

RACE (Choosing the Right Antibiotic: Experts Perspectives on Co-Amoxiclav and Cefuroxime and Managing Common Infections) Study

1. According to your practice, what is the most common infection encountered in the general population?
 - a) Respiratory infections
 - b) Urinary tract infections
 - c) Skin and soft-tissue infections
 - d) Gastrointestinal infections
 - e) Dental infections
 - e) Any others, please specify _____
2. In your clinical practice, how often do you prescribe antibiotics based on local antibiogram data?
 - a) Always
 - b) Often
 - c) Sometimes
 - d) Rarely
3. In your clinical practice, how often do you prescribe antibiotics empirically before obtaining culture results?
 - a) Always
 - b) Often
 - c) Sometimes
 - d) Rarely
4. In your clinical practice, how frequently do you use amoxicillin as empiric therapy for suspected Gram-positive infections?

- a) Always
- b) Very Often
- c) Sometimes
- d) Rarely
- e) Never

5. According to your clinical practice, what is the most common organism that you see with Gram-positive infections?

- a) *S. pneumoniae*
- b) *Streptococcus pyogenes*
- c) *S. aureus*
- d) Any others, please specify _____

6. In which of the following indications, do you often recommend Co-amoxiclav in your practice? (Tick all that applicable)

- a. Streptococcal pharyngitis
- b. Bacterial sinusitis
- c. Acute otitis media
- d. Community-acquired pneumonia
- e. Cellulitis
- f. Any others, please specify _____

7. In patients without comorbidities, what is the most preferred choice of empiric antimicrobial therapy in adult CAP in your practice?

- a) Co-amoxiclav
- b) Cefuroxime
- c) Azithromycin
- d) Cefpodoxime
- e) Clarithromycin

8. In your clinical practice, what is the most preferred choice of empiric antimicrobial therapy in adult CAP patients with comorbidities?

- a) Co-amoxiclav
- b) Cefuroxime

- c) Cefpodoxime
- d) Macrolides
- e) Doxycycline

9. According to your clinical practice, what is the most preferred empiric antimicrobial therapy in adult CAP patients admitted to the non-ICU unit?

- a) Ceftriaxone with macrolide/ doxycycline
- b) Cefotaxime with macrolide/ doxycycline
- c) Co-amoxiclav with macrolide/ doxycycline
- d) Any others, please specify _____

10. According to your clinical practice, what is the most common challenge that you face while prescribing antibiotics?

- a) Antibiotic resistance
- b) Patient non-compliance
- c) Drug availability
- d) Side effects
- e) Any others, please specify _____

11. What is your approach when a patient does not respond to initial antibiotic therapy in your practice?

- a) Switch to a broader spectrum antibiotic
- b) Obtain culture and sensitivity results
- c) Add a combination therapy
- d) Increase the dose
- e) Any others, please specify _____

12. In your practice, how often do you encounter multi-drug-resistant bacterial infections?

- a) Frequently

b) Occasionally

c) Rarely

d) Never

13. In your clinical practice, what is the most preferred antibiotic among diabetic patients with mild to moderate Cellulitis?

a) Cefazolin +/- Clindamycin

b) Cephalexin +/- Clindamycin

c) Co-amoxiclav +/- Clindamycin

d) Any others, please specify _____

14. According to your clinical practice, what is the most preferred duration of antibiotic therapy among diabetic patients with uncomplicated Cellulitis?

a) 5 Days

b) 7 Days

c) 10 Days

d) 14 Days

15. How do you counsel patients towards the appropriate usage of antibiotics. Please elaborate in 2 to 3 sentences

16. In your clinical practice, what proportion of patients were developed with Surgical site infections (SSIs)?

a) Less than 5%

b) 5-10%

c) 11-20%

d) 21-30%

e) More than 30%

17. What is the most common organism involved in causing SSIs in your practice?

- a) Staphylococcus aureus
- b) Enterococcus spp.
- c) Escherichia coli
- d) Proteus spp.
- e) Any others, please specify _____

18. In your clinical practice, how frequently do you use cefuroxime as the preferred prophylactic antibiotic in surgery units for minimal access/laparoscopic surgeries?

- a) Always
- b) Very Often
- c) Sometimes
- d) Rarely
- e) Never

19. What are the advantages of using Cefuroxime for surgical prophylaxis in your clinical practice? (Tick all that applicable)

- Single-dose usage
- Long-duration sequential prophylaxis
- Easy to switch to oral Cefuroxime
- Cost effective
- Any others, please specify _____

20. According to your clinical practice, which antibiotics do you find more effective for respiratory tract infections?

- a) Co-amoxiclav
- b) Cefuroxime
- c) Both are equally effective

21. In your clinical practice, what is the most common factor influencing your choice between Co-amoxiclav and Cefuroxime?

- a) Bacterial susceptibility
- b) Patient tolerance
- c) Cost-effectiveness

d) Availability

e) Any others, please specify _____

22. Have you received any adverse drug reactions for Co-Amoxiclav?

- a. Yes
- b. No
- c. Any other, please specify _____

23. Please specify if any commonly reported adverse drug reactions for Co-Amoxiclav?

24. In your experience, how do you rate the outcomes for patients with Co-Amoxiclav on a 5-point scale [global improvement scale]

- a. no change
- b. slight improvement
- c. moderate improvement
- d. marked improvement
- e. Worsening

25. In your perspective, how compliance packages are important in preventing antibiotic misuse among patients? Describe the same in 2-3 sentences.
