# Questionnaire

Email Address

Sex

Age

Education.   
Your study subject area

FACULTY

University Name

University Types

Parents have Medical Background

Home town

Family type

**Knowledge**

1. Antibiotics are supposed to kill all bacteria in the body

**NO (0)**

2. Antibiotics are effective for the treatment of bacterial infections

**Yes (1)**

3. Antibiotics are effective for the treatment of viral infections

**NO (0)**

4. Antibiotic resistance is the loss of activity of an antibiotic ?

**Yes (1)**

5. Antibiotic resistance can be caused by the over use of antibiotics ?

**Yes (1)**

6. Is antibiotic resistance an important issue ?

**Yes (1)**

7. Inappropriate antibiotic dosages caused by antimicrobial resistance ?

**Yes (1)**

8. People travelling outside country risk bringing resistance to Bangladesh ?

**Yes (1)**

9. Resistance can spread from animals to humans ?

**Yes (1)**

10. Resistance can spread from person to person. ?

**Yes (1)**

**Attitude**

1. Nowadays, Antibiotic resistance is a serious concern in the Bangladesh- **Strongly agree**

2. Nowadays, Antibiotic resistance has become a major issue all over the world.- **Strongly agree**

3. Do you genuinely think we should become more concerned about antibiotic use? **Agree**

4. More awareness should be taken to overcome antibiotic resistance.- **Strongly agree**

4. Do you believe doctors are often prescribe antibiotics unnecessarily?- **Agree**

5. Antibiotic usage in the poultry and dairy sectors should be properly controlled.- **Agree**

6. The government should increase more awareness regarding antibiotic resistance.- **Strongly agree**

7. Antibiotic resistance should be overcome through self-awareness.- **Agree**

1. Have you ever taken antibiotics?

3. How do you generally take antibiotics? (check as required)

4. When do you generally take antibiotics (check as required):

5. How many times have you consumed antibiotics during the past 12 months?

6. How many times have another adult in your household (over 18 years old) received antibiotics during the past 12 months?

7. Is anyone in your household taking antibiotics at the moment?

8. What illness/symptoms have you had in the last month?

9. What have you taken your last illness

10. Do you fail to complete the doses of antibiotic?   
If yes what are the causes of incomplete  
medication?

11. Have you taken any antibiotics within the last six months.  
If Yes Please complete (11.a-11.G)   
If No please skip and go for Question 12

11.a. Why did you take the antibiotic ?  
(name of the disease)

11.b. Was it prescribed by an authorized doctor ?

11.c. Please mention the Doses of antibiotic ?

11.d. For how long did you take the antibiotics ?

11.e. Did the antibiotics work successfully ?

11.f. Did you complete the course of antibiotic ?

11.g. Did you face any side effect?

12. Have you ever faced antibiotic resistance?

**Motivational statement**

* I feel supported physician not to prescribe antibiotic when are not necessary .- **Strongly agree**
* I feel supported don't intake antibiotic without physician Statement. -**Strongly agree**

I have carefully read and fully understood the information on the provided information sheet after having it thoroughly explained to me in a language. I agree to take part in the mentioned study and am aware that my participation is voluntary.