

File S1. Questionnaire

Antibiotic prescription in endodontic infections - questionnaire

1. Gender: Male Female
2. Age (yrs): 25–35 36–45 46–55 56–65
3. Academic degree: doctor of dentistry master of endodontics master in other branch of dentistry
4. Which antibiotic do you prescribe most often for an adult patient with no medical allergies?
 - Amoxicillin (Amoksicilin®, Ospamox®, Sinacillin®): 250 mg 500 mg 1000 mg
 - Amoxicillin+Clavulanic acid (Amoksiklav®, Augmentin®, Betaklav®, Klavobel®, Panklav®):
 500+125 mg 875+125 mg 1000+62.5 mg
 - Clindamycin (Clindamycin MIP®): 300 mg 600 mg
 - Azithromycin (Azitromicin®, Sumamed®, Hemomycin®, Azibiot®): 250 mg 500 mg
 - Metronidazole (Orvagyl®): 250 mg 400 mg
 - Other: _____
5. When you prescribe antibiotics, how long is the duration of treatment:
 - 3 days
 - 5 days
 - 7 days
 - 10 days
 - until symptoms disappear
6. Which antibiotic do you prescribe most often for an adult patient with no allergies to penicillin?
 - Clindamycin (Clindamycin MIP®)
 - Azithromycin (Azitromicin®, Sumamed®, Hemomycin®, Azibiot®)
 - Metronidazole (Orvagyl®)
 - Erythromycin (Eritromicin HF®)
 - Tetracycline (Amracin®)
 - Other: _____
7. In which situations do you prescribe antibiotics (more than one answer is allowed):
 - irreversible pulpitis (pain, no other symptoms of infection)
 - pulp necrosis (non-vital teeth, widening of periodontal space)
 - acute apical periodontitis (pain, pain to percussion, widening of periodontal space)
 - chronic apical abscess (widening of periodontal space, teeth with sinus tract)
 - acute apical abscess with no systemic involvement (localized fluctuant swellings)
 - acute apical abscess in medically compromised patients (localized fluctuant swellings, patient with systemic disease causing impaired immunologic function)
 - acute apical abscess with systemic involvement (localized fluctuant swellings, elevated body temperature >38 °C, malaise, lymphadenopathy, trismus)
 - progressive infections (rapid onset of severe infection/within 24 h, cellulitis)
 - persistent infections (osteomyelitis, chronic exudation)
 - post-operative pain
 - always during endodontic treatment
 - perforation

Thank you for your collaboration!