Form Approved
OMB No. **0920-0852**
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HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 3b: FLUOROQUINOLONE

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

Drugs given (check all that apply): ☐**Ciprofloxacin** ☐**Levofloxacin** ☐**Moxifloxacin** ☐**Delafloxacin**

Infections and other antimicrobial drugs

1. Which infections present during the hospitalization, as reported on the GPA form (question 6), were being treated with a fluoroquinolone? ☐ None

☐Infection no. 1 (site _____) ☐Infection no. 2 (site _____) ☐Infection no. 3 (site _____)
☐Infection no. 4 (site _____) ☐Infection not listed in table due to >4 infections (site _____)
☐Unknown

2. Did the patient receive other antimicrobial drugs <u>in the hospital</u> during the period defined by the date that was 5 days before the first date of fluoroquinolone and the date that was 5 days after the last date of fluoroquinolone?

☐Yes—complete table below
☐No
☐Unknown

2a. Other antimicrobial drugs given <u>in the hospital</u>:

5 days <u>before</u> fluoroquinolone first date*: ___ / ___ / _____
5 days <u>after</u> fluoroquinolone last date**: ___ / ___ / _____

No.	Drug name***	First date (mm/dd/yy)	First Route	Last date (mm/dd/yy)	Last Route
1		____ / ____ / ____ ☐ Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH
2		____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH
3		____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH
4		____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH
5		____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH
6		____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH
7		____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH
8		____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH
9		____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH

10		____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH
11		____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH
12		____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH
13		____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH
14		____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH
15		____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐INH	____ / ____ / ____ ☐Unk	☐IV ☐IM ☐PO ☐ INH

***or admission date if fluoroquinolone first date ≤5 days after admission**
****or discharge date if fluoroquinolone last date ≤5 days before discharge**
*****Enter separate records for vancomycin IV and vancomycin PO**

More drugs than fit in the table: ☐

Laboratory testing **CDC ID:** ☐☐-☐☐☐☐

3. Complete the table for POSITIVE cultures collected from the date 5 days before fluoroquinolone first date (5 days before: ____/____/____) through the fluoroquinolone last date (____/____/____): **No positive cultures:** ☐ **Culture data unknown:** ☐

No.	Specimen	Collect date (mm/dd/yy)	Test result final date (mm/dd/yy)	Pathogens identified (insert code)	Pathogen susceptible to ciprofloxacin?	Pathogen susceptible to levofloxacin?	Pathogen susceptible to moxifloxacin?	Pathogen susceptible to delafloxacin?	Antimicrobial drugs given on the DAY AFTER the test result was final	Were pathogens susceptible (S) to ≥1 antimicrobial the patient was getting the DAY AFTER the test result was final?
1	☐Blood ☐Stool ☐Urine ☐Lower resp ☐Other _____	___ / ___ / ___	___ / ___ / ___	Path1 _____ Path2 _____ Path3 _____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Drug1 _____ Drug2 _____ Drug3 _____ Drug4 _____	Path1: ☐Y ☐N ☐ Path2: ☐Y ☐N ☐ Path3: ☐Y ☐N ☐
2	☐Blood ☐Stool ☐Urine ☐Lower resp ☐Other _____	___ / ___ / ___	___ / ___ / ___	Path1 _____ Path2 _____ Path3 _____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Drug1 _____ Drug2 _____ Drug3 _____ Drug4 _____	Path1: ☐Y ☐N ☐ Path2: ☐Y ☐N ☐ Path3: ☐Y ☐N ☐
3	☐Blood ☐Stool ☐Urine ☐Lower resp ☐Other _____	___ / ___ / ___	___ / ___ / ___	Path1 _____ Path2 _____ Path3 _____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Drug1 _____ Drug2 _____ Drug3 _____ Drug4 _____	Path1: ☐Y ☐N ☐ Path2: ☐Y ☐N ☐ Path3: ☐Y ☐N ☐
4	☐Blood ☐Stool ☐Urine ☐Lower resp ☐Other _____	___ / ___ / ___	___ / ___ / ___	Path1 _____ Path2 _____ Path3 _____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Drug1 _____ Drug2 _____ Drug3 _____ Drug4 _____	Path1: ☐Y ☐N ☐ Path2: ☐Y ☐N ☐ Path3: ☐Y ☐N ☐
5	☐Blood ☐Stool ☐Urine ☐Lower resp ☐Other _____	___ / ___ / ___	___ / ___ / ___	Path1 _____ Path2 _____ Path3 _____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Drug1 _____ Drug2 _____ Drug3 _____ Drug4 _____	Path1: ☐Y ☐N ☐ Path2: ☐Y ☐N ☐ Path3: ☐Y ☐N ☐
6	☐Blood ☐Stool ☐Urine ☐Lower resp ☐Other _____	___ / ___ / ___	___ / ___ / ___	Path1 _____ Path2 _____ Path3 _____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Drug1 _____ Drug2 _____ Drug3 _____ Drug4 _____	Path1: ☐Y ☐N ☐ Path2: ☐Y ☐N ☐ Path3: ☐Y ☐N ☐

7	☐ Blood ☐ Stool ☐ Urine ☐ Lower resp ☐ Other _____	___ / ___ / ___	___ / ___ / ___	Path1 _____ Path2 _____ Path3 _____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Drug1 _____ Drug2 _____ Drug3 _____ Drug4 _____	Path1: ☐Y ☐N ☐ Path2: ☐Y ☐N ☐ Path3: ☐Y ☐N ☐
8	☐ Blood ☐ Stool ☐ Urine ☐ Lower resp ☐ Other _____	___ / ___ / ___	___ / ___ / ___	Path1 _____ Path2 _____ Path3 _____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Drug1 _____ Drug2 _____ Drug3 _____ Drug4 _____	Path1: ☐Y ☐N ☐ Path2: ☐Y ☐N ☐ Path3: ☐Y ☐N ☐
9	☐ Blood ☐ Stool ☐ Urine ☐ Lower resp ☐ Other _____	___ / ___ / ___	___ / ___ / ___	Path1 _____ Path2 _____ Path3 _____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Drug1 _____ Drug2 _____ Drug3 _____ Drug4 _____	Path1: ☐Y ☐N ☐ Path2: ☐Y ☐N ☐ Path3: ☐Y ☐N ☐
10	☐ Blood ☐ Stool ☐ Urine ☐ Lower resp ☐ Other _____	___ / ___ / ___	___ / ___ / ___	Path1 _____ Path2 _____ Path3 _____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Drug1 _____ Drug2 _____ Drug3 _____ Drug4 _____	Path1: ☐Y ☐N ☐ Path2: ☐Y ☐N ☐ Path3: ☐Y ☐N ☐

More positive cultures than fit in the table: ☐

CDC ID: ☐☐-☐☐☐☐☐☐

4. Complete the table for NEGATIVE cultures collected from 5 days before fluoroquinolone first date through the fluoroquinolone last date:

No negative cultures: ☐ **Culture data unknown:** ☐

No.	Collect date (mm/dd/yy)	Specimen	Culture result final date (mm/dd/yy)
1	___ / ___ / ___	☐ Blood ☐ Lower resp ☐ Urine ☐ Stool ☐ Other _____	____ / ___ / ___
2	___ / ___ / ___	☐ Blood ☐ Lower resp ☐ Urine ☐ Stool ☐ Other _____	____ / ___ / ___
3	___ / ___ / ___	☐ Blood ☐ Lower resp ☐ Urine ☐ Stool ☐ Other _____	____ / ___ / ___
4	___ / ___ / ___	☐ Blood ☐ Lower resp ☐ Urine ☐ Stool ☐ Other _____	____ / ___ / ___
5	___ / ___ / ___	☐ Blood ☐ Lower resp ☐ Urine ☐ Stool ☐ Other _____	____ / ___ / ___

No.	Collect date (mm/dd/yy)	Specimen	Culture result final date (mm/dd/yy)
6	___ / ___ / ___	☐ Blood ☐ Lower resp ☐ Urine ☐ Stool ☐ Other _____	____ / ___ / ___
7	___ / ___ / ___	☐ Blood ☐ Lower resp ☐ Urine ☐ Stool ☐ Other _____	____ / ___ / ___
8	___ / ___ / ___	☐ Blood ☐ Lower resp ☐ Urine ☐ Stool ☐ Other _____	____ / ___ / ___
9	___ / ___ / ___	☐ Blood ☐ Lower resp ☐ Urine ☐ Stool ☐ Other _____	____ / ___ / ___
10	___ / ___ / ___	☐ Blood ☐ Lower resp ☐ Urine ☐ Stool ☐ Other _____	____ / ___ / ___

More negative cultures than fit in the table: ☐

5. Complete the table for non-culture microbiology tests (positive and negative) collected from 5 days before fluoroquinolone first date through the fluoroquinolone last date:

No non-culture tests done: ☐ **Non-culture test data unknown:** ☐

No.	Collect date (mm/dd/yy)	Specimen	Test	What pathogen(s) were tested for?	Result
1	____ / ___ / ___	☐ Blood ☐ Lower resp ☐ Upper resp ☐ Urine ☐ Stool ☐ Other _____	☐ PCR ☐ DFA ☐ Antigen test ☐ Other_____	☐ Legionella ☐ Cdiff ☐ RSV ☐ Pneumococcus ☐ Adeno ☐ Influenza ☐ hMPV ☐ Paraflu ☐ Other _____ ☐ SARS-CoV-2	☐ Negative ☐ Unknown ☐ Positive (insert code): Path1_____Path2_____ Path3_____
2	____ / ___ / ___	☐ Blood ☐ Lower resp ☐ Upper resp ☐ Urine ☐ Stool ☐ Other _____	☐ PCR ☐ DFA ☐ Antigen test ☐ Other_____	☐ Legionella ☐ Cdiff ☐ RSV ☐ Pneumococcus ☐ Adeno ☐ Influenza ☐ hMPV ☐ Paraflu ☐ Other _____ ☐ SARS-CoV-2	☐ Negative ☐ Unknown ☐ Positive (insert code): Path1_____Path2_____ Path3_____
3	____ / ___ / ___	☐ Blood ☐ Lower resp ☐ Upper resp ☐ Urine ☐ Stool	☐ PCR ☐ DFA ☐ Antigen test	☐ Legionella ☐ Cdiff ☐ RSV ☐ Pneumococcus ☐ Adeno ☐ Influenza ☐ hMPV ☐ Paraflu	☐ Negative ☐ Unknown ☐ Positive (insert code): Path1_____Path2_____ Path3_____

		☐ Other _____	☐ Other_____	☐ Other _____ ☐ SARS-CoV-2	
4	____ / ___ / ___	☐ Blood ☐ Lower resp ☐ Upper resp ☐ Urine ☐ Stool ☐ Other _____	☐ PCR ☐ DFA ☐ Antigen test ☐ Other_____	☐ Legionella ☐ Cdiff ☐ RSV ☐ Pneumococcus ☐ Adeno ☐ Influenza ☐ hMPV ☐ Paraflu ☐ Other _____ ☐ SARS-CoV-2	☐ Negative ☐ Unknown ☐ Positive (insert code): Path1_____Path2_____ Path3_____
5	____ / ___ / ___	☐ Blood ☐ Lower resp ☐ Upper resp ☐ Urine ☐ Stool ☐ Other _____	☐ PCR ☐ DFA ☐ Antigen test ☐ Other_____	☐ Legionella ☐ Cdiff ☐ RSV ☐ Pneumococcus ☐ Adeno ☐ Influenza ☐ hMPV ☐ Paraflu ☐ Other _____ ☐ SARS-CoV-2	☐ Negative ☐ Unknown ☐ Positive (insert code): Path1_____Path2_____ Path3_____

More tests than fit in the table: ☐

IV to PO conversion

6. Between the fluoroquinolone first date and the fluoroquinolone last date, was there a conversion from IV to PO fluoroquinolone administration? Check one:

☐ Yes → Date of conversion from IV to PO administration: ____/____/____ or ☐ Date unknown

☐ No → For example, patient received only IV fluoroquinolones, or was switched from PO to IV fluoroquinolones, or was switched from IV to PO to IV.

☐ Not applicable → Patient received only PO fluoroquinolones.

☐ Unknown

CDC ID: ☐☐-☐☐☐☐☐☐

Post-discharge antimicrobial treatment

7. Was a fluoroquinolone prescribed at discharge (i.e., prescribed to be administered to the patient for additional days after hospital discharge)?

☐ Yes ☐ No ☐ Unknown

7a. If yes to question 7, what drug(s) were prescribed? Check all that apply:

Drug	Route (check all that apply)
☐ Ciprofloxacin	☐ IV ☐ PO ☐ Unknown
☐ Levofloxacin	☐ IV ☐ PO ☐ Unknown
☐ Moxifloxacin	☐ IV ☐ PO ☐ Unknown
☐ Delafloxacin	☐ IV ☐ PO ☐ Unknown

7b. If yes to question 7, what is the total duration of the post-discharge fluoroquinolone prescription?

_____ days, OR the prescription end date is ____ / ____ / _____, OR ☐ Duration is unknown

7c. Were any other antimicrobial drugs prescribed at discharge?

☐ Yes ☐ No ☐ Unknown

7d. If yes to question 7c, what drugs were prescribed?

No.	Drug name	Route (check all that apply)
1		☐ IV ☐ IM ☐ PO ☐ INH ☐ Unknown
2		☐ IV ☐ IM ☐ PO ☐ INH ☐ Unknown
3		☐ IV ☐ IM ☐ PO ☐ INH ☐ Unknown
4		☐ IV ☐ IM ☐ PO ☐ INH ☐ Unknown
5		☐ IV ☐ IM ☐ PO ☐ INH ☐ Unknown

FORM IS COMPLETE