



Department of Health and Human Services  
Centers for Disease Control and Prevention

## Section 1: Background:

Please complete the following background information about your facility.

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA  
30333, U.S.A  
Tel: (404) 639-3311 / Public Inquiries: (404) 639-3534 / (800) 311-3435



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Date of survey completion (mm/dd/yyyy):

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State of facility:

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Which of the following entities are found within your facility (check all that apply)?

Acute (short term) inpatient care facility (for example, acute care hospital)

Long term inpatient care facility (for example, nursing home or rehabilitation facility)

Ambulatory care facility (for example, urgent care center or doctor's office)

Other, describe

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In the past year, what is the total number of staff working in infection control at your facility? Please describe using full-time equivalents (for example, if a facility had one full-time person and 1 half-time person, this would equal 1.5 staff members).

**Don't know**

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In 2007, how many active hospital beds does your facility have?

**Don't know**

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In 2007, how many active adult Intensive Care Unit beds (ICU) does your facility have?

**Don't know**

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In 2007, how many active non-ICU pediatric beds does your facility have?

**Don't know**

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Is your facility a teaching facility (for this survey that means your facility has physicians-in-training and/or nurses-in-training providing care to patients)?

Yes

Yo

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