Supplementary File 1: Data Collection Tool (Questionnaire)

Title of study: Outpatient Antibiotic Utilisation Trends and Prescriber Determinants at a

Regional Hospital in Ghana

Patient's Prescription Identification Number: ……………………..

Section A: Background information on patient	
Question	**Response**
Date of prescription (Rx)	____/_____/ _____ Day Month Year
Q1. Age of patient in years	_____
Q2. Sex of patient	1. Male 2. Female
Q3. Number of antibiotics prescribed (Indicate number)	_____

Section B: Define Daily Dose, and Antibiotic Prescription	
Q4. Prescription of antibiotics	1. Yes 2. No If no, end.
Q5. If yes in Q4,	
Q5a. What is the name of the antibiotic prescribed?	_____
Q5b. Indicate the Daily define dose (mg)	_____
Q5c. Indicate route of administration	_____
Q5d. Indicate category of antibiotics	_____
Q5e. Indicate type of antibiotics	_____

Section C: Diagnosis	
Q6. What is the diagnosis for the prescribed antibiotics?	_____

Antibiotic	Response

	1. Yes	2. No
Q7a.Erythromycin		
Q7b. Penicillin		
Q7c. Ciprofloxacin		
Q7d. Co-trimoxazole		
Q7e. Other specify _____		

Section D: Prescriber, enabling, and facility factors that influence antibiotic prescribing practices of clinicians	
Q8. Gender	1. Male 2. Female
Q9. What is your profession?	1. Doctor 2. Physician Assistant 3. Other specify _____
Q10. For how many years have you been practicing as a prescriber?	_____
Q11. How many patients do you see on average per day at this facility?	_____
Q12. How long does it take to see a patient on the average?	_____
Q13. Have you received training on RUM standards?	1. Yes 2. No
Q14. If yes, how often must training be conducted?	1. Once every 3 months 2. Once every 6 months 3. Once every year 4. Other (specify)
Q15. Do you have a drug information unit (DIN) in this facility?	1. Yes 2. No
Q16. Do you have a Drug and Therapeutic Committee (DTC) in this facility?	1. Yes 2. No

Q17. Have you had an encounter with clients who demanded or preferred the following, even though they were not needed	1. Antibiotics 2. Injections 3. Branded products 4. Haematinics 5. Other (specify)_____

Q18. Could you please tick from the list below the reasons why prescribers may not be fully adhering to RUM standards?

Item	Response	
	1. Yes	2. No
Q18a. Complexities of disease		
Q18b. Patience demand		
Q18c. Workload		
Q18d. Late presentation of laboratory results		
Q18e. Patient satisfaction		
Q18f. Frequently visits by medical representatives		
Q18g. Peer influence		
Q18h. Desire to experiment new drugs		
Q18i. Patient's belief		