SUPPLEMENTARY FILE 1 – INTERVIEW QUESTIONNAIRE

Study title: Antimicrobial resistance in Burundi: a mixed-methods protocol for assessing prevalence, risk factors and association with infection prevention and control

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Version: 1.0 – Field version

PATIENT IDENTIFICATION

Unique Patient Number (UPN) : ……..

Inclusion date : …… **/ …… / 202…..**

Interviewer code (1=A, 2=B, 3=C) : ……

SECTION 1 – INFORMED CONSENT

Read to the patient before starting the interview.

1. The patient or their representative has received complete information about the study (objectives, procedures, risks, benefits). □ Yes □ No
2. The patient or their representative has agreed to participate voluntarily in the study. □ Yes □ No
3. The patient authorizes the interviewers to access their medical records and perform microbiological samples. □ Yes □ No

If question 2 is No, stop the interview. Thank the patient.

SECTION 2 – ELIGIBILITY

To be completed by the interviewer based on inclusion criteria.

1. The patient is aged 5 years or older. □ Yes □ No
2. The patient has clinical signs of bacterial infection (fever ≥38.5°C, hypothermia <36°C, clinically identifiable infectious focus). □ Yes □ No
3. A microbiological sample is indicated or already performed (blood, urine, pus, sputum, CSF). □ Yes □ No

PATIENT ELIGIBLE (questions 1, 2, 3= Yes) : □ Yes □ No *(If No, stop)*

SECTION 3 – SOCIODEMOGRAPHIC DATA

1. Age (completed years) : ….. years
2. Sex : □ Male □ Female
3. Residence area : □ Urban □ Semi-urban □ Rural

4. Occupation : □ Farmer □ Merchant □ Civil servant □ Worker □ Student □ Housewife □ Unemployed □ Other : _____

SECTION 4 – ANTIBIOTIC EXPOSURE (last 3 months)

1. In the last 3 months, have you taken any antibiotics (tablets, syrup, injections)? □ Yes □ No □ Unknown
2. If yes, how did you obtain them?
   □ Medical prescription □ Over-the-counter purchase (self-medication) □ Gift from a relative □ Leftover from old prescription □ Unknown

SECTION 5 – MICROBIOLOGICAL SAMPLE (to be completed by the interviewer from medical records)

1. Type of sample collected :
   □ Blood culture □ Urine (urinalysis) □ Pus □ Sputum □ Cerebrospinal fluid (CSF) □ Other : _____
2. Date of sample collection : …….. **/ …… / 202[**]
3. Culture result : □ Positive □ Negative □ Contaminated
4. Bacteria identified (if culture positive) :
   □ Escherichia coli □ Klebsiella pneumoniae □ Staphylococcus aureus □ Pseudomonas aeruginosa □ Other : _________

SECTION 6 – MULTIDRUG-RESISTANT BACTERIA (MDR) – PRIMARY OUTCOME VARIABLE

1. Does the isolated bacteria show resistance to at least three different antibiotic classes?
   □ Yes □ No □ Not applicable (negative or contaminated culture)

Source: Antibiogram performed according to EUCAST guidelines.

SECTION 7 – PATIENT OUTCOME (to be completed at discharge)

1. Admission date : …… **/ …… / 20…**
2. Discharge date : …… **/ …… / 20…**
3. Total length of hospital stay (calculated) : ……days
4. Discharge status :
   □ Recovery □ Improvement □ Transfer □ Discharge against medical advice □ Death

CERTIFICATION BY THE INTERVIEWER

I, the undersigned [Full name], certify that this form has been completed in accordance with the validated protocol and that the principles of confidentiality and informed consent have been respected.

Interviewer signature : ……

Completion date : …… **/ …… / 20…**

ANNEX – ANTIBIOGRAM RESULTS (to be completed by the laboratory technician)

Antibiotic	Susceptible (S)	Resistant (R)	Intermediate (I)	Not tested
Amoxicillin	□	□	□	□
Amoxicillin + clavulanic acid	□	□	□	□
Ceftriaxone	□	□	□	□
Gentamicin	□	□	□	□
Ciprofloxacin	□	□	□	□
Cotrimoxazole	□	□	□	□

MDR (≥3 classes) : □ Yes □ No

Laboratory technician name : ……

Signature : ……..

Date : …… **/ …… / 20…**