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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section A**:**  for all residents on the day of the survey | | | | | |  | Section B**:** only complete if response to 4 = **Y**  For 8 to 18 Write **Y** if the condition is TRUE ON THE DAY OF THE SURVEY | | | | | | | | | | | | | | | Section C: To be completed by NH Team Lead or EIP Team | | |
| CDC Resident ID | | For local use, will not be transmitted to CDC | | Admission date, mm/dd/yyyy | Present in the facility | Age in years | Race | Ethnicity | Male gender | Short stay | Diabetes | Receiving dialysis | Wheelchair bound or bedridden | INDWELLING urinary catheter (Foley) | Use of other urinary device (not a Foley) | Central line | Tracheostomy tube | Ventilator | Percutaneous Gastrostomy/ Jejunostomy (PEG/PEJ) tube | Pressure ulcer | Receiving wound care | Receiving systemic antimicrobial(s) | Condition that *may* indicate presence of infection | If 20a = Y, condition(s) present |
| Room, bed number | Resident name |
| **1** | **2** | **3** | **4** | **5** | **6a** | **6b** | **7** | **8** | **9** | **10** | **11** | **12a** | **12b** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20a** | **20b** |
| XX-XX-001 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| XX-XX-002 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| XX-XX-003 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| XX-XX-004 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| XX-XX-005 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| XX-XX-006 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| XX-XX-007 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| XX-XX-008 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| XX-XX-009 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| XX-XX-010 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 6a. Race response options: **A**merican Indian or Alaska Native,  **As**ian, **B**lack or African American, **N**ative Hawaiian/Other Pacific Islander, **W**hite  6b. Ethnicity response options: **H**ispanic/Latino , **No**t Hispanic/Latino  20b. Only complete if 20a=Y. Use the instructions to indicate which conditions are present | | | | | | | | | | | | | | | | | | | | | | | |
|  | Public reporting burden of this collection of information is estimated to average 15 minutes per response (one row) or 150 minutes for all 10 rows, 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 Request Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX). | | | | | | | | | | | | | | | | | | | | | | | |

Facility ID: \_\_\_\_- \_\_\_\_ Survey Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Data Collectors Initials: \_\_\_\_\_\_\_\_\_\_\_\_

location name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location Type: \_\_\_\_\_\_\_\_\_\_\_\_ Total beds (occupied + non-occupied): \_\_\_\_\_