

If no answer on a question leave that cell blank.

Survey

Graduation year from medical school YYYY

Age YY

Your gender Female **F** Male **M**
 Your position GP Consultant **C** GP Registrar **R**

My decision to start antibiotics would in most cases of patients with a sore throat be based on (one option per row):

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	5	4	3	2	1
1 a History of co morbidities affecting immunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 b History with indicative acute symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 c Patient's wish to get antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 d Physical findings at examination (except fever)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 e Fever >38 degrees Celcius	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 f Bloods with high leucocyte count, ESR, CRP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 g Findings of bacteria from throat swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A 25 year old man presents with a 3 day history of sore throat and no cough. Physical examination shows red tonsils with a tonsillar exudate, tender anterior lymph nodes and temperature of 38.3 deg Celsius. Your colleague sent a throat swab yesterday and is now unable to review the results. **I would prescribe antibiotics if the throat swab showed growth of** (one option per row):

	Yes definitely	Yes probably	Probably not	Definitely not	I have never heard of this bacterium
	4	3	2	1	0
2 a Group A Streptococcus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 b Group C Streptococcus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 c Group G Streptococcus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 d Fusobacterium Necrophorum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 e Hemophilus Influenzae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 f No pathogenic bacteria found	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A 10 year old girl presents with the same history and physical examination as described in the above scenario. **I would prescribe antibiotics if the throat swab showed growth of** (one option per row):

	Yes definitely	Yes probably	Probably not	Definitely not	I have never heard of this bacterium
	4	3	2	1	0
3 a Group A Streptococcus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 b Group C Streptococcus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 c Group G Streptococcus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 d Fusobacterium Necrophorum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 e Hemophilus Influenzae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 f No pathogenic bacteria found	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to fill out our survey.