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 ☐ COVID-19 specific treatment

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
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
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
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*