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 vancomycin IV 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 oxacillin, methicillin or cefoxitin?	Pathogen susceptible to penicillin or ampicillin?	Pathogen susceptible to vancomycin?	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: ☐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
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
3	☐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
4	☐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
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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
10	☐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

More positive cultures than fit in the table: ☐

CDC ID: ☐☐-☐☐☐☐☐

2. Complete the table for NEGATIVE cultures collected from 5 days before vancomycin IV first date (5 days before: ____/____/____) through the vancomycin IV last date (____/____/____):
No negative cultures: ☐ **Culture data unknown:** ☐

No.	Collect date (mm/dd/yy)	Specimen
1	____ / ____ / ____	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
2	____ / ____ / ____	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
3	____ / ____ / ____	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
4	____ / ____ / ____	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
5	____ / ____ / ____	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____

No.	Collect date (mm/dd/yy)	Specimen
6	____ / ____ / ____	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
7	____ / ____ / ____	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
8	____ / ____ / ____	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
9	____ / ____ / ____	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
10	____ / ____ / ____	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____

More negative cultures than fit in the table: ☐

3. Was an MRSA surveillance culture(s) done during this admission? ☐Yes ☐No ☐Unknown
3a. If yes to question 3, were any MRSA surveillance cultures positive for MRSA during this admission?
☐Yes ☐No ☐Unknown

4. Complete the table for non-culture microbiology tests (positive and negative) collected from 5 days before vancomycin IV first date through the vancomycin IV last date:
No non-culture tests done: ☐ **Non-culture test data unknown:** ☐

No.	Collect date (mm/dd/yy)	Specimen	Test	What pathogen(s) were tested for?	Result
1	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
2	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
3	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
4	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
5	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____

More tests than fit in the table: ☐

Post-discharge antimicrobial treatment

5. Was vancomycin IV prescribed at discharge (i.e., prescribed to be administered to the patient for additional days after hospital discharge)? ☐Yes ☐No ☐Unknown

5a. If yes to question 5, what is the total duration of the post-discharge vancomycin IV prescription?
_____ days, OR the prescription end date is ____ / ____ / _____, OR ☐Duration is unknown

*****FORM IS COMPLETE*****

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 3b: FLUOROQUINOLONE

CDC ID: ☐☐-☐☐☐☐☐ **Date:** ☐☐/☐☐/☐☐ **Data collector initials:** _____ **Drugs given:** ☐Ciprofloxacin ☐Levofloxacin ☐Moxifloxacin

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: ☐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
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
3	☐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
4	☐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
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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
10	☐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

More positive cultures than fit in the table: ☐

CDCID: ☐☐-☐☐☐☐☐

2. Complete the table for NEGATIVE cultures collected from 5 days before fluoroquinolone first date (5 days before: ____/____/____) through the fluoroquinolone last date (____/____/____):
No negative cultures: ☐ **Culture data unknown:** ☐

No.	Collect date (mm/dd/yy)	Specimen
1	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
2	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
3	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
4	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
5	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____

No.	Collect date (mm/dd/yy)	Specimen
6	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
7	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
8	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
9	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
10	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____

More negative cultures than fit in the table: ☐

3. Complete the table for non-culture microbiology tests (positive and negative) collected from 5 days before fluoroquinolone first date through the fluoroquinolone last date:
No non-culture tests done: ☐ **Non-culture test data unknown:** ☐

No.	Collect date (mm/dd/yy)	Specimen	Test	What pathogen(s) were tested for?	Result
1	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
2	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
3	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
4	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
5	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____

More tests than fit in the table: ☐

IV to PO conversion

4. Between the fluoroquinolone first date and the fluoroquinolone last date, was there a conversion from IV to PO fluoroquinolone administration? Check one:
☐Yes → Date of conversion from IV to PO administration: ____/____/____ or ☐Date unknown
☐No → For example, patient received only IV fluoroquinolones, or was switched from PO to IV fluoroquinolones, or was switched from IV to PO to IV.
☐Not applicable → Patient received only PO fluoroquinolones.
☐Unknown

CDCID: ☐☐-☐☐☐☐☐

Post-discharge antimicrobial treatment

5. Was a fluoroquinolone prescribed at discharge (i.e., prescribed to be administered to the patient for additional days after hospital discharge)?

☐Yes ☐No ☐Unknown

5a. If yes to question 5, what drug(s) were prescribed? Check all that apply:

Drug	IV route	PO route	Unknown route
☐Ciprofloxacin	☐Yes	☐Yes	☐Yes
☐Levofloxacin	☐Yes	☐Yes	☐Yes
☐Moxifloxacin	☐Yes	☐Yes	☐Yes

5b. If yes to question 5, what is the total duration of the post-discharge fluoroquinolone prescription?

_____ days, OR the prescription end date is ____ / ____ / _____, OR ☐Duration is unknown

*****FORM IS COMPLETE*****

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

FORM 3c: CAP

CDC ID: ☐☐-☐☐☐☐☐ **Date:** ☐☐/☐☐/☐☐ **Data collector initials:** _____

Clinical information

1. Check any of the following ICD-9 codes that were present on admission for this patient: ☐None

☐480.0 ☐480.1 ☐480.2 ☐480.3 ☐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
☐Prior to survey hospitalization but specific date unknown ☐Unable to determine

3. CAP signs and symptoms in first 2 hospital days; check all that apply: ☐None

☐Fever	☐Increased secretions/sputum production	☐Grunting
☐Chills or rigors	☐Hemoptysis	☐Nasal flaring
☐Cough	☐Chest pain	☐Head bobbing
☐Dyspnea	☐Mental status changes or functional decline	☐Chest wall retractions
☐O_2 saturation < 90%	☐Apnea	☐Wheezing
☐Sore throat	☐Rhinorrhea	☐Muscle aches

4. Did the patient require mechanical ventilation during the hospitalization?
☐Yes
☐No
☐Unknown

4a. If yes, was the patient removed from mechanical ventilation before hospital discharge?
☐Yes, clinical status improved
☐Yes, removed from mechanical ventilation for end-of-life care (or for reasons other than improvement)
☐No
☐Unknown

5. Complete the chest imaging table, recording studies done in the first 5 hospital days (____/____/____ through ____/____/____):
No imaging studies done: ☐ **Unknown whether imaging studies were done:** ☐

	Date (mm/dd/yy)	Findings on chest imaging studies			
1	___ / ___ / ___	☐Bronchopneumonia/pneumonia ☐New or worsening infiltrates ☐Infiltrate, single lobe	☐Air space density/opacity ☐No evidence of pneumonia ☐Infiltrate, multiple lobes	☐Consolidation ☐Cavitation ☐Pleural effusion	☐Cannot rule out pneumonia ☐None of these
2	___ / ___ / ___	☐Bronchopneumonia/pneumonia ☐New or worsening infiltrates ☐Infiltrate, single lobe	☐Air space density/opacity ☐No evidence of pneumonia ☐Infiltrate, multiple lobes	☐Consolidation ☐Cavitation ☐Pleural effusion	☐Cannot rule out pneumonia ☐None of these
3	___ / ___ / ___	☐Bronchopneumonia/pneumonia ☐New or worsening infiltrates ☐Infiltrate, single lobe	☐Air space density/opacity ☐No evidence of pneumonia ☐Infiltrate, multiple lobes	☐Consolidation ☐Cavitation ☐Pleural effusion	☐Cannot rule out pneumonia ☐None of these
4	___ / ___ / ___	☐Bronchopneumonia/pneumonia ☐New or worsening infiltrates ☐Infiltrate, single lobe	☐Air space density/opacity ☐No evidence of pneumonia ☐Infiltrate, multiple lobes	☐Consolidation ☐Cavitation ☐Pleural effusion	☐Cannot rule out pneumonia ☐None of these
5	___ / ___ / ___	☐Bronchopneumonia/pneumonia ☐New or worsening infiltrates ☐Infiltrate, single lobe	☐Air space density/opacity ☐No evidence of pneumonia ☐Infiltrate, multiple lobes	☐Consolidation ☐Cavitation ☐Pleural effusion	☐Cannot rule out pneumonia ☐None of these

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CDC ID: ☐☐-☐☐☐☐☐

CAP treatment

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. Complete the table for all antimicrobial drugs given to treat CAP during the survey hospitalization:

No.	Drug name	First date (mm/dd/yy)	First route	Last date (mm/dd/yy)	Last route
1		____ / ____ / ____	☐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

More than 5 antimicrobial drugs were given to treat CAP: ☐

9. Were antimicrobial drugs prescribed at hospital discharge (i.e., prescribed to be administered to the patient for additional days after hospital discharge) to treat CAP?
☐Yes
☐No
☐Unknown

9a. If yes to question 9, what was the total duration of the post-discharge CAP treatment?
_____ days, OR the prescription end date is ____ / ____ / _____, OR ☐Duration is unknown

9b. If yes to question 9, what antimicrobial drugs were prescribed?
☐One antimicrobial drug was prescribed (enter name: _____)
☐Two or more antimicrobial drugs were prescribed
(enter up to 3 names: _____, _____, _____)
☐Unknown

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CDC ID: ☐☐-☐☐☐☐☐

Laboratory testing

10. 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 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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
6	☐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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U

More positive cultures than fit in the table: ☐

ETA=endotracheal aspirate (or tracheal aspirate). BAL=bronchoalveolar lavage (includes bronchial lavage, mini-BAL).
*Check "≥10^4 CFU/ml or similar" if quantity of growth in the culture is reported to be as follows: moderate, many, heavy, abundant, etc. Check "<10^4 or similar" if quantity of growth in the culture is reported to be <10^4 CFU/ml or as follows: few, scarce, scant, rare, etc. Check "unknown" if no organism quantity is noted in the culture report.

CDC ID: ☐☐-☐☐☐☐☐

11. During the first 5 hospital days did the patient have a Gram stain of lower respiratory secretions (sputum, BAL, ETA, etc.)? ☐Yes ☐No ☐Unknown

11a. If yes, did the Gram stain report indicate the following:
☐Heavy, 4+, or ≥25 neutrophils (or white blood cells) per low power field [x100]
☐Rare, occasional, few, 1+ or 2+, or ≤10 squamous epithelial cells per low power field [x100]
☐Neither of the above
☐Unknown

12. Complete the table for NEGATIVE cultures collected during the first 5 hospital days (____/____/____ through ____/____/____):

No negative cultures: ☐ **Culture data unknown:** ☐

No.	Collect date (mm/dd/yy)	Specimen
1	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
2	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
3	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
4	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
5	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____

No.	Collect date (mm/dd/yy)	Specimen
6	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
7	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
8	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
9	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
10	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____

More negative cultures than fit in the table: ☐

13. Complete the table for non-culture microbiology tests (positive and negative) collected during the first 5 hospital days:

No non-culture tests done: ☐ **Non-culture test data unknown:** ☐

No.	Collect Date (mm/dd/yy)	Specimen	Test	What pathogen(s) were tested for?	Result
1	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
2	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
3	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
4	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
5	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____

More tests than fit in the table: ☐

14. Did the patient have any of the following blood test results during the first 2 hospital days? Check all that apply, or ☐None.

☐Arterial pH < 7.35 ☐BUN > 30 mg/dL (11 mmol/L) ☐Glucose > 250 mg/dL
☐PaO_2 < 60 mmHg ☐Sodium < 130 mmol/L ☐Hematocrit < 30%

*****FORM IS COMPLETE*****

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

CDC ID: ☐☐-☐☐☐☐☐ **Date:** ☐☐/☐☐/☐☐ **Data collector initials:** _____

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 ☐590.3 ☐590.80 ☐590.81
☐590.9 ☐595.0 ☐597.0 ☐597.80 ☐599.0

2. UTI onset date (mm/dd/yy): ___ / ___ /___ or
☐Prior to survey hospitalization but specific date unknown ☐Unable to determine

3. UTI signs and symptoms in first 2 hospital days; check all that apply: ☐None

☐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

4. Did the patient have an indwelling urinary catheter in place for ≥2 days on the day of UTI onset or on the day prior to UTI onset (or if onset date unknown, on the day of survey hospital admission)?
☐Yes ☐No ☐Unknown

4a. If yes, were any of the following done within 5 days after UTI onset date (or if onset date unknown, within 5 days after survey hospital admission)?
☐Catheter changed ☐Catheter removed ☐Catheter neither changed nor removed ☐Unknown

UTI treatment

5. Was the patient receiving antimicrobial treatment for this UTI before the survey hospitalization?
☐Yes ☐No ☐Unknown

6. UTI treatment start date during the survey hospitalization (mm/dd/yy): ____ / ____ /____ or ☐Unknown

7. Complete the table for all antimicrobial drugs given to treat UTI during the survey hospitalization:

No.	Drug name	First date (mm/dd/yy)	First route	Last date (mm/dd/yy)	Last route
1		____ / ____ / ____	☐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

More than 5 antimicrobial drugs were given to treat UTI: ☐

8. Were antimicrobial drugs prescribed at hospital discharge to treat this UTI (i.e., prescribed to be administered to the patient for additional days after hospital discharge)?
☐Yes ☐No ☐Unknown

8a. If yes to question 8, what is the total duration of the post-discharge UTI treatment?
_____ days, OR the prescription end date is ____ / ____ / _____, OR ☐Duration is unknown

8b. If yes to question 8, what antimicrobial drugs were prescribed?
☐One antimicrobial drug was prescribed (enter name: _____)
☐Two or more antimicrobial drugs were prescribed
(enter up to 3 names: _____, _____, _____)
☐Unknown

CDC ID: ☐☐-☐☐☐☐☐

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 ☐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 ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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 ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
4	☐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 ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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 ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
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 ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U
8	☐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 ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U

More positive cultures than fit in the table: ☐

Urine CC=urine clean catch. Urine cath=urine collected from an indwelling urinary catheter. Urine other=urine collected via other or unspecified means.

*Check "≥10^5 CFU/ml or similar" if quantity of growth in the culture is reported to be as follows: moderate, many, heavy, abundant, etc;. Check "<10^5 or similar" if quantity of growth in the culture is reported to be <10^5 CFU/ml or as follows: few, scarce, scant, rare, etc.Check "unknown" if no organism quantity is noted in the culture report.

CDCID: ☐☐-☐☐☐☐☐

10. Complete the table for NEGATIVE cultures collected in the first 5 hospital days (____/____/____ through ____/____/____):

No negative cultures: ☐ **Culture data unknown:** ☐

No.	Collect date (mm/dd/yy)	Specimen
1	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
2	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
3	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
4	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
5	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____

No.	Collect date (mm/dd/yy)	Specimen
6	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
7	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
8	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
9	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____
10	____ / ___ / ___	☐Blood ☐Lower resp ☐Urine ☐Stool ☐Other _____

More negative cultures than fit in the table: ☐

11. Complete the table for urinalyses collected in the first 5 hospital days:

No urinalyses done: ☐ **Unknown whether urinalyses were done:** ☐

No.	Urinalysis date (mm/dd/yy)	Pyuria (>5 WBCs / hpf)	Nitrites	Leukocyte esterase	Bacteria	Yeast
1	___ / ___ / ___	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk
2	___ / ___ / ___	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk
3	___ / ___ / ___	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk
4	___ / ___ / ___	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk
5	___ / ___ / ___	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk	☐Y ☐N ☐Unk

12. Complete the table for non-culture tests (positive and negative) collected in the first 5 hospital days:

No non-culture tests done: ☐ **Non-culture test data unknown:** ☐

No.	Collect Date (mm/dd/yy)	Specimen	Test	What pathogen(s) were tested for?	Result
1	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
2	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
3	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
4	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____
5	____ / ___ / ___	☐Blood ☐Lower resp ☐Upper resp ☐Urine ☐Stool ☐Other _____	☐PCR ☐DFA ☐Antigen test ☐Other_____	☐Legionella ☐Cdiff ☐RSV ☐Pneumococcus ☐Adeno ☐Influenza ☐hMPV ☐Paraflu ☐Other _____	☐Negative ☐Unknown ☐Positive (insert code): Path1_____Path2_____ Path3_____

More tests than fit in the table: ☐

*****FORM IS COMPLETE*****