Form Approved
OMB No. **0920-0852**
Exp. Date 05/31/2013
Form Approved
OMB No. **0920**-XXXX
Exp. Date xx/xx/20xx

2011 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY

PRIMARY TEAM / EIP TEAM DATA COLLECTION FORM

CDC ID: ☐☐-☐☐☐☐☐ **Survey date:** ☐☐/☐☐/☐☐☐☐ **Data collector initials:** _____

I. Identifiers *(for Primary Team and EIP Team use only; identifiers are not transmitted to CDC)*

Patient name: _____ (Last, First, MI)

Date of birth: ☐☐/☐☐/☐☐☐☐

Hospital name: _____

Hospital unit name: _____

Room number: _____

Medical record no.: _____

II. Demographics

Age: _____ ☐years ☐months ☐days

Admission date: ☐☐/☐☐/☐☐☐☐

Gender: ☐M ☐F ☐Unknown

CDC location code: _____

Race *(check all that apply)*:

☐American Indian or Alaska Native
☐Black or African American
☐Native Hawaiian or other Pacific Islander
☐Asian
☐White
☐Other race
☐Unknown

Ethnicity:

☐Hispanic or Latino
☐Not Hispanic or Latino
☐Unknown

III. Risk factors *(in place on the survey date)*

Urinary catheter:	☐No ☐Yes ☐Unknown	
Ventilator:	☐No ☐Yes ☐Unknown	
Central line:	☐No ☐Yes →	*If "Yes," check all that apply:*
	☐Unknown	☐PICC ☐Femoral line ☐Other central line ☐Unknown

IV. Antimicrobials

On antimicrobials on the survey date <u>or</u> the calendar day prior to the survey date:	☐No ☐Yes ☐Unknown
****Qualification for hemodialysis and peritoneal dialysis patients ONLY*****	☐NA, not a dialysis patient
On <u>any</u> of the following antimicrobials in the <u>4 calendar days prior to the survey date</u>: vancomycin, amikacin, gentamicin, tobramycin, streptomycin, kanamycin →	☐No ☐Yes ☐Unknown

FORM IS COMPLETE

Public reporting burden of this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-0852.

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