

Supplementary materials for:

Mangione-Smith R, Zhou C, Robinson JD, Taylor JA, Elliott MN, Heritage J. Communication practices and antibiotic use for acute respiratory tract infections in children. *Ann Fam Med*. 2015;13(3):221-227.

APPENDIX 1

Physician Post-Visit Checklist Study ID#: _____

1) Please complete this checklist immediately after each visit with a study parent and child. Unless otherwise noted, please **check all** categories that apply to this visit.

Symptoms: (Check all that apply)

____ Fever ____ Sore throat ____ Headache
____ Cough ____ Poor appetite ____ Facial Pain
____ Congestion/runny nose ____ Not sleeping well ____ Other symptoms
____ Ear pain ____ Vomiting
____ Ear tugging ____ Stomach Ache If other, please specify: _____

Physical Examination Findings: (Check all that apply)

____ Fever (measured or by report) ____ Abnormal Tympanic Membranes
____ Cervical Lymphadenopathy ____ Pharyngeal Erythema
____ Purulent Eye Drainage ____ Pharyngeal Exudates
____ Scleral/Conjunctival Injection ____ Rales
____ Purulent Rhinorrhea ____ Rhonchi
____ Clear Rhinorrhea ____ Wheezing
____ Rash ____ Other: _____
(please specify)

Diagnosis: (Check all that apply)

____ Acute Otitis Media ____ Mycoplasma Infection ____ Viral Bronchitis
____ Asthma ____ Otitis Externa ____ Viral Pharyngitis ____ Bacterial Bronchitis ____ Otitis Media with
____ Viral Pneumonia
____ Bacterial Pneumonia Effusion ____ Viral Stomatitis
____ Bronchiolitis ____ Streptococcal Pharyngitis ____ Viral Upper Respiratory ____ Conjunctivitis ____ Sinusitis
Tract Infection
____ Croup
____ Other: _____

(please specify)

Treatment Prescribed or Recommended: (Check all that apply)

____ Analgesic/Antipyretic ____ Combination Antihistamine/Decongestant ____ Beta-Agonist
____ Antihistamine ____ Cough Medicine ____ Ophthalmic Antibiotic Drops or Ointment
____ Antibiotic ____ Decongestant ____ Other _____
____ Antibiotic prescription provided, but (please specify) parent told not to fill before further contact

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.

PLEASE GIVE YOUR COMPLETED SURVEY TO ONE OF THE RESEARCH ASSISTANTS WHEN YOU ARE DONE.