

Additional File 1. Questionnaire used to collect data

Part 1. Information on Socio-Demographics:

1. Respondent's ID:
2. Age (years): _____
3. Sex: Male Female
4. Address: Village: _____
Union: _____
Upazilla: _____
District: _____
5. Education
 Below SSC/secondary school (please specify years of schooling) _____
 SSC/ Secondary school or equivalent
 HSC/ Higher secondary school or equivalent
 Bachelor (please mention the subject of study) _____
 Masters (please mention the subject of study) _____
6. Professional qualification (multiple response allowed)
 LMAF BRMP DMF/MATS Paramedical
 Palli Chikitshok (PC) Others (Please specify) _____
7. Duration of practice (in year): _____
8. Rank the following diseases on a scale of 1-10 depending on your encounter
(the disease you encounter most should be ranked 1, and the least should be ranked 10)
Diarrhoea _____
Diabetes _____
Common cold _____

Hypertension _____

Pneumonia _____

Asthma _____

Typhoid _____

Trauma _____

UTI _____

Others _____ please specify _____

9. What are the tools you have now in your chamber for consulting with a patient?

(multiple response)

Stethoscope BP machine Weight machine Torch

Thermometer Nebulizer Glucometer

Surgical instruments for stitching Arrangement for handwashing

Part 2. Practice pattern of rural medical practitioners

1. Where do you usually consult patients?

- Own chamber Own drugstore Other's drugstore Own house
 Others (please specify)_____

2. How many patients do you consult on average in a day? _____

3. How do you treat common cold?

- I do not prescribe antibiotics for common cold
 I prescribe a single antibiotic (please specify)_____
 I prescribe multiple antibiotics (please specify)_____

4. Which of the following are the signs of pneumonia (multiple response possible)

- Cough Difficulty breathing Fast breathing Fever
 Chest indrawing Other (please specify)_____

5. How do you treat pneumonia? (multiple response)

- I do not prescribe antibiotics for pneumonia
 I prescribe antibiotics for pneumonia
- I prescribe amoxicillin as the first line of treatment
 - I prescribe ceftriaxone as the first line of treatment
 - I prescribe various antibiotics both oral and injectables (please specify)_____
- I prescribe salbutamol for pneumonia
 I prescribe steroids for pneumonia (please specify)_____
 I prescribe antihistamine for pneumonia
 I prescribe other drugs for pneumonia (please specify)_____
 I refer severe cases to hospital or qualified providers

6. Which of the following are signs of dehydration?

- Lethargic appearance Sunken eyes Thirsty
 Delayed skin pinch Others (please specify)_____

7. How do you treat diarrhoea? (multiple response)

- I prescribe ORS for diarrhoea
 I prescribe cholera saline for diarrhoea
 I prescribe antibiotics for diarrhoea (please specify)_____
 I prescribe antiprotozoal for diarrhoea (please specify)_____
 I prescribe both antibiotic and antiprotozoal together for diarrhoea
 I prescribe antiemetic for diarrhoea (please specify)_____
 I prescribe other drugs for diarrhoea (please specify)_____
 I refer severe cases to hospital or qualified provider