _____ b. _____	*_insert name* *_insert name*	...1 ...1
E10	Can you describe your country's laws on dispensing/disposing veterinary drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to E12) <input type="checkbox"/> I don't know (Go to E12)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I don't know	...1 ...0 ...0
E11	If yes, please list down the laws you know or are familiar with:	a. _____ b. _____	*_insert name* *_insert name*	...1 ...1

E12	Have you heard about government programs on antimicrobial use in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to E14) <input type="checkbox"/> Not sure (Go to E14)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not sure	...1 ...0 ...0
E13	Can you name these programs?	a. _____ b. _____ c. _____	*_insert name* *_insert name* *_insert name*	...1 ...1 ...1
E14	Have you been to a community assembly where antimicrobial use was discussed?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to E16) <input type="checkbox"/> Don't remember (Go to E16)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't remember	...1 ...0 ...0
E15	Based on what you heard, please recall the top three messages that you got from the assembly.	a. _____ b. _____ c. _____	*_insert name* *_insert name* *_insert name*	...1 ...1 ...1
E16	Have you encountered information on anti-microbial use in the media?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to E18) <input type="checkbox"/> Don't remember (Go to E18)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't remember	...1 ...0 ...0
E17	Please recall the top three messages that you got from the media.	a. _____ b. _____ c. _____	*_insert name* *_insert name* *_insert name*	...1 ...1 ...1
E18	Are you a member in farmer organizations in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> no	...1 ...0
E19	Do you join farmers' assemblies/seminars/field days/field school?	<input type="checkbox"/> All the time <input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Not at all	<input type="checkbox"/> all the time <input type="checkbox"/> often <input type="checkbox"/> rarely <input type="checkbox"/> not at all	...2 ...1 ...0 ...0
E20	Do you discuss farm management practices with other farmers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> no	...1 ...0
E21	Do you know of a farmer scientist or model farmer in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	...1 ...0 ...0

COMMUNICATION PREFERENCES

Communication preference questions

- Please rank your top three most preferred source of news (**Let respondent tell you the first three sources of entertainment. Rank in the table below**). Please indicate on average your time spent seeking entertainment your top three sources of news. (**Ask respondent how much time they spend for their top three sources. Complete table below**)

Source	Rank (1-3)	Average time (hours/per day)			
		Less than 1 hour	1-2 hours	2-4 hours	More than 4 hours
Television					
Radio					
Newspaper					
Internet					
Social media					
Others: _____					

- Please rank your top three most preferred source of entertainment (**Let respondent tell you the first three sources of entertainment. Rank in the table below**). Please indicate on average your time spent seeking entertainment your top three sources of entertainment. (**Ask respondent how much time they spend for their top three sources. Complete table below**)

Source	Rank (1-3)	Average time (hours/per day)			
		Less than 1 hour	1-2 hours	2-4 hours	More than 4 hours
Television					
Radio					
Newspaper					
Internet					
Social media					
Others: _____					
C3 (a-f)	Which media/informational sources do you usually seek information on animal health issues? (Select all that apply)	__ Television (C3a) __ Radio (C3b) __ Internet (C3c) __ SNS (C3d) __ Animal health worker (C3e) __ Other: _____ (C3f)			_yes/no ...1 _yes/no ...1 _yes/no ...1 _yes/no ...1 _yes/no ...1 *_input/no ...1
C4 (a-c)	From the following list, rank the top three information materials you find most useful for providing information on animal health/farm issues.				
Source			Rank (1-3)		
Posters					
Leaflets					

	Brochures			
	Booklets			
	Village/community billboards			
	Others: _____			
	Posters			
C5	From whom do you prefer to learn about antimicrobial use and antimicrobial resistance?	__ Fellow farmers __ Community leaders __ Agricultural technicians of the government __ Health authorities (i.e., veterinarians, medical doctors, etc.) __ Agri-suppliers and agents __ Others (please specify): _____	_ fellow farmers _ community leaders _ gov agri-technicians _ health authorities _ agri-suppliers and agents _*input*	...0 ...1 ...2 ...3 ...4 ...5
C6 (a-c)	What do you want to know more about antimicrobial resistance and antimicrobial use?	a. _____ b. _____ c. _____	*input* *input* *input*	...1 ...1 ...1

Coding Guide for C1 and C2 (column name | code input):

Rank (C1_news1-3, C2_entr1-3 | tv, radio, newspaper, internet, SNS, *input*)

Ave. time (C1_avenewstime1-3, C2_aveentrtime1-3 | less than 1 hr, 1-2 hrs, 2-4 hrs, 4+ hrs)

Coding Guide for C3 (column name | code input):

Rank (C3_1-3 | tv, radio, internet, sns, animal health worker, *other*)

-END-