HAI & ANTIMICROBIAL USE PREVALENCE SURVEY
ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 2: GENERAL PATIENT ASSESSMENT

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

Healthcare exposures

1. Indicate the location from which the patient was admitted to the survey hospital (check one):

☐ Private residence ☐ Long term care/SNF ☐ LTACH ☐ Another acute care hospital ☐ Homeless ☐ Incarcerated

☐ Other _____ ☐ Unknown

2. In the 30 days prior to admission to the survey hospital, did the patient receive (check all that apply):

☐ IV antimicrobials ☐ Cancer chemotherapy ☐ Wound care ☐ Chronic hemodialysis ☐ Surgery

☐ None ☐ Unknown

3. Was the patient hospitalized in an acute care hospital for ≥2 days in the 90 days prior to this admission?

☐ Yes ☐ No ☐ Unknown

Antimicrobial allergies

4. Is an antimicrobial drug allergy recorded in the medical record? ☐ Yes ☐ No ☐ Unknown

4a. If yes, specify drug class or classes to which patient is allergic, and reaction(s):

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 conditions

5. Check all that apply: None: ☐ Unknown: ☐

- ☐ AIDS
- ☐ Alcoholism in past year
- ☐ Asplenia
- ☐ Asthma
- ☐ Cerebrovascular disease/stroke (except hemiplegia)
- ☐ Chronic cognitive deficit
- ☐ Chronic kidney disease
- ☐ Chronic liver disease
- ☐ Chronic obstructive pulmonary disease (COPD)/emphysema
- ☐ Chronic lung disease (other than COPD/emphysema, asthma)
- ☐ Chronic steroid or other immunosuppressive therapy
- ☐ Congenital urinary tract abnormality (not VUR)
- ☐ Congenital heart disease
- ☐ Congestive heart failure
- ☐ Kidney stones/nephrolithiasis
- ☐ Leukemia
- ☐ Lymphoma or multiple myeloma
- ☐ MRSA colonization or infection history
- ☐ Myocardial infarction
- ☐ Neutropenia (absolute neutrophil count <500 cells / µL)
- ☐ Peptic ulcer disease
- ☐ Peripheral vascular disease
- ☐ Pregnancy
- ☐ Recurrent cystitis or urinary tract infection
- ☐ Sickle cell disease
- ☐ Smoking in home or living environment (other than patient)
- ☐ Smoking in past year (patient)
- ☐ Solid tumor malignancy, metastatic (not urologic/renal)

- [ ] Connective tissue disease
- [ ] Cystic fibrosis
- [ ] Dementia
- [ ] Diabetes mellitus with complications
- [ ] Diabetes mellitus without complications
- [ ] Hemiplegia
- [ ] HIV without AIDS
- [ ] IVDU in past year
- [ ] Solid tumor malignancy, not metastatic (not urologic/renal)
- [ ] Spinal cord injury or paraplegia or quadriplegia
- [ ] Transplant, hematopoietic stem cell or bone marrow
- [ ] Transplant, solid organ
- [ ] Ureteral stent
- [ ] Urinary tract abnormality, not otherwise specified
- [ ] Urostomy or nephrostomy
- [ ] Urologic or renal malignancy
- [ ] Vesicoureteral reflux (VUR)

CDCID: _____-_____

Infections present during the hospitalization (Do not use NHSN definitions; use information documented in medical records)

6. Complete table: No infections: ☐

No.	Infection (code)	Onset date	Signs and symptoms documented in medical record (check all that apply)			Was infection treated with antimicrobials?
1	_____ SSI? ☐Y COVID-19? ☐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 status change ☐Nausea or vomiting ☐Pain at infection site ☐Positive imaging ☐None	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Other_____	☐Yes ☐No ☐Unknown
2	_____ SSI? ☐Y COVID-19? ☐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 status change ☐Nausea or vomiting ☐Pain at infection site ☐Positive imaging ☐None	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Other_____	☐Yes ☐No ☐Unknown
3	_____ SSI? ☐Y COVID-19? ☐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 status change ☐Nausea or vomiting ☐Pain at infection site ☐Positive imaging ☐None	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Other_____	☐Yes ☐No ☐Unknown
4	_____ SSI? ☐Y COVID-19? ☐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 status change ☐Nausea or vomiting ☐Pain at infection site ☐Positive imaging ☐None	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Other_____	☐Yes ☐No ☐Unknown

More infections than fit in the table: ☐

Infection codes: BJI, BSI, CDI, CNS, CVI, DIS, ENT, GTI, HEB, IAB, LRI, PNE, REP, SST, UND, UNK, UTI

Severity of illness

7. Was the patient in an ICU at any time during the hospitalization? ☐Yes ☐No ☐Unknown

7a. If yes, enter the dates of the first ICU admission during the hospitalization:

ICU admission date: ____ / ____ /____ or ☐Unknown ICU discharge date: ____ / ____ /____ or ☐Unknown

8. Complete the table using data from the first 24-hour period of treatment during the hospitalization:

Parameter	First day, CAP treatment: ____ / ____ / ____ or ☐NA	First day, IV vancomycin: ____ / ____ / ____ or ☐NA	First day, fluoroquinolone: ____ / ____ / ____ or ☐NA	First day, UTI treatment ____ / ____ / ____ or ☐
Temperature:				
Highest:	_____ ☐°C ☐°F or ☐Unk	_____ ☐°C ☐°F or ☐Unk	_____ ☐°C ☐°F or ☐Unk	_____ ☐°C ☐°F or ☐Unk
Lowest:	_____ ☐°C ☐°F or ☐Unk	_____ ☐°C ☐°F or ☐Unk	_____ ☐°C ☐°F or ☐Unk	_____ ☐°C ☐°F or ☐Unk
Heart rate:				
Highest:	_____ bpm or ☐Unk	_____ bpm or ☐Unk	_____ bpm or ☐Unk	_____ bpm or ☐Unk
Lowest:	_____ bpm or ☐Unk	_____ bpm or ☐Unk	_____ bpm or ☐Unk	_____ bpm or ☐Unk
Respiratory:				
Highest resp rate:	_____ bpm or ☐Unk	_____ bpm or ☐Unk	_____ bpm or ☐Unk	_____ bpm or ☐Unk
Lowest $PaCO_2$:	_____ mmHg or ☐Unk	_____ mmHg or ☐Unk	_____ mmHg or ☐Unk	_____ mmHg or ☐Unk
Mechanical vent:	☐Yes ☐No ☐Unk	☐Yes ☐No ☐Unk	☐Yes ☐No ☐Unk	☐Yes ☐No ☐Unk
WBC count:				
Highest:	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk
Lowest:	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk
Highest %bands:	_____ % or ☐Unk	_____ % or ☐Unk	_____ % or ☐Unk	_____ % or ☐Unk
Blood pressure:				
Lowest systolic BP:	_____ mmHg or ☐Unk	_____ mmHg or ☐Unk	_____ mmHg or ☐Unk	_____ mmHg or ☐Unk
Lowest mean arterial pressure:	_____ mmHg or ☐Unk	_____ mmHg or ☐Unk	_____ mmHg or ☐Unk	_____ mmHg or ☐Unk
On vasopressors:	☐Yes ☐No ☐Unk	☐Yes ☐No ☐Unk	☐Yes ☐No ☐Unk	☐Yes ☐No ☐Unk
Lactate	_____ ☐mg/dL ☐mmol/L or ☐Unk	_____ ☐mg/dL ☐mmol/L or ☐Unk	_____ ☐mg/dL ☐mmol/L or ☐Unk	_____ ☐mg/dL ☐mmol/L or ☐Unk

*****FORM IS COMPLETE***** → ***Go to AQUA Forms 3a-3d***