

Data Sharing Statement

Article Info	http://dx.doi.org/apm-21-1295	
Item	Question	Authors' Response (place "-" if not applicable)
1	Would you like to share data collected for your study to others?	YES.
2	If not, would you like to share the reason for your decision?	-
3	What data in particular will be shared?	All data will be shared.
4	Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	Study protocol, informed consent form will also be shared if requested.
5	When will data availability begin?	From the publication date.
6	When will data availability end?	Two years within the publication date.
7	To whom will you share the data?	Pharmacist who are interested in studies KAP of medication among residents.
8	For what type of analysis or purpose?	For analysis to KAP of medication among residents.
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: yuxia106092@126.com.
10	Any other restrictions?	We may balance the potential benefits and risks for each request and then provide the data that could be shared.