

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

CDCID: -

Date: //

Data collector initials: _____

Instructions: Refer to question 5 on the Antimicrobial Use Form (AUF); complete each section below, or check "Not applicable based on AUF" if the patient is not eligible based on question 5 of the AUF.

A. Patient age eligibility

1. Was the patient ≥ 1 year old on the survey date or day prior?

- No \rightarrow NOT eligible for ANY AQUA Form.
 Yes \rightarrow MAY be eligible for one or more AQUA Forms.

B. VANCOMYCIN eligibility

Not applicable based on AUF

2. Patient ≥ 1 year old and received vancomycin IV for infection treatment on the survey date or day prior?

- No \rightarrow NOT eligible for AQUA Vancomycin Form.
 Yes \rightarrow Eligible for AQUA Vancomycin Form.

C. FLUOROQUINOLONE eligibility

Not applicable based on AUF

3. Patient ≥ 18 years old and received a fluoroquinolone for infection treatment on the survey date or day prior?

- No \rightarrow NOT eligible for AQUA Fluoroquinolone Form.
 Yes \rightarrow Eligible for AQUA Fluoroquinolone Form.

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 onset "C" on the survey date or day prior, is there documentation in the medical record of any of the following conditions?

- Nursing home or long term care facility or long term acute care hospital residence prior to survey hospital admission
 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
 Received wound care 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 treatment
 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 \rightarrow NOT eligible for AQUA CAP Form.
 "None" checked in question 4 \rightarrow Eligible for AQUA CAP Form.

E. URINARY TRACT INFECTION (UTI) eligibility

Not applicable based on AUF

6. Patient ≥ 1 year old and site code "UTI" with onset "C," "L" or "O" for any antimicrobial drug on the survey date or day prior?

- No \rightarrow NOT eligible for AQUA UTI Form.
 Yes \rightarrow Eligible for AQUA UTI Form.

F. AQUA eligibility summary

7. Check all AQUA Forms that need to be completed for this patient:

- AQUA Vancomycin AQUA Fluoroquinolone AQUA CAP AQUA UTI None

8. Confirm next steps in data collection:

- If "None" is checked in question 7 \rightarrow Antimicrobial use data collection is complete.
 If any of the AQUA Form boxes are checked in question 7 \rightarrow Complete AQUA Form 2: General Patient Assessment, then complete the appropriate AQUA Forms 3a-3d.

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