2014 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY PATIENT INFORMATION FORM



| CDC ID: Data collector initials: | | | |
|---|--|--|--|
| If data collected on survey date, enter data collection time: ampm | | | |
| OR □Data collection done retrospectively | | | |
| 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. Demographic information | | | |
| Age: | | | |
| Gender: M F Unknown CDC location code: | | | |
| American Indian or Alaska Native White Black or African American Other race | Ethnicity: Primary Payer: Hispanic or Latino Medicare Self-pay Not Hispanic or Medicaid No charge Latino Private Other Unknown insurance Unknown | | |
| III. Weight and height | | | |
| For infants in neonatal locations (e.g., CC-NURS, CCS-NURS, S-NURS, W-NURS, W-LDRP): Birthweight: pounds ounces OR grams ORBirthweight unknown | | | |
| For other patients: BMI: OR | | | |
| IV. Devices | | | |
| Urinary catheter: No Yes Unknown Ventilator: No Yes Unknown | | | |
| Central line: No Yes Unknown If "Yes," indicate how many lines: 1 line >1 line Unknown | | | |
| V. Antimicrobials | | | |
| Antimicrobials administered <u>or</u> scheduled to be administered: On the survey date: No Yes Unknown | | | |
| On the day before the survey date: No Vas Unknown | | | |

Public reporting burden of this collection of information is estimated to average 17 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 Information Collection Reduest Office. 1600 Clifton Road NE. MS D-74. Atlanta. Georgia 30333: ATTN: PRA (0920-XXXXX).

| 2011 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY: <u>EIP TEAM</u> ANTIMICROBIAL USE FORM | | |
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2014 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY PATIENT INFORMATION FORM

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Form Approved
PMR NappRRACTXXXX
EXTRE RATE 0926 X20 XX
Exp. Date xx/xx/20xx

| EDC ID: | Data collector initials: |
|--|-----------------------------------|
| VI. Follow-up information | |
| Enter date of follow-up data collection: | |
| Hospital discharge date: | ck one: Unknown Still in hospital |
| Patient outcome at time of hospital discharge: Survived Died Unknown Still in hospital | |

FORM IS COMPLETE