

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

Form Approved  
OMB No. 0920-0852  
Exp. Date 03/31/2025

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  $\geq 1$  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  $\geq 1$  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  $\geq 18$  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  $\geq 1$  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  $\geq 2$  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:**

- ☐  $\geq 1$  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  $\geq 1$  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\*\*\***