



COVID-19 Module Healthcare Supply Pathway

Facility ID #: _____

Summary Census ID #: _____

*Date for which counts are reported: ____/____/____

For the following questions, please collect data at the same time (for example, 7 AM)

Supply Item	On-hand supply- (DURATION) [†]	Are you currently re- using the item or implementing extended use?	Are you able to obtain this item?	On-hand supply (INDIVIDUAL UNITS/"EACHES")
Ventilator supplies (any, including tubing)	<input type="checkbox"/> Zero days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-14 days <input type="checkbox"/> 15 or more days	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable
N95 masks	<input type="checkbox"/> Zero days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-14 days <input type="checkbox"/> 15 or more days	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other respirators including PAPRs	<input type="checkbox"/> Zero days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-14 days <input type="checkbox"/> 15 or more days	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Surgical masks	<input type="checkbox"/> Zero days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-14 days <input type="checkbox"/> 15 or more days	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Eye protection including face shields or goggles	<input type="checkbox"/> Zero days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-14 days <input type="checkbox"/> 15 or more days	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Gowns (single use)	<input type="checkbox"/> Zero days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-14 days <input type="checkbox"/> 15 or more days	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Gloves	<input type="checkbox"/> Zero days <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-14 days <input type="checkbox"/> 15 or more days	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Does your facility use reusable/laundable isolation gowns for the care of any patients on transmission-based precautions? <input type="checkbox"/> Yes <input type="checkbox"/> No				

* Required for saving

† For calculation of the days of supply in stock, we recommend using the Personal Protective Equipment (PPE) Burn Rate Calculator (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>).



If Yes, please estimate the percentage of isolation gowns used that are reusable/laundryable:

- Up to 25%
- 26-50%
- 51-75%
- More than 75%

Are your PPE supply items above managed (purchased, allocated, and/or stored) at the facility level or, if you are part of a health system, at the health system level (or other multiple facility group)?

- Health system level or multiple-hospital group
- Facility level

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

CDC estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1290).
CDC 57.132 (Front)