

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY PATIENT INFORMATION FORM

Form Approved OMB No. 0920-0852 Exp. Date xx/xx/xxxx

CDC ID:	Survey date:		Data collector initials:	
If data collected on survey date, enter data collection time: am pm OR Data collection done retrospectively				
I. Identifiers (NOT transmitted to CDC)				
Patient name: Hospital name: Room number:		Hospital unit nar	Date of birth (mm/dd/yyyy): //	
II. Demographic information				
Age: ☐ yrs ☐ mos ☐ dys ☐ Unknown		Admission date	Admission date (mm/dd/yyyy): / /	
Sex at birth: Male Female Unknown		CDC location cod	CDC location code:	
Race: (check all that apply) American Indian or Alaska Native Black or African American Native Hawaiian/other Pacific Islander Asian	☐ White ☐ Other race ☐ Unknown	Ethnicity: Hispanic or Latino Non-Hispanic or La Unknown	Primary Payer: Medicare No charge tino Medicaid Other Private insurance Unknown Self-pay	
III. Weight and height				
Weight: lbs. oz. OR kg ☐ Unknown	Height:ftin. ORcm □ Unknown		BMI: (record only if height or weight unavailable) Unknown NA	
IV. Devices and pressure injuries/ulcers present on the survey date				
Urinary catheter: ☐ Yes ☐ No ☐ Unknown Ventilator: ☐ Yes ☐ No ☐ Unknown				
Central line: ☐ Yes ☐ No ☐ Unknown If "Yes," indicate how many lines: ☐ 1 line ☐ >1 line ☐ Unknown				
Pressure injuries or ulcers:				
V. Antimicrobials				
Antimicrobials administered or scheduled to be administered: On the survey date:				
VI. Follow-up information				
Enter date of follow-up data collection:				
Hospital discharge date: OR check one: Unknown Still in hospital				
Patient outcome at time of hospital discharge: Survived Died Unknown Still in hospital				

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 Request Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0852).

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