HAI & ANTIMICROBIAL USE PREVALENCE SURVEY ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 1: CASE ELIGIBILITY

CDCID:	Data collector initials:
Instructions: Refer to question 5 on the Antimicrobial Use Form (AUF); comple "Not applicable based on AUF" if the patient is not eligible based on question 5	
A. Patient age eligibility	
1. Was the patient ≥1 year old on the survey date or day prior? ☐No → NOT eligible for ANY AQUA Form. Go to HAI Form. ☐Yes → MAY be eligible for one or more AQUA Forms.	
B. VANCOMYCIN eligibility	☐Not applicable based on AUF
2. Patient ≥1 year old <u>and</u> received vancomycin IV for infection treatment on the ☐No → NOT eligible for AQUA Vancomycin Form. ☐Yes → Eligible for AQUA Vancomycin Form.	survey date or day prior?
C. FLUOROQUINOLONE eligibility	☐Not applicable based on AUF
3. Patient ≥18 years old <u>and</u> received a fluoroquinolone for infection treatment on the substitution of	on the survey date or day prior?
D. COMMUNITY-ACQUIRED PNEUMONIA (CAP) eligibility	☐Not applicable based on AUF
 4. In patients ≥1 year old given an antimicrobial drug(s) for site code "PNE" with or day prior, is there documentation in the medical record of any of the followin Nursing home or long term care facility or long term acute care hospital residence Hospitalized ≥2 days in the 90 days prior to admission Received IV antimicrobials in the 30 days prior to admission Received cancer chemotherapy in the 30 days prior to admission Chronic hemodialysis Home mechanical ventilation AIDS Solid organ, bone marrow, or stem cell transplant Long-term (>30 days) high-dose corticosteroid or other immunosuppressive treatm Other congenital or acquired immunodeficiency Cystic fibrosis None 5. Based on question 4, confirm patient eligibility for the AQUA CAP Form. □≥1 condition checked in question 4 → NOT eligible for AQUA CAP Form. □*None* checked in question 4 → Eligible for AQUA CAP Form. 	ng conditions? prior to survey hospital admission nent
E. URINARY TRACT INFECTION (UTI) eligibility	☐Not applicable based on AUF
6. Patient ≥1 year old <u>and</u> site code "UTI" with onset "C," "L" or "O" for any ant date or day prior? ☐No → NOT eligible for AQUA UTI Form. ☐Yes → Eligible for AQUA UTI Form.	imicrobial drug on the survey
F. AQUA eligibility summary	
7. Check all AQUA Forms that need to be completed for this patient:	□None
 ☐ If "None" is checked in question 7 → Antimicrobial use data collection is complete. ☐ If any of the AQUA Form boxes are checked in question 7 → Complete AQUA Form Assessment, then complete the appropriate AQUA Forms 3a-3d. HAI Form also realized. 	m 2: General Patient

FORM IS COMPLETE

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY

ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 2: GENERAL PATIENT ASSESSMENT

OC ID:			Dat	te:/_			Data col	lector initials:
Healthcare exposu	ıres							
1. Indicate the loca Private residence Other 2. In the 30 days p	e □Long t ———— rior to adm	erm care/S ission to	the surv	LTACH []/ Unknown rey hospital,	Another acu	tient receive (al ⊟Home	eless
■None ■Unkno	wn							
3. Was the patient ☐ Yes ☐ No ☐	hospitalize Unknown	ed in an ac	cute car	e hospital fo	r ≥2 days i	n the 90 days	prior to thi	s admission?
Antimicrobial aller	gies							
4. Is an antimicrob 4a. If yes, specify o	_			ch patient is			_	own
Drug class	Nausea, vomiting and/or diarrhea	Hives or urticaria	Other skin rash	Wheezing, throat tightness, trouble breathing	Angio- edema or face swelling	Anaphylaxis	Not specified	Other (specify)
□Penicillins	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	☐Yes
☐Cephalosporins	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
☐Sulfa drugs	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
□Macrolides	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
□Fluoroquinolones	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
□Vancomycin	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
Other (specify):	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
Underlying conditi	ons							
5. Check all that ap	oply:	None: 🗌	Unk	nown: 🗌				
AIDS Alcoholism in past you Asplenia Asthma Cerebrovascular disciplinaria di disciplinaria disciplinaria disciplinaria disciplinaria disciplinaria disciplinaria discip	ease/stroke (e ficit ase e) coulmonary disc e (other than C her immunosu act abnormalit ease lure sease	ease (COPD) COPD/emphy ppressive the y (not VUR)	egia) n/emphysei sema, asth	Kidr Leu Lym MR: Myc Myc Pep Peri Ma Sick Smo Soli Spir Trar Trar Urei Urin Uros	sphoma or mulsiand phoma or mulsiand phoma or mulsiand phoma of the color disease pheral vascular gnancy urrent cystitis de cell disease bking in home oking in past y d tumor malignal cord injury asplant, hemansplant, solid deral stent	Itiple myeloma n or infection historion blute neutrophil co se ar disease or urinary tract infe or living environm ear (patient) nancy, metastatic nancy, not metasta or paraplegia or qu topoietic stem cell organ ormality, not otherw rostomy	ection ent (other than (not urologic/re atic (not urologi uadriplegia or bone marror	patient) nal) c/renal)

CDC	ID:							
Infec	tions pres	ent during the hospit	talization					
6. Co	mplete tab	ole:	No infections	s: 🗌				
No.	Infection (code)	Onset date	Signs an		locumented in all that apply)	medical record		Was infection treated with antimicrobials?
1		☐ Before hospitalization☐ Hospital days 1-2☐ On/after hosp day 3☐ In hospital, day unk☐ Unknown	Cough or dyspnea Diarrhea Fever Hypotension Unknown	☐Mental sta ☐Nausea o ☐Pain at inf ☐Positive ir ☐None	r vomiting fection site naging	☐Pus, drainage, ☐Redness or sw ☐Urinary frequer ☐Urinary urgenc ☐Other_	elling ncy /	□Yes □No □Unknown
2		☐ Before hospitalization☐ Hospital days 1-2☐ On/after hosp day 3☐ In hospital, day unk☐ Unknown	Cough or dyspnea Diarrhea Fever Hypotension Unknown	☐Mental sta☐Nausea o☐Pain at inf☐Positive ir☐None	r vomiting fection site naging	☐ Pus, drainage, ☐ Redness or sw ☐ Urinary frequer ☐ Urinary urgency ☐ Other_	elling ncy y	□Yes □No □Unknown
3	 SSI? □Y	☐ Before hospitalization☐ Hospital days 1-2☐ On/after hosp day 3☐ In hospital, day unk☐ Unknown	Cough or dyspnea Diarrhea Fever Hypotension Unknown	☐Mental sta ☐Nausea o ☐Pain at inf ☐Positive ir ☐None	r vomiting fection site naging	☐ Pus, drainage, ☐ Redness or swell ☐ Urinary frequer ☐ Urinary urgency ☐ Other	elling ncy /	□Yes □No □Unknown
4		☐ Before hospitalization☐ Hospital days 1-2☐ On/after hosp day 3☐ In hospital, day unk☐ Unknown	Cough or dyspnea Diarrhea Fever Hypotension Unknown	☐Mental sta☐Nausea o☐Pain at inf☐Positive ir☐None	r vomiting ection site naging	☐ Pus, drainage, ☐ Redness or sw ☐ Urinary frequer ☐ Urinary urgency ☐ Other_	elling ncy	□Yes □No □Unknown
		s than fit in the table: BSI, CDI, CNS, CVI, DIS, I		DNE DED S	ST LIND LINK	LITI		
	erity of illne		INT, GTI, FILD, IAD, EK	i, FINL, NLF, S	IST, UND, UNK	, 011		
Seve	illy of fillie	:55						
		ent in an ICU at any t		spitalizatio	n? □Yes	□No □Unl	cnown	
IC	CU admissi	t he dates of the first on date://	t ICU admission du or □Unknowr	iring the ho	spitalizatio	n:		r Unknown
IC	CU admission	on date:// e table using data fro	m the first 24-hou	r period of	ospitalizatio discharge da treatment d	n: ate:/ uring the hos	_/ or	on:
8. Co	CU admission	on date: / /	m the first 24-hou	r period of	ospitalizatio discharge da treatment d	n: ate: /	_/ or	
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Resp. High. Lowe High. Lowe High. Lowe High. Lowe High. Lowe BP: L	perature: est: est: est rate: est resp rate: est PaCO ₂ : manical vent: count: est: est:	e table using data fro First day, CAP treatm	or Unknown methe first 24-houle ent: First day, IV v NA/_/ Unk°C° kbpm kbpm kbpm kmmHg nkYesN or nkmmHg	r period of ancomycin: or NA F or Unk	pspitalization discharge date treatment description de	n: uring the hos uoroquinolone: ' or	/or pitalizatio First day/	y, UTI treatment / or _NA C _°F or _Unk C _°F or _Unk Dopm or _Unk
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HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 3a: VANCOMYCIN CDC ID: Date: Data collector initials: Laboratory testing 1. Complete the table for POSITIVE cultures collected from the date 5 days before vancomycin IV first date (5 days before: / /) through the No positive cultures: Culture data unknown: vancomycin IV last date (/ /): Were pathogens susceptible (S) to Pathogen Antimicrobial Pathogen Test result **Pathogens** susceptible to Pathogen drugs given on ≥1 antimicrobial Collect date susceptible to final date identified oxacillin. susceptible to the DAY the patient was No. Specimen (mm/dd/vv) penicillin or (mm/dd/vv) AFTER the test (insert code) methicillin or vancomvcin? getting the DAY ampicillin? cefoxitin? result was final AFTER the test result was final? □Blood □Stool Drug1 Path1 Path1: \Begin{array}{c} Y \Bigcap N \Bigcap U Path1: \Begin{array}{c} Y \Bigcap N \Bigcap U Path1: \Begin{array}{c} Y \Bigcap N \Bigcap U Path1: DY DN DU □Urine Drug2 Path2: Y N U Path2: Y N U Path2: Y N U Path2: Y N U Path2 Lower resp Drug3 Path3 Path3: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U Other Drug4 ☐Blood ☐Stool Drug1 Path1: ☐Y ☐N ☐U Path1 Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N ☐U □Urine Drug2 Path2: UY NUU Path2: UY NUU Path2: UY NUU Path2: UY NUU 2 Path2 ☐Lower resp Drug3 Path3: TY N U Path3: TY N U Path3: TY N U Path3: TY N U Path3 □Other Drug4 ☐Blood ☐Stool Drug1 Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N ☐U Path1 Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N ☐U □Urine Drug2 3 Path2 Path2: UY NUU Path2: UY NUU Path2: UY NUU Path2: Y N U □Lower resp Drug3 Path3: TY N U Path3: TY TN TU Path3: \square Y \square N \square U Path3 Path3: ☐Y ☐N ☐U □Other Drug4 □Blood □Stool Drug1 Path1 Path1: ☐Y ☐N ☐U Path1: TY N U Path1: ☐Y ☐N ☐U Path1: Y N U Urine Drug2 Path2: TY N U Path2: TY N U Path2: TY N U Path2: TY N U Path2 4 □Lower resp Drug3 Path3: Y N U Path3 Path3: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U □Other Drug4 □Blood □Stool Drug1 Path1 Path1: \Begin{array}{c} Y \Bigcap N \Bigcap U Path1: ☐Y ☐N ☐U Path1: DY DN DU Path1: \Begin{array}{c} Y \Bigcap N \Bigcap U □Urine Drug2 5 Path2: \(\partial\) \(\partial\) \(\partial\) Path2: TY TN TU Path2: TY TN TU Path2: TY TN TU Path2 ☐Lower resp Drug3 Path3: TY N U Path3: TY N U Path3: TY N U Path3: TY N U Path3 Other Drug4 ☐Blood ☐Stool Drug1 Path1: ☐Y ☐N ☐U Path1 Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N ☐U □Urine Drug2 Path2: UY NUU Path2: UY NUU Path2: UY UN UU Path2: DY DN DU 6 Path2 Drug3 □Lower resp Path3: TY TN TU Path3: TY TN TU Path3: Y N U Path3: TY TN TU Path3 Other Drug4 □Blood □Stool Drug1 Path1: □Y □N □U Path1 Path1: ☐Y ☐N ☐U Path1: □Y □N □U Path1: □Y □N □U □Urine Drug2 Path2 Path2: TY N U Path2: TY N U Path2: TY N U Path2: TY N U ☐Lower resp Drug3 Path3: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U Path3: Y N U Path3: ☐Y ☐N ☐U Path3 □Other Drug4 □Blood □Stool Drug1 Path1 Path1: \Begin{array}{c} Y \Bigcap N \Bigcap U Path1: TY N U Path1: TY N U Path1: Y N U □Urine Drug2 Path2: Y N U Path2: Y N U Path2: Y N U Path2: Y N U Path2 □Lower resp Drug3 Path3: Y N U Path3: TY N U Path3: TY N U Path3: TY N U Path3 □Other Drug4 ☐Blood ☐Stool Drug1 Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path1 Path1: ☐Y ☐N ☐U Path1: □Y □N □U Path1: \Begin{array}{c} Y \Bigcap N \Bigcap U □Urine Drug2 Path2: UY NUU Path2: UY NUU Path2: UY NUU Path2 ☐Lower resp Drug3 Path3: TY N U Path3: Y N U Path3: TY N U Path3: TY N U Path3 □Other Drug4 ☐Blood ☐Stool Drug1 Path1 Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N ☐U Drug2 □Urine 10 Path2: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path2 Path2: ☐Y ☐N ☐U □Lower resp Drug3 Path3 Path3: Y N U Path3: TY N U Path3: TY N U Path3: TY N U Other Drug4 More positive cultures than fit in the table:

AQUA Vancomycin_20150227 Page 1 of 2

CDC	ID:					
befor) through the vance	omycin IV last		ys before vancomycin _//:	IV first date (5 days
No.	Collect date (mm/dd/yy)	Specime	n	No.	Collect date (mm/dd/yy)	Specimen
1	//	☐Blood ☐Lower	resp	6	//	□Blood □Lower resp □Urine □Stool □Other
2	//	☐Other		7	/	□Blood □Lower resp □Urine □Stool □Other □
3	//	☐Other		8	/	□Blood □Lower resp □Urine □Stool □Other
4	//	Other		9	/	□Blood □Lower resp □Urine □Stool □Other
5	//	Other		10	/	□Blood □Lower resp □Urine □Stool □Other
More	negative culture	es than fit in the table	9: ∐ ————————————————————————————————————			
3a. If		3, were any MRSA su			ion?	
vance		ate through the vanc		date:		ed from 5 days before
No.	Collect date (mm/dd/yy)	Specimen	Test	What pa	thogen(s) were tested for?	Result
No.		Specimen Blood Lower resp Upper resp Urine Stool Other	Test □PCR □DFA □Antigen test □Other	Legion	ella	Result Negative Unknown Positive (insert code): Path1Path2 Path3
		□Blood □Lower resp □Upper resp □Urine □Stool	□PCR □DFA □Antigen test	Legion Pneum Influen Other Legion Pneum	nella	□Negative □Unknown □Positive (insert code): Path1Path2
1	(mm/dd/yy)	Blood Lower resp Upper resp Urine Stool Other Blood Lower resp Upper resp Upper resp Urine Stool	□PCR □DFA □Antigen test □Other □PCR □DFA □Antigen test	Legion Pneum Influen Other Legion Pneum Influen Other Legion Pneum Influen Other	ella	□ Negative □ Unknown □ Positive (insert code): Path1 Path2 Path3 □ Negative □ Unknown □ Positive (insert code): Path1 Path2 □
2	(mm/dd/yy)	Blood Lower resp Upper resp Urine Stool Other Blood Lower resp Upper resp Urine Stool Other Blood Lower resp Upper resp Urine Stool Upper resp	□PCR □DFA □Antigen test □Other □PCR □DFA □Antigen test □Other □PCR □DFA □Antigen test	Legion Pneum Influen Other Legion Pneum Other Legion Pneum Influen Other Legion Pneum Influen Other	ella	Negative Unknown Positive (insert code): Path1 Path2 Path3 Unknown Positive (insert code): Path1 Path2 Path3 Unknown Positive (insert code): Path3 Unknown Positive Unknown Path3 Drositive (insert code): Path1 Path2
3 4	(mm/dd/yy)/	Blood Lower resp Upper resp Urine Stool Other Othe	□PCR □DFA □Antigen test □Other □PCR □DFA □Antigen test	Legion Preum Other Legion Preum Influen Other Other Influen Other Legion Preum Influen Other Legion Preum Influen Other Influen Other Influen Other Influen In	ella	Negative Unknown Positive (insert code): Path1 Path2 Path3 Path4 Positive (insert code): Path1 Path2
3 4	(mm/dd/yy)	Blood Lower resp Upper resp Urine Stool Other Othe	□PCR □DFA □Antigen test □Other	Legion Preum Other Legion Preum Influen Other Other Influen Other Legion Preum Influen Other Legion Preum Influen Other Influen Other Influen Other Influen In	ella	Negative Unknown Positive (insert code): Path1 Path2 Path3 Path2 Path4 Path2 Path5 Path4 Path2 Path5 Path6
1 2 3 4 5 More Post-5. Wa days	tests than fit in discharge antimas vancomycin IV	Blood Lower resp Upper resp Urine Stool Other Othe	□PCR □DFA □Antigen test □Other □Unk	Legion Pneum Influen Other Legion Pneum Influen Other Legion Pneum Influen Other Legion Pneum Influen Other Cribed to nown	ella	Negative Unknown Positive (insert code): Path1

FORM IS COMPLETE

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	HAI & ANTIM	ICROBIAL USI	E PREVALENC	E SURVEY: AN	ITIMICROBIAL QU	ALITY ASSESSME	NT (AQUA) FORM	3b: FLUOROQU	INOLONE	
CDC I	D:	Da	ate:/		ata collector initial	s: Drugs gi	ven:	cin ∐Levofloxad	in ⊡Moxifloxaciı	
1. Cc	Laboratory testing 1. Complete the table for POSITIVE cultures collected from the date 5 days before fluoroquinolone first date (5 days before:/) through the fluoroquinolone last date (/): No positive cultures: Culture data unknown:									
No.	Specimen	Collect date (mm/dd/yy)	Test result final date (mm/dd/yy)	Pathogens identified (insert code)	Pathogen susceptible to ciprofloxacin?	Pathogen susceptible to levofloxacin?	Pathogen susceptible to moxifloxacin?	Antimicrobial drugs given on the DAY AFTER the test result was final	Were pathogens susceptible (S) to ≥1 antimicrobial the patient was getting the DAY AFTER the test result was final?	
1	☐Blood ☐Stool ☐Urine ☐Lower resp ☐Other	//	//	Path1 Path2 Path3	Path1:	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1:	Drug1 Drug2 Drug3 Drug4	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	
2	☐Blood ☐Stool☐Urine☐Lower resp☐Other☐	//	//	Path1 Path2 Path3	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Drug1 Drug2 Drug3 Drug4	Path1: \(\text{Y} \(\text{N} \) \(\text{U} \) Path2: \(\text{Y} \(\text{N} \) \(\text{U} \) Path3: \(\text{Y} \(\text{N} \) \(\text{U} \)	
3	☐Blood ☐Stool ☐Urine ☐Lower resp ☐Other	//	//	Path1 Path2 Path3	Path1:	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1:	Drug1 Drug2 Drug3 Drug4	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	
4	☐Blood ☐Stool☐Urine☐Lower resp☐Other	//	//	Path1 Path2 Path3	Path1:	Path1:	Path1: Y N U Path2: Y N U Path3: Y N U	Drug1 Drug2 Drug3 Drug4	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	
5	☐Blood ☐Stool☐Urine☐Lower resp☐Other	//	//	Path1 Path2 Path3	Path1: Y N U Path2: Y N U Path3: Y N U	Path1: Y N U Path2: Y N U Path3: Y N U	Path1: Y N U Path2: Y N U Path3: Y N U	Drug1 Drug2 Drug3 Drug4	Path1: \(\text{Y} \) \(\text{N} \) \(\text{U} \) Path2: \(\text{Y} \) \(\text{N} \) \(\text{U} \) Path3: \(\text{Y} \) \(\text{N} \) \(\text{U} \)	
6	☐Blood ☐Stool☐Urine☐Lower resp☐Other	//	//	Path1 Path2 Path3	Path1: Y N U Path2: Y N U Path3: Y N U	Path1: Y N U Path2: Y N U Path3: Y N U	Path1: Y N U Path2: Y N U Path3: Y N U	Drug1 Drug2 Drug3 Drug4	Path1:	
7	□Blood □Stool □Urine □Lower resp □Other	/	//	Path1 Path2 Path3	Path1: Y N U Path2: Y N U Path3: Y N U	Path1: Y N U Path2: Y N U Path3: Y N U	Path1: Y N U Path2: Y N U Path3: Y N U	Drug1 Drug2 Drug3 Drug4	Path1: \Boxedow Y \Boxedow N \Boxedow U \Boxedow Path2: \Boxedow Y \Boxedow N \Boxedow U \Boxedow U \Boxedow N	
8	□Blood □Stool □Urine □Lower resp □Other	/	//	Path1 Path2 Path3	Path1: Y N U Path2: Y N U Path3: Y N U	Path1: Y N U Path2: Y N U Path3: Y N U	Path1: Y N U Path2: Y N U Path3: Y N U	Drug1 Drug2 Drug3 Drug4	Path1: \Boxedow Y \Boxedow N \Boxedow U \Boxedow Path2: \Boxedow Y \Boxedow N \Boxedow U \Boxedow U \Boxedow N	
9	□Blood □Stool □Urine □Lower resp □Other	//	//	Path1 Path2 Path3	Path1: Y N U Path2: Y N U Path3: Y N U	Path1: Y N U Path2: Y N U Path3: Y N U	Path1: Y N U Path2: Y N U Path3: Y N U	Drug1 Drug2 Drug3 Drug4	Path1: \ Y \ N \ U \\Path2: \ Y \ N \ U \\Path3: \ Y \ N \ U \\Path3: \ Y \ N \ U \\Path3: \ Y \ N \ U \\Path3 \ U \\Path3: \ Y \ N \ U \\Path3 \ U \	
10	☐Blood ☐Stool ☐Urine ☐Lower resp ☐Other	//	//	Path1 Path2 Path3	Path1: \(\text{Y} \) \(\text{N} \) \(\text{U} \) Path2: \(\text{Y} \) \(\text{N} \) \(\text{U} \) Path3: \(\text{Y} \) \(\text{N} \) \(\text{U} \)	Path1: \(\text{Y} \) \(\text{N} \) \(\text{U} \) Path2: \(\text{Y} \) \(\text{N} \) \(\text{U} \) Path3: \(\text{Y} \) \(\text{N} \) \(\text{U} \)	Path1:	Drug1 Drug2 Drug3 Drug4	Path1: \Boxedow Y \Boxedow N \Boxedow U \Boxedow Path2: \Boxedow Y \Boxedow N \Boxedow U \Boxedow U \Boxedow N	
More	positive culture	s than fit in th	e table:							

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CE	CID	:					
b	efore) through the fluo		ast date (olone first date (5 days
	No.	Collect da (mm/dd/y		eimen	No.	Collect date (mm/dd/yy)	Specimen
	1	//	Blood Lc	tool	6	//	□Blood □Lower resp □Urine □Stool □Other
	2	//	Blood Lc	tool	7	//	□Blood □Lower resp □Urine □Stool □Other
	3	//	□ Blood □ Lc □ Urine □ St □ Other	tool	8	//	□Blood □Lower resp □Urine □Stool □Other
	4	//	□ Blood □ Lc □ Urine □ St □ Other	tool	9	//	□Blood □Lower resp □Urine □Stool □Other
	5	//	□ Blood □ Lc □ Urine □ St □ Other	tool	10	//	□Blood □Lower resp □Urine □Stool □Other
_			es than fit in the tab				
			e for non-culture mid date through the flu			and negative) colle	cted from 5 days before
			done: Non-			n: 🗌	
	No.	Collect date (mm/dd/yy)	Specimen	Test	What pathog	gen(s) were tested for?	Result
	1	//	□Blood □Lower resp □Upper resp □Urine □Stool □Other	□PCR □DFA □Antigen test □Other			Negative
	2	//	□Blood □Lower resp □Upper resp □Urine □Stool □Other	□PCR □DFA □Antigen test □Other	□Pneumoco	□hMPV □Paraflu	□Negative □Unknown □Positive (insert code): Path1Path2 Path3
	3	//	□Blood □Lower resp □Upper resp □Urine □Stool □Other □	□PCR □DFA □Antigen test □Other	□Pneumoco	□hMPV □Paraflu	□Negative □Unknown □Positive (insert code): Path1Path2 Path3
	4		☐Blood ☐Lower resp	□PCR		□Cdiff □RSV	□Negative □Unknown
	4	//	☐Upper resp ☐Urine ☐Stool ☐Other	□DFA □Antigen test □Other	Pneumoco	ccus	Path1Path2 Path3
	5	//	Urine Stool Other Blood Lower resp Upper resp Urine Stool Other	□DFA □Antigen test	☐ Pneumoco ☐ Influenza ☐ Other ☐ Legionella ☐ Pneumoco	Adeno	Positive (insert code): Path1Path2
	5 lore	tests than fit in	Urine Stool Other Blood Lower resp Upper resp Urine Stool Other	□DFA □Antigen test □Other □PCR □DFA □Antigen test	☐Pneumoco ☐Influenza ☐Other ☐Legionella ☐Pneumoco ☐Influenza	Adeno	□ Positive (insert code): Path1Path2 Path3 □ Negative □ Unknown □ Positive (insert code): Path1 Path2
 	5 lore	PO conversion	Urine Stool Other Slood Lower resp Upper resp Urine Stool Other table:	DFA Antigen test Other PCR DFA Antigen test Other	Pneumoco Influenza Other Legionella Pneumoco Influenza Other	Ccus Adeno Adeno Paraflu Cdiff RSV Ccus Adeno hMPV Paraflu Paraflu	□ Positive (insert code): Path1Path2 Path3 □ Negative □ Unknown □ Positive (insert code): Path1 Path2

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Post-discharge ant	imicrobial treatme	nt	
5. Was a fluoroquir days after hospital □Yes □No □U	discharge)?	at aleena. ge (ne.,	F . 330. 1304 13 13 13
5a. If yes to questic	on 5, what drug(s)	were prescribed?	Check all that app
5a. If yes to question	on 5, what drug(s)	were prescribed?	Check all that app Unknown route
	-	·	
Drug	IV route	PO route	Unknown route

FORM IS COMPLETE

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HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA)

FORM 3c: CAP

			i Ordin Go. GAI					
CDCI	D:		Date://	Data collecto	r initials:			
Clin	ical information	on						
	1. Check any of the following ICD-9 codes that were present on admission for this patient: None 480.0 480.1 480.2 480.8 480.9 481 482.0 482.1 482.2 482.30 482.31 482.32 482.39 482.40 482.41 482.42 482.49 482.81 482.82 482.83 482.84 482.89 482.9 483.0 483.1 483.8 485 486 487.0 487.1 487.8 2. CAP onset date (mm/dd/yy):/ or							
		e (mm/dd/yy)://_ospitalization but specific	or date unknown	termine				
	AP signs and ever chills or rigors cough cyspnea of saturation < 9 ore throat	☐Increa ☐Hemo ☐Ches ☐Menta ☐Apne	al status changes or functional de	n Grun Nasa Head cline Ches	ating al flaring d bobbing st wall retractions ezing cle aches			
Y 	es o inknown If yes, was the es, clinical stat es, removed fre o inknown	patient removed from nus improved pom mechanical ventilation	ilation during the hospitalization dechanical ventilation before he for end-of-life care (or for reason	ospital discharge? s other than improveme	nt)			
	omplete the c _//: maging studie		rding studies done in the first t n whether imaging studies wer		/ through			
	Date (mm/dd/yy)		Findings on chest imagin	g studies				
1	//	☐ Bronchopneumonia/pneumo	nia Air space density/opacity No evidence of pneumonia Infiltrate, multiple lobes		not rule out pneumonia e of these			
2	//	□ Bronchopneumonia/pneumo □ New or worsening infiltrates □ Infiltrate, single lobe	nia Air space density/opacity No evidence of pneumonia Infiltrate, multiple lobes		not rule out pneumonia e of these			
3	//	□ Bronchopneumonia/pneumo □ New or worsening infiltrates □ Infiltrate, single lobe	nia Air space density/opacity No evidence of pneumonia Infiltrate, multiple lobes		not rule out pneumonia e of these			
4	//	□Bronchopneumonia/pneumo □New or worsening infiltrates □Infiltrate, single lobe	nia Air space density/opacity No evidence of pneumonia Infiltrate, multiple lobes		not rule out pneumonia e of these			
5	//	☐ Bronchopneumonia/pneumo☐ New or worsening infiltrates☐ Infiltrate, single lobe	nia Air space density/opacity No evidence of pneumonia Infiltrate, multiple lobes		not rule out pneumonia e of these			

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CDC II	D:						
CAP	reatment						
6. Was the patient receiving antimicrobial treatment for this episode of CAP before the survey hospitalization? Yes No Unknown							
7. CAP treatment start date during the survey hospitalization (mm/dd/yy):/ or Unknown							
8. Co	mplete the table for all antimicrobial Drug name	drugs given to treat First date (mm/dd/yy)	CAP during the	survey hospitalizatio Last date (mm/dd/yy)	n: Last route		
1	Drug Hamis	//	□IV □IM □PO □INH	//	□IV □IM □PO □INH		
2		//	□IV □IM □PO □INH	//	□IV □IM □PO □INH		
3		//	□IV □IM □PO □INH	//	□IV □IM □PO □INH		
4		//	□IV □IM □PO □INH	//	□IV □IM □PO □INH		
5		//	□IV □IM □PO □INH	//	□IV □IM □PO □INH		
9. We addit		hospital discharge (i.e., prescribed 1	o be administered to	the patient for		
9a. If	yes to question 9, what was the total days, OR the prescription end date is	I duration of the post	t-discharge CAP OR	treatment? unknown			
│	yes to question 9, what antimicrobia e antimicrobial drug was prescribed (er o or more antimicrobial drugs were pre- nter up to 3 names: known	nter name: scribed))			

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CDC I	D:						
Labor	atory testing						
					ospital days (// through/	_/):	
No po	sitive cultures: 🗌	Cultu	re data unknown:				
No.	Specimen	Collect date (mm/dd/yy)	Culture result final date (mm/dd/yy)	Pathogens identified (insert codes)	Culture growth quantity* for lower respiratory cultures only	Antimicrobial drugs given on the DAY AFTER the test result was final	Were pathogens susceptible (S) to ≥1 antimicrobial the patient was getting the DAY AFTER the test result was final?
1	Sputum Blood ETA Urine BAL Stool Upper resp Other	//	/	Path1 Path2 Path3	Path1: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path2: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path3: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk	Drug1 Drug2 Drug3 Drug4	Path1:
2	Sputum Blood ETA Urine BAL Stool Upper resp Other	//	/	Path1 Path2 Path3	Path1: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path2: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path3: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk	Drug1 Drug2 Drug3 Drug4	Path1:
3	Sputum Blood ETA Urine BAL Stool Upper resp Other	//	//	Path1 Path2 Path3	Path1: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path2: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path3: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk	Drug1 Drug2 Drug3 Drug4	Path1:
4	Sputum Blood ETA Urine BAL Stool Upper resp Other	//	/	Path1 Path2 Path3	Path1: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path2: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path3: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk	Drug1 Drug2 Drug3 Drug4	Path1:
5	Sputum Blood ETA Urine BAL Stool Upper resp Other	//	//	Path1 Path2 Path3	Path1: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path2: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path3: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk	Drug1 Drug2 Drug3 Drug4	Path1:
6	Sputum	//	/	Path1 Path2 Path3	Path1: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path2: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path3: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk	Drug1 Drug2 Drug3 Drug4	Path1:
7	Sputum Blood ETA Urine BAL Stool Upper resp Other	//	//	Path1 Path2 Path3	Path1: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path2: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path3: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk	Drug1 Drug2 Drug3 Drug4	Path1:
8	Sputum Blood ETA Urine BAL Stool Upper resp Other	//	/	Path1 Path2 Path3	Path1: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path2: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk Path3: □≥10 ⁴ CFU/ml or similar □<10 ⁴ or similar □Unk	Drug1 Drug2 Drug3 Drug4	Path1:
More	positive cultures th	an fit in the tab	ole:				

ETA=endotracheal aspirate (or tracheal aspirate). BAL=bronchoalveolar lavage (includes bronchial lavage, mini-BAL).

*Check "≥10⁴ CFU/ml or similar" if quantity of growth in the culture is reported to be as follows: moderate, many, heavy, abundant, etc. Check "<10⁴ or similar" if quantity of growth in the culture is reported to be <10⁴ CFU/ml or as follows: few, scarce, scant, rare, etc. Check "unknown" if no organism quantity is noted in the culture report.

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CDC ID	:					
11. Du	uring the first 5	hospital days did ∕es □No □Ur	the patient have	a Gram sta	ain of lower respirato	ory secretions (sputum,
ĺ .	· · · —					
⊟Hea	avy, 4+, or ≥25 n	ram stain report ir neutrophils (or white	blood cells) per l	ow power fie		
	e, occasional, fe ther of the above		squamous epithe	elial cells pe	r low power field [x100	0]
Unk	known					
12. Co	omplete the tab	le for NEGATIVE of	ultures collecte	d during the	e first 5 hospital day	s (/ through
No ne	gative cultures		ture data unknov	wn: 🔲	Collect date	
No.	(mm/dd/y	y) Sp	ecimen	No.	(mm/dd/yy)	Specimen
1	//	☐Other	Stool	6	//	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other
2	//	☐ Blood ☐ ☐ Urine ☐ ☐ Other		7	//	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other
3	//	□Blood □		8	//	□Blood □Lower resp □Urine □Stool □Other
4	//	□Blood □		9	/	□ Stool □ Stool □ Other
5	//	Blood ☐ Urine ☐		10	//	□Blood □Lower resp □Urine □Stool
 More	negative cultur	Other res than fit in the ta	able:			Other
	omplete the tab	le for non-culture	microbiology to			
		ie ioi iioii-cuituie	illiciobiology tes	sts (positive	e and negative) colle	cted during the first 5
	tal days:	<u></u>			_	ected during the first 5
	tal days: on-culture tests Collect Date	<u></u>	n-culture test da	ıta unknowı	_	ected during the first 5 Result
No no	tal days: on-culture tests	done: No	n-culture test da	What patho	ogen(s) were tested for? a	-
No no	tal days: on-culture tests Collect Date	done: No Specimen Blood Lower res Upper resp Urine Stool	n-culture test da Test PCR DFA Antigen test Other	What patho Legionelli	pgen(s) were tested for? a	Result Negative Unknown Positive (insert code): Path1Path2
No no	tal days: on-culture tests Collect Date	done: No Specimen Blood Lower res Upper resp Urine Stool Other Blood Lower res Upper resp Upper resp Urine Stool	n-culture test da Test PCR DFA Antigen test Other PCR DFA Antigen test Other Other	what patho Legionella Pneumoo Influenza Other Pneumoo Influenza Other Legionella Other Legionella Pneumoo Influenza Other Pneumoo Pneumo	pgen(s) were tested for? a	Result Negative Unknown Positive (insert code): Path1Path2_ Path3 Negative Unknown Positive (insert code): Path1Path2_
No no	tal days: on-culture tests Collect Date	done: No Specimen Blood Lower res Upper resp Urine Stool Other Blood Lower res Upper resp Urine Stool Other Upper resp Urine Stool Other Upper resp Urine Stool Other Stool	n-culture test da Test PCR DFA Antigen test Other DFA Antigen test Other DFA Antigen test Other DFA OTHER DFA DFA DFA DFA DFA DFA DOTHER DFA DOTHER	what patho Legionella Pneumoo Influenza Other Legionella Pneumoo Influenza Other Legionella Pneumoo Influenza Other Legionella Pneumoo Influenza Other Legionella Pneumoo	pgen(s) were tested for? a	Result Negative Unknown Positive (insert code): Path1Path2 Path3 Negative Unknown Positive (insert code): Path1Path2_ Path3 Negative Unknown Positive (insert code): Path1Path2_ Path3 Path3 Path1Path2 Path1Path2
No no No. 1 2 3 4	tal days: on-culture tests Collect Date (mm/dd/yy) //	done: No Specimen Blood Lower res Upper resp Urine Stool Cother Co	n-culture test da Test PCR DFA Antigen test Other Other Other Other	what patho Legionelli Pneumoo Influenza Other Influenza Other Influenza Inf	pgen(s) were tested for? a	Result Negative Unknown Positive (insert code): Path1 Path2 Path3 Unknown Positive (insert code): Path1 Path2 Path3 Unknown Positive (insert code): Path3 Unknown Positive (insert code): Path4 Path2 Path3 Unknown Positive (insert code): Path1 Path2 Path3 Path2 Path1 Path2 Path1 Path2
No no No. 1	tal days: on-culture tests Collect Date (mm/dd/yy) // // tests than fit in	Specimen Specimen	n-culture test da Test PCR DFA Antigen test Other DFA Antigen test Other PCR DFA Antigen test Other OTHER DFA Antigen test Other OTHER DFA Antigen test Other OTHER DFA	what pathod	pgen(s) were tested for? a	Result Negative Unknown Positive (insert code): Path1 Path2 Path3 Path4
No no No. 1 2 3 4 5 More 14. Di	tal days: on-culture tests Collect Date (mm/dd/yy) // // tests than fit in	Blood Lower res Upper resp Urine Stool Other Other	n-culture test da Test PCR DFA Antigen test Other DFA Antigen test Other PCR DFA Antigen test Other OTHER DFA Antigen test Other OTHER DFA Antigen test Other OTHER DFA	what pathod Legionella Pneumood Influenza Other Other Other Other Other Other Other Other	pgen(s) were tested for? a	Result Negative Unknown Positive (insert code): Path1 Path2 Path3 Path4
No no No. 1	tal days: on-culture tests Collect Date (mm/dd/yy) / / tests than fit in d the patient ha	Blood Lower res Urine Stool Other Ot	n-culture test da Test PCR DFA Antigen test Other DFA DFA DFA DFA DOTH DFA DOTH DFA DOTH DOTH DOTH DOTH DOTH DOTH DOTH DOTH	Legionella Pneumoc Influenza Other Cher Ch	pgen(s) were tested for? a	Result Negative Unknown Positive (insert code): Path1 Path2 Path3 Path4

FORM IS COMPLETE

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HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 3d: UTI

	ID:	Date:/		Data collector	initials:				
1. Ch €	Clinical information 1. Check any of the following ICD-9 codes that were present on admission for this patient: □None □590.10 □590.11 □590.2 □590.80 □590.81 □590.9 □595.0 □597.0 □597.80 □599.0								
	onset date (mm/dd/yy)://_ or to survey hospitalization but specific	or date unknown	Inable to determi	ne					
3. UTI signs and symptoms in first 2 hospital days; check all that apply:									
∏Naı ∏Urg ∏Rig	□ Fever □ Frequency □ Costovertebral angle (CVA) pain or tenderness □ Nausea or vomiting □ Visible blood in urine □ Suprapubic pain, swelling or tenderness □ Urgency □ Abdominal pain □ Mental status changes or functional decline □ Rigors □ Urinary incontinence □ Pain or burning with urination								
prior t □Yes 4a. If	the patient have an indwelling urina to UTI onset (or if onset date unknows \square No \square Unknown \square the following done after survey hospital admission)?	wn, on the day of sur	vey hospital adı	mission)?	-				
	heter changed	Catheter neither ch	nanged nor remov	ved □Unknown					
	eatment								
5. Wa □Yes	s the patient receiving antimicrobial S □No □Unknown	treatment for this U	TI before the sur	vey hospitalization?					
6. UTI	treatment start date during the surv	vey hospitalization (n	nm/dd/yy):	_/ / or	known				
7. Coı	mplete the table for all antimicrobial	drugs given to treat	UTI during the s	survey hospitalization	1:				
No.	Drug name	First date (mm/dd/yy)	First route	Last date (mm/dd/yy)	Last route				
1			□IV □IM	///	□IV □IM				
		/	□PO □INH	/	□PO □INH				
2		/	□PO □INH □IV □IM □PO □INH	//	□IV □IM □PO □INH				
\vdash			□IV □IM		□IV □IM □PO □INH □IV □IM □PO □INH				
2		/	□IV □IM □PO □INH □IV □IM		□IV □IM □PO □INH				
3			IV	//	□IV □IM □PO □INH □PO □INH □IV □IM □IV □IM				
2 3 4 5	than 5 antimicrobial drugs were give		IV	// //	IV				
2 3 4 5 More 8. We to the	re antimicrobial drugs prescribed at patient for additional days after hos S No Unknown	— / — / — / — — — — — — — — — — — — — —	IV IM PO INH PO INH PO INH IV IM PO INH PO INH PO INH PO INH PO INH	//	IV IM PO INH PO INH				
2 3 4 5 More 8. We to the □ Yes 8a. If	re antimicrobial drugs prescribed at patient for additional days after hose No Unknown yes to question 8, what is the total days, OR the prescription end date is	multion of the post-d	IV IM PO INH PO INH	//	IV IM PO INH PO INH				
2 3 4 5 More 8. We to the	re antimicrobial drugs prescribed at patient for additional days after hos No Unknown	nospital discharge to spital discharge)? uration of the post-dent discharge to the post-dent discharg	IV IM PO INH PO INH	//	IV IM PO INH PO INH				

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Laboratory testing 9. Complete table below for POSITIVE cultures collected in the first 5 hospital days (// through//): No positive cultures: \[\] Culture data unknown: \[\]											
No.	Specimen	Collect date (mm/dd/yy)	Culture result final date (mm/dd/yy)	Pathogens identified (insert codes)	Culture growth quantity* for urine cultures only	Antimicrobial drugs given on the DAY AFTER the test result was final	Were pathogens susceptible (S) to ≥1 antimicrobial the patient was getting the DAY AFTER the test result was final?				
1	Urine CC	//	//	Path1 Path2 Path3	Path1: $□≥10^5$ CFU/ml or similar $□<10^5$ or similar $□$ Unk Path2: $□≥10^5$ CFU/ml or similar $□<10^5$ or similar $□$ Unk Path3: $□≥10^5$ CFU/ml or similar $□<10^5$ or similar $□$ Unk	Drug1 Drug2 Drug3 Drug4	Path1: \(\text{Y} \) \(\text{N} \) \(\text{UV} \) Path2: \(\text{Y} \) \(\text{N} \) \(\text{UV} \) Path3: \(\text{Y} \) \(\text{N} \) \(\text{UV} \)				
2	Urine CC Lower resp Urine cath Stool Urine other Blood Other	//	//	Path1 Path2 Path3	Path1: □≥10 ⁵ CFU/ml or similar □<10 ⁵ or similar □Unk Path2: □≥10 ⁵ CFU/ml or similar □<10 ⁵ or similar □Unk Path3: □≥10 ⁵ CFU/ml or similar □<10 ⁵ or similar □Unk	Drug1 Drug2 Drug3 Drug4	Path1: \(\text{Y} \) \(\text{N} \) \(\text{L} \) Path2: \(\text{Y} \) \(\text{N} \) \(\text{L} \) Path3: \(\text{Y} \) \(\text{N} \) \(\text{L} \)				
3	Urine CC Lower resp Urine cath Stool Urine other Blood Other	//	//	Path1 Path2 Path3	Path1: $□$ ≥10 ⁵ CFU/ml or similar $□$ <10 ⁵ or similar $□$ Unk Path2: $□$ ≥10 ⁵ CFU/ml or similar $□$ <10 ⁵ or similar $□$ Unk Path3: $□$ ≥10 ⁵ CFU/ml or similar $□$ <10 ⁵ or similar $□$ Unk	Drug1 Drug2 Drug3 Drug4	Path1: Y N L Path2: Y N L Path3: Y N L				
4	Urine CC	//		Path1 Path2 Path3	Path1: □≥10 ⁵ CFU/ml or similar □<10 ⁵ or similar □Unk Path2: □≥10 ⁵ CFU/ml or similar □<10 ⁵ or similar □Unk Path3: □≥10 ⁵ CFU/ml or similar □<10 ⁵ or similar □Unk	Drug1 Drug2 Drug3 Drug4	Path1: Y N L Path2: Y N L Path3: Y N L				
5	Urine CC Lower resp Urine cath Stool Urine other Blood Other	//	//	Path1 Path2 Path3	Path1: □≥10 ⁵ CFU/ml or similar □<10 ⁵ or similar □Unk Path2: □≥10 ⁵ CFU/ml or similar □<10 ⁵ or similar □Unk Path3: □≥10 ⁵ CFU/ml or similar □<10 ⁵ or similar □Unk	Drug1 Drug2 Drug3 Drug4	Path1: Y N L Path2: Y N L Path3: Y N L				
6	Urine CC Lower resp Urine cath Stool Urine other Blood Other	//	//	Path1 Path2 Path3	Path1: $□$ ≥10 ⁵ CFU/ml or similar $□$ <10 ⁵ or similar $□$ Unk Path2: $□$ ≥10 ⁵ CFU/ml or similar $□$ <10 ⁵ or similar $□$ Unk Path3: $□$ ≥10 ⁵ CFU/ml or similar $□$ <10 ⁵ or similar $□$ Unk	Drug1 Drug2 Drug3 Drug4	Path1: \(\text{Y} \) \(\text{N} \) \(\text{L} \) Path2: \(\text{Y} \) \(\text{N} \) \(\text{L} \) Path3: \(\text{Y} \) \(\text{N} \) \(\text{L} \)				
7	Urine CC Lower resp Urine cath Stool Urine other Blood Other	//		Path1 Path2 Path3	Path1: $□$ ≥10 ⁵ CFU/ml or similar $□$ <10 ⁵ or similar $□$ Unk Path2: $□$ ≥10 ⁵ CFU/ml or similar $□$ <10 ⁵ or similar $□$ Unk Path3: $□$ ≥10 ⁵ CFU/ml or similar $□$ <10 ⁵ or similar $□$ Unk	Drug1 Drug2 Drug3 Drug4	Path1: Y N L Path2: Y N L Path3: Y N L				
8	Urine CC	//	/	Path1 Path2 Path3	Path1: □≥10 ⁵ CFU/ml or similar □<10 ⁵ or similar □Unk Path2: □≥10 ⁵ CFU/ml or similar □<10 ⁵ or similar □Unk Path3: □≥10 ⁵ CFU/ml or similar □<10 ⁵ or similar □Unk	Drug1 Drug2 Drug3 Drug4	Path1: _Y _N _L Path2: _Y _N _L Path3: _Y _N _L				

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10. Co		le for NEGAT	IVE cu	Itures collecte	ed in the fi	rst 5 hospital day	/s (_ through
No ne	//. gative cultures Collect da		Culture data unknown			No. Collect date		Specimen	
1	(mm/dd/y	Blo	□Blood □Lower resp □Urine □Stool □Other □□		6	(mm/dd/yy)		□ Blood □ Lower resp □ Urine □ Stool □ Other	
2	//	□Blo		ower resp	7	//		Blood Lower resp Urine Stool	
3	//	Uri	ood □Lo ne □S ner		8/			□Blood □Lower resp □Urine □Stool □Other	
4	//		ne 🔲S	ower resp tool	9	//		□Blood □Lower resp □Urine □Stool □Other	
5	// negative cultur	□Uri □Oth	ne		10	//		☐Blood ☐Lower resp☐Urine ☐Stool☐Other	
	omplete the tal nalyses done: Urinalysis date (mm/dd/yy)	Ur Pyuria	nknowi	ollected in the name whether uring Nitrites	alyses we		E	3acteria	Yeast
1	//	(>5 WBCs / hpf) □Y □N □Unk		Y □N □Unŀ	,	□Y □N □Unk		□Y □N □Unk □Y □N	
2	//	Y N Unk		Y N Unk		□Y □N □Unk		□N □Unk	□Y □N □Unl
3				Y N Unk	_	Y N Unk			
4		□Y □N □Unk		Y N Uni		☐Y ☐N ☐Unk		□N □Unk	
5		□Y □N □Unk □Y □N □Unk		Y N Unk					□Y □N □Un □Y □N □Un
No no	omplete the tab n-culture tests Collect Date (mm/dd/yy)	done:	Non-	culture test d	ata unknov	ve) collected in t wn: hogen(s) were tested			l days:
1	//	□Blood □Lower resp □Upper resp □Urine □Stool □Other		□PCR □DFA □Antigen test □Other	Pneumo			Path1Path2 Path3	
2	//	☐Blood ☐Lower resp☐Upper resp☐Urine ☐Stool☐Other		□PCR □DFA □Antigen test □Other	☐Pneumo☐Influenz☐Other			□Negative □Unknown □Positive (insert code): Path1 □ Path2 □ Path3 □	
3	/	□Blood □Lower resp □Upper resp □Urine □Stool □Other □		□PCR □DFA □Antigen test □Other	☐Pneumo☐Influenz☐Other _			□Negative □Unknown □Positive (insert code): Path1Path2 Path3	
4	/	Blood □Lower resp □Upper resp □Urine □Stool □Other		□PCR □DFA □Antigen test □Other	☐Pneumo☐Influenz☐Other			□ Negative □ Unknown □ Positive (insert code): Path1 Path2 Path3 □	
5	/	Blood □Lower resp □Upper resp □Urine □Stool □Other		☐PCR ☐DFA ☐Antigen test ☐Other	□Pneumo	□Legionella □Cdiff □RSV □Pneumococcus □Adeno □Influenza □hMPV □Paraflu □Other		□Negative □Unknown □Positive (insert code): Path1Path2 Path3	
More 1	tests than fit in	the table:							

FORM IS COMPLETE

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